

#### BALLOT QUESTION COMMITTEE COVER PAGE

		-		FOR O	FFICIAL USE ONLY
Report must be legible, typed or print treasurer or designated record keeps	ted in ink and signed by the		3.This Statement covers From: 09/01	/22	To 10/23/22
1. Committee I.D. Number 981				Box 42 rkston,	4 MI 48347
2. Committee Name Clarkston Village Neighborhood Committee			Area Code and Phone: (248) 760-9 If the address in this box is different fro the Statement of Organization, mail ma		nittee mailing address on or this address by the filing
5 Treasurer's Name and Residential Lisa Patercsak 68 Buffalo Clarkston, MI 48346					
Area Code and Phone (248) 760-9	9657	<u> </u>			1136 -
Treasurer's Business Address  Area Code and Phone			signated Record Keeper's Name and M the committee has a Designated Record Code and Phone	lailing Addre d Keeper)	8 6 2023
Alea Code and Fibrie	0h	AleaC		I. Fil.	Lord Lord
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  COCTOBER STATEMENT  8c. ANNUAL STATEMEN  (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)	Effective  By checki	e Date of Dissolution  ing this item, I certify that hittee has no assets or ng debts, including late. Note: The disposition of unds must be reported on a 4B and the Summary
A committee that does not have a Reporting Walver 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 Walver 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 Walver is not received on or before the filling deadline of a required campaign statement, that campaign statement can not be walved.  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 15/	TATER CSALC or Print Name		Signature		



### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

RECEIPTS	Çolumn I	Column II
3. Contributions	This Period	Cumulative for Election Cycle
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) § 2,970.00	
b. Unitemized Contributions     (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c, Subtotal of Contributions	(3c.) \$ 2,970.00	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 0.00	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 2,970.00	(20.) \$
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions a, Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ 2,965.64	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 2,965.64	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ 2,965.64	
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.) \$ 2,965.64	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 2,965.64	(24.) \$
IN-KIND EXPENDITURES  11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.)\$	:
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.) \$ 0.00	<del>- ,</del>
Amount received during reporting period     (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 2,970.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 2,970.00	· · · · · · · · · · · · · · · · · · ·
Amount expended during reporting period     (Line 10, Column I, Total Expenditures)	(16.) - 2,965.64	magazana manada andra di antra di 1900 ti - 700
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4.36	<b>\$</b>



#### ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

Committee	1.D.	Number	981	59	

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. Committee Name	ge Neighborhoo	d Committee
. COMMISSION TO THE TOTAL TO THE TOTAL TOT		Y
lividual enter last name first name	6. Amount	<ol><li>Cumulative for</li></ol>

Please enter contributors name and addr middle initial.	ess. If contribution is from an individual, en	ter last flame, list flame,		Election Cycle for Each Contributor (Through date of receipt)
. Contribution #1	4. Date of Receipt 09/20/22			
Name & Address: Margaret Dacosta			<sub>\$</sub> 50	<sub>\$</sub> 50
5. If over \$100.00 cumulative, please p	rovide:		Click Here for	Memo Itemization
	Employer	A STATE OF THE STA		
Business Address		·		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt 09/20/22			
Diane Wayne			400	400
49 N Main			\$ 100	<sub>\$</sub> 100
Clarkston, MI 48346				
5. If over \$100.00 cumulative, please p			Click Here for N	lemo Itemization
Occupation Retired	Employer <b>n/a</b>			
Business Address <u>n/a</u>		list resident to the second se		
Type of Contribution: Direct	Loan from a person	Fund Raiser		and the second s
3. Contribution # 3	4. Date of Receipt 09/20/22			
Name & Address: Linda Walker				
and I below I i controlled			<sub>\$</sub> 50	<sub>\$</sub> 50
				<del></del>
5. If over \$100.00 cumulative, please	provide:		Click Here for M	lemo Itemization
Occupation	Employer			
Business Address	Party and the second se			
Type of Contribution:  Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4. Date of Receipt 09/20/22			
Mark Lamphere				
•			<sub>s</sub> 50	<sub>\$</sub> 50
			Assistance	the state of the s
5. If over \$100.00 cumulative, please p			Click Here tol	Memo Itemization
Occupation	Employer			
Business Address	-			
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
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Page of			on line 3a of Summary Page	



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

middle initial.  Contributor (Through date of receipt)  Contributor (Through date of receipt)  Contributor (Through date of receipt)  A. Date of Receipt 09/26/22  Name & Address:  Jim Markwalder  200 200	Please enter contributors r	name and address. If c	ontribution is from an individual, en	ter last name, first name,	6. Amount	7. Cumulative fo Election Cycle fo	
Name & Address:  Jim Markwalder 91 N. Main Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide: Occupation Sales Employer PROSTEP Business Address 1, 100W Big Beaver Rd Suite 200, Troy MI 48084 Type of Contribution:  Jim Markwalder 91 N. Main Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide:  Occupation Bales  Employer  Business Address Jim Markwalder 91 N. Main Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution:  Direct  Loan from a person Fund Relieer  \$ 100 \$ 100  Click Here for Memo Itemization  Temployer  Business Address Type of Contribution:  Direct  Loan from a person Fund Relieer  \$ 100 \$ 100  Click Here for Memo Itemization  Temployer  Business Address Jim Meloche Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide:  Occupation President Employer The Marketing Collaborateve LLC  Business Address 163 Glenburnie Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide:  Occupation President Employer The Marketing Collaborateve LLC  Business Address 163 Glenburnie Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide:  Occupation  S 100 \$ 100  Click Here for Memo Itemization  Temployer  Loan from a person Fund Relieer  Occupation  Glark Here for Memo Itemization  A Date of Receipt 09/26/22  Response Address Na Type of Contribution:  Occupation Retired  Employer In Marketing Collaborateve LLC  Business Address Na Type of Contribution:  Occupation Retired  Employer In Marketing Collaborateve LLC  Business Address Na Type of Contribution:  Occupation Retired  Employer In Marketing Collaborateve LLC  Business Address Na Type of Contribution:  Occupation Retired  Employer In Marketing Collaborateve LLC  Employer In Marketing Collaborateve LLC  Business Address Na Type of Contribution:  Occupation Retired  Employer In Marketing Collaborateve LLC  Business Address Na Type of Contribution:  Occupation Retired  Employer In Marketing Collaborateve LLC  Business Address Na Ty	middle initial.					Contributor (Thre	
Jim Markwalder 91 N. Main Clarkston, MI 48346 5. if over \$100.00 cumulative, please provide:	3. Contribution # 1	4.	Date of Receipt 09/26/22				
91 N. Main Clarkston, MI 48346 5. If over \$100.00 cumulative, please provide: Occupation Sales Employer PROSTEP Business Address Jrype of Contribution:    Direct			· · · · · · · · · · · · · · · · · · ·	<del></del>	000	200	
5. If over \$100.00 cumulative, please provide: Occupation Sales  Employer PROSTEP  Business Address 100W Big Beaver Rd Suite 200, Troy MI 48084 Type of Contribution:	91 N. Main				s <u>200</u>	_ \$ 200	
Occupation Sales  Employer PROSTEP  Business Address 100W Big Beaver Rd Suite 200, Troy Mt 48084  Type of Contribution:	Clarkston, MI 483	46			Click Here for M	lemo Itemization	V
Business Address Type of Contribution:   Durect		ative, please provide:	DDACTED		<u>.</u>		-
Type of Contribution:	Occupation Sales	Emp	loyer PRUSIEF	2001			
A Date of Receipt 10/20/22  Name & Address: Jim Markwalder 91 N. Main Clarkston, MI 48346 5. If over \$100.00 cumulative, please provide: Clarkston, MI 48346  S. Move \$100.00 cumulative, please provide: Clarkston, MI 48346  S. Move \$100.00 cumulative, please provide: Clarkston, MI 48346  S. Move \$100.00 cumulative, please provide: Clarkston, MI 48346  S. Move \$100.00 cumulative, please provide: Clarkston, MI 48346  S. Move \$100.00 cumulative, please provide: Clarkston, MI 48346  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Jim Meloche  163 Glenburnie Clarkston, MI 48346  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Jim Ra	Dusiliess radices		<u> </u>				
Name Address: Jim Markwalder 91 N. Main Clarkston, MI 48346 5. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Jype of Contribution: Jype of Readers of Cital Research Jype of Readers of	Type of Contribution:	the state of the s		Fund Raiser			
Jim Markwalder 91 N. Main Clarkston, MI 48346  5. If over \$100.00 cumulative, please provide:  Occupation  Employer  Business Address Type of Contribution:  I Direct  Loan from a person Fund Raiser  3. Contribution # 3 Name & Address Jim Meloche 163 Glenburnle Clarkston, MI 48346  5. If over \$100.00 cumulative, please provide:  Occupation President  Employer  The Marketing Collaborateve LLC Business Address Type of Contribution:  I Direct  Loan from a person Fund Raiser  Type of Contribution:  I Direct  Loan from a person Fund Raiser  S 100  \$ 100  Click Here for Memo Itemization  I Direct  Loan from a person Fund Raiser  S 100  \$ 100  Click Here for Memo Itemization  I Direct  Loan from a person Fund Raiser  S 100  \$ 100  Click Here for Memo Itemization  Type of Contribution:  I Direct  Loan from a person Fund Raiser  S 100  S 100  S 100  Click Here for Memo Itemization  Type of Contribution:  I Direct  Loan from a person Fund Raiser  S 100  S 100  S 100  Click Here for Memo Itemization  P 100  Click Here for Memo Itemization  F		4	. Date of Receipt 10/20/22	and the second s			
Solution   Mil 48346   Click Here for Memo Itemization   Tocupation   Employer    Business Address   Type of Contribution:   Direct   Loan from a person   Fund Raiser    3. Contribution # 3   A. Date of Receipt 09/26/22    Name & Address:   Jim Meloche    163 Glenburnie   Clarkston, Mil 48346   Click Here for Memo Itemization   Type of Contribution:   Direct   Direct   Direct   Direct   Direct   Clarkston, Mil 48346    5. If over \$100.00 cumulative, please provide:   Click Here for Memo Itemization   Type of Contribution:   Direct   Dire	Jim Markwalder				370	. 570	
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3. Contribution # 3 Name & Address: Jim Meloche 163 Glenburnie Clarkston, MI 48346  5. If over \$100.00 cumulative, please provide: Cocupation President Employer The Marketing Collaborateve LLC  Business Address: Type of Contribution:    Direct   Loan from a person   Fund Raiser   Click Here for Memo Itemization   Provided   Prov		Direct	Loan from a person	Fund Raiser			
Jim Meloche 163 Glenburnie Clarkston, MI 48346  5. If over \$100.00 cumulative, please provide: Occupation President Employer The Marketing Collaborateve LLC 163 Glenburnie Clarkston, MI 48346  Type of Contribution: ✓ Direct Loan from a person Fund Raiser  3. Contribution # 4 Name & Address: Peggy Mauti 24 Robertson Ct Clarkston, MI 48346  5. If over \$100.00 cumulative, please provide: Occupation Retired Employer n/a  Business Address n/a Type of Contribution: ✓ Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of summary			Date of Receipt 09/26/22				
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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

1. Committee I.D. Number 98159

Summary Page

Clarkston Village Neighborhood Committee **BALLOT QUESTION COMMITTEE** 7. Cumulative for Please enter contributors name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Contributor (Through date of receipt) 4. Date of Receipt 3. Contribution #1 10/04/22 Name & Address: Bonnie Valuet <sub>s</sub> 100 43 S. Holcomb Clarkston, MI 48346 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Sotheby's International Realty Occupation Real Estate Agent Business Address 415 S. Old Woodward Ave. Birmingham, MI 48009 Fund Raiser Loan from a person Type of Contribution: Direct 4. Date of Receipt 10/20/22 3. Contribution #2 Name & Address: Lisa Patercsak s 200 68 Buffalo Clarkston, MI 48346 Click Here for Memo Itemization w 5. If over \$100.00 cumulative, please provide: Employer Ficosa North Am Occupation Sales Business Address 30890 Stephenson Hwy, Madison Hts, MI 48071 Fund Raiser Loan from a person Type of Contribution: V Direct 3. Contribution #3 4. Date of Receipt 10/04/22 Name & Address: Peggy Mauti 24 Robertson Ct Clarkston, MI 48346 4 Click Here for Memo Itemization 5. If over \$100,00 cumulative, please provide: Occupation Retired Employer\_ n/a n/a **Business Address** Fund Raiser Loan from a person Type of Contribution: Contribution # 4
 Name & Address: 4. Date of Receipt 10/19/22 Mary Hinburg , 50 s 50 \* 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Business Address Fund Raiser Loan from a person Direct Type of Contribution: \$550.00 Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 98159

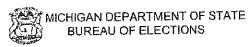
Please enter contributors middle initial.	name and address. If co	ontribution is fro	om an individual, o	enter last name, first name,	6. Amount	7. Cumulative fo Election Cycle fo Contributor (Thro date of receipt)	or Each
3. Contribution # 1 Name & Address: Frank Schoebel 22 N Holcomb		Date of Receip	10/19/22		<sub>s</sub> 150	<sub>\$</sub> 150	
Clarkston, MI 483					Click Here for M	emo Itemization	¥
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Name & Address: David Fritzinger 79 Robertson Ct Clarkston, MI 483		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011012L	nderfor allegen die der kommen der	<sub>\$</sub> 400	\$ 400	**************************************
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3. Contribution #3 Name & Address: Jennifer Radcliff 33 N Main Clarkston, MI 48		Date of Recei	pt <u>10/19/22</u>		<sub>\$</sub> 100	<sub>\$</sub> 100	,,,,,,vazav
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3. Contribution #4 Name & Address: Steve Hargis 55 N. Main Clarkston, MI 48		Date of Receip	ot <u>10/19/22</u>		s 100	<sub>\$</sub> 100	
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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 98159

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Please enter contributors middle initial.	name and address. If co	ontrib	ution is from an individual, ente	r last name, first name,	6. Amount	7. Cumulative fo Election Cycle fo Contributor (Thro date of receipt)	or Each
3. Contribution # 1	4.1	Date	of Receipt 10/20/22				
Name & Address:			<del></del>				
Bonnie Valuet					<sub>\$</sub> 100	\$ <u>200</u>	
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Kevin Knapp							
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Clarkston, MI 48					, — mm.m.m.m		
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Business Address 62 N	N Main, Clarkstor	1, IV	11 48346	: [ · · · · · · · · · · · · · · · · · ·			
Type of Contribution:	<b>✓</b> Direct		Loan from a person	Fund Raiser	· · · · · · · · · · · · · · · · · · ·		
				Page Subtotal	\$650.00		
				Total of All Schedules 4A	\$2,970.00	-	
<b>5 5</b>			(Complete	on last page of Schedule)	Enter this total		
Pageof	<b></b>				on line 3a of Summary Page		



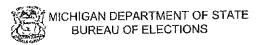
1. Committee I. D. Number 90 109

9	8	1	59	

2. Committee Name Clarkston Village Neighborhood Committee

<b>6.</b>	Continues Name		
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: Margaret Sans 76 N. Main Clarkston, MI 48346 If over \$100.00 cumulative, please provide: Occupation Corporate Affairs Employer Name & Address: Walmart 702 SW 8th ST Bentonville, AR 72712  Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Printing  5. DATE OF RECEIPT: 09/22/22  6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ 318 Memo Itemization Below	§ 318
Contribution #2 Name & Address: Margaret Sans  If over \$100.00 cumulative, please provide:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Postage	<sub>\$</sub> 480	<sub>\$</sub> 798
Occupation	5. DATE OF RECEIPT: 09/21/22	Click Here for Memo Ite	mization
Employer Name & Address:  Fund Raiser	6. VENDOR NAME & ADDRESS: US Postal Service 5799 S. Main St Clarkston, MI 48347	Casta rate for memorial	
Contribution #3	4. Loan endorsement or guarantee		
Name & Address: Margaret Sans	Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN	1 s 1285.41	<sub>s</sub> 2083.41
If over \$100.00 cumulative, please provide:	Description SignS	T	
Occupation Employer Name & Address:	5. DATE OF RECEIPT: 10/14/22 6. VENDOR NAME & ADDRESS: Good Guys Signs Inc. 1032 E Hillsborough Ave Tampa, FL 33604	Click Here for Memo It	emization
Fund Raiser		100 000 44	
	Page Subtotal  Grand Total of all Schedules 4-Ik  (Complete on last page of Schedule	(	

line 6a of Summary Page



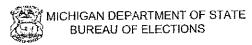
Page Z of M

1. Committ

1. Committee I. D. Number 98 I	)9
	Village Neighborhood Committee

	2. Committee Name		
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: Margaret Sans 76 N. Main	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others		
Clarkston, MI 48346	Goods or Services Purchased by Others - LOAN	<u>\$ 127.20</u>	s 2210.61
If over \$100.00 cumulative, please provide:	Description Printing		********
Occupation Emptoyer Name & Address:	5. DATE OF RECEIPT: 10/20/22 6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	Memo Itemization Below	·
Fund Raiser			
Contribution #2 Name & Address: Melissa Luginski 71 N. Main Clarkston, MI 48346 If over \$100.00 cumulative, please provide:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Printing	\$ 127.20	<sub>\$</sub> 2337.81
Occupation unemployed	5. DATE OF RECEIPT: 09/16/22	Click Here for Memo Ite	mization
Employer Name & Address:  n/a  Fund Ralser	6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	. The same and the	
Contribution #3 Name & Address: Melissa Luginski	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others	d	
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others - LOAN Description Printing	<sub>\$</sub> 171.99	\$2509.80
Occupation  Employer Name & Address:	5, DATE OF RECEIPT: 09/20/22	Click Here for Memo Ite	mization
Fund Raiser	UPS Store 7111 Dixie Hwy Clarkston, MI 48346		
	Page Subtota	\$426.39	:
	Grand Total of all Schedules 4-li (Complete on last page of Schedul	К	

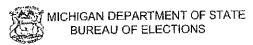
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1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE	2. Committee Name Clarkston Village Neighborhood Committee			
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: Nancy Haven 62 Robertson Ct Clarkston, MI 48346 If over \$100.00 cumulative, please provide: Occupation not employed Employer Name & Address: n/a	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Printing	\$ 222.60 Click Here for Memo Itel		
Contribution #2 Name & Address: Nancy Haven  If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Office Supplies	\$ 38 Click Here for Memo Ite	\$2770.40 emization ▼	
Contribution #3 Name & Address: Nancy Haven  If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description pizza for addressees  5. DATE OF RECEIPT: 09/20/22  6. VENDOR NAME & ADDRESS: Papa Romanos 5797 S Main Clarkston, MI 48346	\$ 67 Click Here for Memo Ita	<sub>\$</sub> 2837.40 emization <b>▼</b>	
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule			



1. Committee I. D. Number 98159

	7. Amount or Fair Market Value	8. Cumulative
2 Name and Address from whom received 1.4. (And Of Ith Mile Address from whom received		for Election Cycle (Through date in Item 5)
Contribution #1  Jame & Address:  Welissa Luginski  Goods Donated or loaned Services Donated  Goods or Services Purchased by Others  Goods or Services Purchased by Others	<sub>\$</sub> 45.21	<sub>\$</sub> 2882.61
If over \$100.00 cumulative, please provide:  Description Office Supplies		
Occupation 5. DATE OF RECEIPT: 09/20/22 Click	k Here for Memo Item	nization
Employer Name & Address:  6. VENDOR NAME & ADDRESS:  Office Depot  7151 Dixie Hwy  Clarkston, Mi 48346		
Contribution #2  Name & Address:  Margaret Sans  4. □Loan endorsement or guarantee  Goods Donated or loaned □ Services Donated  Goods or Services Purchased by Others  Goods or Services Purchased by Others - LOAN	,83	.2965.61
If over \$100.00 cumulative, please provide:  Description PO BOX 424	<b>⊅</b>	<b>A</b>
Occupation 5. DATE OF RECEIPT: 09/21/22 Cilc	ck Here for Memo Iter	mization 💌
Employer Name & Address:  US Postal Service  5799 S. Main  Clarkston, MI 48347		Lamend
Contribution #3  Name & Address:  Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN	٨	
If over \$100.00 cumulative, please provide:  Description	\$	\$
Occupation 5. DATE OF RECEIPT: Clic Employer Name & Address: 6. VENDOR NAME & ADDRESS:	ck Here for Memo Ite	mization

Page Subtotal

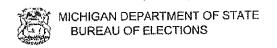
\$128.21

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

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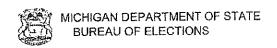
Fund Raiser



# ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE 2, Co	mmittee Name Clarkston	Village Ne	eighborho	od Committee	}
3. Name and address of person to whom paid	State purpose of expendit     Identify the ballot proposal     Indicate whether supported of	involved.	6, Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Margaret Sans 76 N Main Clarkston, MI 48346	4. Purpose: Printing mailers  5. Ballot Proposal: Medical Marihuana Charter		09/22/22  Date of Expenditure	<sub>\$</sub> 318	<sub>\$</sub> 318
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	County:Oakland Support Statewide	Oppose	Memo	Itemization Below	~
Expenditure # 2 Name & Address: Margaret Sans	4. Purpose: Postage for mai  5. Ballot Proposal: Medical Marihuana Charter	A Committee to the committee of the comm	09/21/22 Date of Expenditure	<sub>\$</sub> 480	<sub>\$</sub> 798
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	County: Oakland  Support  Statewide	✓ Oppose	Click fo	r Memo Itemization	Туре
Expenditure # 3 Name & Address: Margaret Sans	4. Purpose: Yard signs 5. Ballot Proposal: Medical Marihuana Charter	Amendment	10/14/22  Date of Expenditure	<sub>\$</sub> 1285.41	\$
Check box if expenditure is payment of debt or obligation reported on previous statement.	County: Oakland Support Statewide	Oppose Local	Click fo	or Memo Itemization	Туре
Expenditure # 4 Name & Address: Margaret Sans	4. Purpose: Printing mailers  5. Ballot Proposal: Medical Marihuana Charter	Amendment	10/20/22 Date of Expenditure	<sub>\$</sub> 127.20	\$ 2210.61
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Oakland	Oppose	Click f	or Memo Itemization	туре
Fund Raiser	Statewide (Comp	Local Sub Grand Total of lete on last page		\$2,210.61  Enter this total on Line 8a of the Summary	

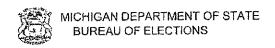


## ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE 2. Committee Name Clarkston Village Neighborhood Committee

3. Name and address of person to whom paid	State purpose of expenditure.     Identify the ballot proposal involved.     Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election	
Expenditure # 1	4. Purpose:			!	
Name & Address: Melissa Luginski 71 N Main	Printing fliers	09/16/22	<sub>\$</sub> 127.20	<sub>\$</sub> 2337.81	
Clarkston, MI 48346	Ballot Proposal:     Medical Marihuana Charter Amendment	Date of Expenditure	7		
	ot-Ookland	Memo	Itemization Below	~	
Check box if expenditure is payment of debt or obligation	County:Oakland			€erstandskribt!	
reported on previous statement	Support Oppose  Statewide Local				
Fund Raiser	StatewideLocal	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************		
Expenditure # 2 Name & Address:					
Melissa Luginski	Printing window signs				
Menssa Lugiriski	5, Ballot Proposal:	09/20/22	<sub>s</sub> 171.99	\$ 2509.80	
	Medical Marihuana Charter Amendment	00/20/22	\$ 17 1.33	\$	
	THE GOOD THE CONTROL OF THE CONTROL	Date of			
	Oakland	Expenditure			
	County: Oakland	Click fo	Type		
Check box if expenditure is payment of debt or obligation	Support Oppose		, alone itemperature	.75-	
reported on previous statement	Statewide Local				
Fund Raiser				-	
Expenditure #3	4. Purpose:				
Name & Address:	Office Supplies				
Melissa Luginski 	5, Ballot Proposal:	09/20/22	<sub>\$</sub> 45.24	\$ 2555.04	
	Medical Marihuana Charter Amendment	Date of		. Y	
		Expenditure	Expenditure		
	County: Oakland	Click for Memo Itemization Type			
Check box if expenditure is payment of debt or obligation	Support  Oppose	€			
reported on previous statement  Fund Raiser	Statewide Local				
Expenditure # 4	4. Purpose:			· · · · · · · · · · · · · · · · · · ·	
Name & Address:	`				
Margaret Sans	PO Box rental	09/21/22	,83.00	\$ 2638.04	
	5. Ballot Proposal:	Date of	" \$ <u></u>	A CONTRACTOR OF THE PARTY OF TH	
	Medical Marihuana Charter Amendment	Expenditure			
	County: Oakland Click for Memo Itemization Type				
Check box if expenditure is payment of debt or obligation	Support Oppose	<del>)</del>			
reported on previous statement					
Fund Raiser	StatewideLocal	btotal this page	1	. [	
	Su	\$427.43			
	Grand Total of		i.		
	(Complete on last pa	ge of Schedule)			
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2 2 3			the Summary		
Page. of			Pag <del>e</del>		



# ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number 98159

3. Name and address of person to whom paid	4. State purpose of exper	nakure.	6. Date	7. Amount	8. Cumulative
	5. Identify the ballot proportion indicate whether supported	osal Involved.			for election
xpenditure # 1	4. Purpose:				
Name & Address: Nancy Haven	Printing maile	rs			
32 Robertson Ct			09/17/22	s 222.60	\$2860.64
Clarkston, MI 48346	<ol><li>Ballot Proposal:</li></ol>		Date of	5	<u> </u>
	Medical Marihuana Charter Amendment		Expenditure		
<b>–</b>	County:Oakland		Memo I	temization Below	*
Check box if expenditure is payment of debt or obligation reported on previous statement		[Z]			
·	Support	Oppose			
Fund Raiser	Statewide 4. Purpose:	L_Local			
xpenditure # 2 Name & Address:	Office Supplie	ic			
Nancy Haven	Ource arbbire	<u> </u>			
	<ol><li>Ballot Proposal:</li></ol>		09/20/22	¸38.00	s 2898.64
	Medical Marihuana Chart	er Amendment	Date of	\$	
			Expenditure		
	county: Oakland				
Check box if expenditure is payment of debt or obligation	По	<b>✓</b> Oppose	Click for	Memo Itemization	l ype
reported on previous statement	Support	■ Obbose			
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:				
Name & Address:	Pizza for addressees				
Nancy Haven	5. Ballot Proposal:		09/20/22	<sub>s</sub> 67.00	2965.64
	Medical Marihuana Charter Amendment		Date of	Ψ <u></u>	Ψ
			Expenditure		
<b>-</b>	County: Oakland		Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
xpenditure # 4	4. Purpose:				
Name & Address:					
	5. Ballot Proposal:		- Di-	\$	\$
			Date of	•	
	- <u></u>	· · · · · · · · · · · · · · · · · · ·	Expenditure		
	County:		Click fo	or Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation	Support	Oppose			
reported on previous statement		Оррозе			
	Statewide	Local			
Fund Raiser	Subtotal this page		\$327.60		
Fund Raiser	•		, -	Ψ021.00	
Fund Raiser	· .	Grand Total of	Schedules 4B		****
Fund Raiser	(Cor		Schedules 4B	\$2,965.64	
Fund Raiser	(Cor	Grand Total of	Schedules 4B		