

#### BALLOT QUESTION COMMITTEE COVER PAGE

			1,20,, 4-	FOR OFFIC	IAL USE ONLY
Report must be legible, typed or print treasurer or designated record keepe	ed in ink and signed by the	***************************************	3.This Statement covers From: 10/24/	/22 To	o 11/28/22
Committee I.D. Number 981		ě	4. Committee's Mailing Address PO Box 424 Clarkston, MI 48347		
Committee Name Clarkston Village Neighborhood Committee			Area Code and Phone: (248) 760-9 If the address in this box is different fror the Statement of Organization, mail may official.		mailing address on 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		The state of the s		38 5
6. Treasurer's Business Address		·	signated Record Keeper's Name and M he committee has a Designated Record Code and Phone	ailing Address I Keeper)	6 2023
Area Code and Phone		Alba	1	at V Diese	
8. TYPE OF STATEMENT:  8a.	8b.  FEBRUARY STATEMENT  JULY STATEMENT  OCTOBER STATEMENT  8c. ANNUAL STATEMEN  (Coverage Year)	T .	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)	By checking the committee outstanding defiling fees. No residual funds Schedule 4B and Page.	te of Dissolution  /28/22  In is item, I certify that has no assets or ebts, including late the: The disposition of a must be reported on and the Summary
			ampaign Statements. The Campaign S and outstanding debts count against the nformation was shown on the committee paign Statement. If a request for a Rep mpaign statement can not be waived	in in the second	
Current Treasurer or Designated Record Keeper	ble diligence was used in the pents are true, accurate and color and the period of Print Name	preparat mplete.	Lisa Bull Signature	dules (if any) ar	id to the best of



### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

2. Committee Name

Clarkston Village Neighborhood Committee

Column I Column II RECEIPTS Cumulative for Election Cycle This Period (3a.) <u>\$</u> 330.00 3. Contributions a, Itemized Contributions(Schedule 4A, Column 6) b. Uniternized Contributions (3b.) \$ NOT APPLICABLE (less than \$20.01 - no Schedule) (18.) \$ 3,300.00 (3c.) \$ 330.00 c. Subtotal of Contributions (4.) \$ 0.00 (19.)\$ 4. Other Receipts (Schedule 4A-1, Column 6) (20.) \$ 3,300.00 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ 330.00 (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized In-Kind Contributions <sub>(6a.) \$</sub> 333.41 (Schedule 4-IK, Column 7) b. Unitemized (less than \$20.01 each - no Schedule) (6b.) \$ NOT APPLICABLE 7. TOTAL IN-KIND CONTRIBUTIONS (21.) \$ \_3,299.05 (7.) \$ 333.41 (Add Line 6a + Line 6b) **EXPENDITURES** 8. Expenditures (8a.) \$ 333.41 a, Itemized Direct Expenditures (Schedule 48, Column 7) (8b.) \$\_ b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services (8c.) \$\_\_\_\_\_ (Schedule 4B-2, Column 7) (8d.) \$ \_\_\_\_\_ d. Unitemized Expenditures (\$50.00 or less-no Schedule) (22.) \$ \_\_\_\_\_ (8e.) \$\_\_\_\_\_ e. Subtotal of Expenditures (9.) \$ \_\_\_ (23.) \$ \_\_\_\_ 9, Independent Expenditures (Schedule 4B-1, Column 7) (24.) \$ \_3,299.05 (10.) \$ 333.41 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or (11.) \$ \_\_\_\_\_ Loans of Goods or Services (Schedule 4B-2, Column 8) (25.) \$ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.)\$ \_\_\_\_\_ a. Owed by the Committee (Schedule 4E) (12b.) \$\_ b. Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** 13. Ending Balance of last report filed (13.) \$ 4.36 (Enter zero if no previous reports have been filed.) Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) (14.) + 330.00 (15.) = 334.46 15. SUBTOTAL Add lines 13 and 14 Amount expended during reporting period (Line 10, Column I, Total Expenditures) (16.) - 333.41 17. ENDING BALANCE (17.) \$ 0.95 (Subtract line 16 from line 15)

<sup>\*</sup>If your ending balance is negative, please recheck your math.



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

1. Committee I.D. Number 98159

				C 4	7. Cumulative for
Please enter contributors na middle initial.	me and address. If co	ntribution is from an Individual,	, enter last name, first name,	6. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. [	Date of Receipt 09/20/22			
Name & Address:		· <del>'</del>			
Margaret Dacosta				<sub>\$</sub> 50	<sub>\$</sub> <u>50</u>
				Click Here for M	emo Itemization
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Business Address			- Comments		
Type of Contribution:	Direct	Loan from a person	Fund Raiser	· · ·	omanie.
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Diane Wayne 49 N Main				<sub>s</sub> 100	<sub>\$</sub> 100
Clarkston, MI 483	46			T	
5. If over \$100,00 cumulati	ve, please provide:			Click Here for Me	emo Itemization
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Business Address n/a					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #3	4.	Date of Receipt 09/20/22			
Name & Address: Linda Walker					
:				<sub>\$</sub> 50	<sub>\$</sub> 50
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Occupation	Emp	loyer			
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3. Contribution # 4 Name & Address:	4.	Date of Receipt 09/20/22			•
Mark Lamphere					
				<sub>\$</sub> 50	<sub>\$</sub> 50
5. If over \$100.00 cumulati	ivo ntozea provida:			Click Here for M	emo Itemization
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### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98159

					6. Amount	7. Cumulative fo	r
Please enter contributors i middle initial.	ease enter contributors name and address. If contribution is from an individual, enter last name, first name, ddle initial.		er last name, first name,	6. Amount	Election Cycle for Contributor (The date of receipt)	or Each	
3. Contribution # 1	4	1. Date	e of Receipt 09/26/22				
Name & Address:							
Jim Markwalder 91 N. Main					<sub>s</sub> 200	<sub>s</sub> 200	
Clarkston, MI 483	46				\$ . <u>==                                  </u>		
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Occupation Sales	Em	ploye	PROSTEP	004			
Business Address 100	W Big Beaver i	Ka S	Suite 200, Troy MI 48	U84 [7]			
Type of Contribution:	Direct		Loan from a person	Fund Raiser			
3. Contribution #2		4. Dal	e of Receipt 10/20/22				
Name & Address: Jim Markwalder				, ,			
91 N. Main					<sub>s</sub> 370	<sub>s</sub> 570	
Clarkston, MI 483	346				Ψ	<u> </u>	
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Occupation		nploye	r	AN AND DESCRIPTION OF THE PROPERTY OF THE PROP			
Business Address							:
Type of Contribution:	Direct		Loan from a person	Fund Raiser			
3. Contribution #3		4. Dat	te of Receipt 09/26/22				
Name & Address: Jim Meloche							:
163 Glenburnie					s 100	<sub>s</sub> 100	:
Clarkston, MI 48	346				Ψ	Ψ,	
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Occupation 1 100100			ston, MI 48346				
Business Address —	1	r1					
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Contribution # 4     Name & Address:	4	4. Dat	e of Recelpt <u>09/26/22</u>				
Peggy Mauti							
24 Robertson Ct					<sub>\$</sub> 100	<sub>\$</sub> 100	
Clarkston, MI 483	346					Φ	<del></del>
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### ITEMIZED CONTRIBUTIONS SCHEDULE 4A

**BALLOT QUESTION COMMITTEE** 

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

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Please enter contributors name and address. If cormiddle initial.	ntribution is from an individual, en	ter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Contributor (Thre date of receipt)	or Each
	ate of Receipt 10/04/22				
Name & Address: Bonnie Valuet		A SAME OF COLUMN	400	400	
43 S. Holcomb			\$ <u>100</u>	<u> </u>	
Clarkston, MI 48346			Click Here for M	emo Itemization	
	yer Sotheby's Internation				
Business Address 415 S. Old Woodwar	d Ave. Birmingham, M	1 48009			
Type of Contribution: Direct	Loan from a person	Fund Raiser	Available and the second of th		
	Date of Receipt 10/20/22				
Name & Address: Lisa Patercsak				000	
68 Buffalo			<sub>\$</sub> 200	<sub>\$</sub> 200	
Clarkston, MI 48346					,
5. If over \$100.00 cumulative, please provide:	poor at at A		Click Here for Me	emo Itemization	
	<sub>yer</sub> Ficosa North Am				
Business Address 30890 Stephenson I	Hwy, Madison Hts, MI	48071			
Type of Contribution: Direct	Loan from a person	Fund Raiser			
3. Contribution # 3 4. I Name & Address:	Date of Receipt 10/04/22	· · · · · · · · · · · · · · · · · · ·			
Peggy Mauti			000	000	
24 Robertson Ct			\$ 200	<sub>\$</sub> 300	
Clarkston, MI 48346			Ottob Have for Mo	ma the mination	T
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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 98159

Please enter contributors name and add middle initial.	dress. If contribution is from an individual, e	enter last name, first name,	6. Amount	7. Cumulative for Election Cycle fo Contributor (Thro date of receipt)	r Each
3. Contribution # 1 Name & Address: Frank Schoebel 22 N Holcomb	4. Date of Receipt 10/19/22		<sub>\$</sub> 150	\$ 150	
Clarkston, MI 48346			Click Here for M	emo Itemization	[₩
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3. Contribution #2 Name & Address: David Fritzinger 79 Robertson Ct Clarkston, MI 48346	4, Date of Receipt 10/19/22	and the second control of the second control	<sub>\$</sub> 400	<sub>\$</sub> 400	
5. If over \$100.00 cumulative, please	provida:		Click Here for Me	emo Itemization	$\mathbf{\Xi}$
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3. Contribution # 3 Name & Address: Jennifer Radcliff 33 N Main	4. Date of Recelpt 10/19/22	Annual An	<u>\$ 100</u>	<sub>\$</sub> 100	
Clarkston, MI 48346			Click Here for Me	emo Itemization	<b>—</b>
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Business Address  Type of Contribution:   Direct	Loan from a person	Fund Raiser			
3. Contribution # 4 Name & Address: Steve Hargis 55 N. Main	4. Date of Receipt 10/19/22		<sub>\$</sub> 100	ູ 100	
Clarkston, MI 48346			\$ 100	<u> </u>	
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### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

1. Committee I.D. Number 98159

**BALLOT QUESTION COMMITTEE** 

Please enter contributors name and address. If contribution is from an Individual, enter last name, first name, middle initial.			6. Amount	Election Cycle for Contributor (Throadate of receipt)	
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Name & Address: Pat Fritzinger				000	
79 Robertson Ct			\$ 300	\$ <u>300</u>	
Clarkston, MI 48346			**		
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Name & Address:   Kevin Knapp					
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Clarkston, MI 48346			<u>,</u>		<u> </u>
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#### 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 contributiniddle initial.	tion is from an Individual, en	ter last name, first name,	6, Amount	Election Cycle for Contributor (Through date of receipt)	r Each
	f Receipt 11/01/22	ALL STATE OF THE S			
Name & Address: David & Evelyn Bihl 105 Wompole Dr			<sub>\$</sub> 300_	<sub>\$</sub> 300	
Clarkston, MI 48346			Click Here for M	lemo Itemization	-
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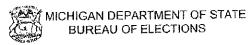


1. Committee I. D. Number 98159

2. Committee Name Clarkston Village Neighborhood Committee

Ζ,	Constitutes trains		
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	Loan endorsement or guarantee     Goods Donated or loaned    Services Donated	I	
76 N. Main Clarkston, MI 48346	Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN	<sub>\$</sub> _318	<sub>\$</sub> 318
occupation Corporate Affairs Employer Name & Address: Walmart 702 SW 8th ST	Description Printing  5, DATE OF RECEIPT: 09/22/22  6, VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy	Memo Itemization Below	<u> </u>
Bentonville, AR 72712  Fund Raiser	Clarkston, MI 48346		·
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Employer Name & Address:	6. VENDOR NAME & ADDRESS: US Postal Service 5799 S. Main St Clarkston, MI 48347		
Contribution #3 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	t 1285.41	<sup>2083.41</sup>
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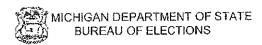


1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE	2. Committee Name Clarkston Village Neighbor	hood 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: Margaret Sans 76 N. Main Clarkston, MI 48346 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 Printing  5. DATE OF RECEIPT: 10/20/22  6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ 127.20  Memo itemization Below	§ 2210.61
Contribution #2 Name & Address: Melissa Luginski 71 N. Main Clarkston, MI 48346 If over \$100.00 cumulative, please provide: Occupation Unemployed 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  5. DATE OF RECEIPT: 09/16/22  6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ 127.20  Click Here for Memo Ite	\$2337.81 mization
Contribution #3 Name & Address: Melissa Luginski  If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Printing  5. DATE OF RECEIPT: 09/20/22 6. VENDOR NAME & ADDRESS: UPS Store 7111 Dixie Hwy Clarkston, MI 48346	s 171.99  Click Here for Memo Ite	\$2509.80
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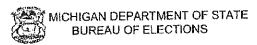
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1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE	orhood 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:	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	\$ 222.60	<sub>\$</sub> 2732.40	
Occupation not employed Employer Name & Address:  n/a  Fund Raiser	5. DATE OF RECEIPT: 09/17/22 6. VENDOR NAME & ADDRESS: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	Clìck Here for Memo Iter	nization 🔻	
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Occupation Employer Name & Address:  Fund Raiser	5. DATE OF RECEIPT: 09/20/22 6. VENDOR NAME & ADDRESS: Office Depot 7151 Dixie Hwy Clarkston, MI 48346	Click Here for Memo Ite	mization	
Contribution #3 Name & Address: Nancy Haven  If over \$100.00 cumulative, please provide:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description pizza for addressees	s 67	<sub>\$</sub> 2837.40	
Occupation Employer Name & Address:  Fund Raiser	5. DATE OF RECEIPT: 09/20/22 6. VENDOR NAME & ADDRESS: Papa Romanos 5797 S Main Clarkston, MI 48346	Click Here for Memo Ite	mization 💌	
	Page Subtotal  Grand Total of all Schedules 4-If  (Complete on last page of Schedule	(		

Enter this total on line 6a of Summary Page

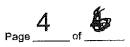


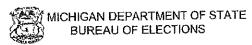
1. Committee I. D. Number

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

	Z. Committee wante		
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: Melissa Luginski	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN	<sub>\$</sub> 45.21	<sub>\$</sub> 2882.61
If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	Description Office Supplies  5. DATE OF RECEIPT: 09/20/22  6. VENDOR NAME & ADDRESS: Office Depot 7151 Dixie Hwy Clarkston, Mi 48346	Click Here for Memo Ite	mization
Fund Raiser  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 Description PO BOX 424	s 83	\$2965.61
If over \$100.00 cumulative, please provide:  Occupation  Employer Name & Address:  Fund Raiser	00/04/00	Click Here for Memo It	emization
Contribution #3 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	\$	S
If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	Description  5. DATE OF RECEIPT:  6. VENDOR NAME & ADDRESS:	Click Here for Memo II	
Fund Raiser	Page Subtotal  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 IN-KIND CONTRIBUTIONS

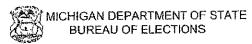
1. Committee I. D. Number <u>9815</u>9

SCHEDULE 4-IK BALLOT QUESTION COMMITTEE	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. Cumula for Electio Cycle (Thr date in Ite	n rough		
Contribution #1 ame & Address: Melissa Luginski '1 N Main Clarkston, MI 48346 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:  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 Office Supplies	\$ 45.21 Click Here for Memo Iter	\$ 2882	2.61		
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 PO BOX 424	<sub>\$</sub> 83	<sub>\$</sub> 2965	5.61		
Occupation  Employer Name & Address:  Fund Raiser	5, DATE OF RECEIPT: 09/21/22 6, VENDOR NAME & ADDRESS: US Postal Service 5799 S. Main Clarkston, MI 48347	Click Here for Memo Ite	emization	~		
Contribution #3 Name & Address: Nancy Haven	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN	s 72	¢3037	7.61		
If over \$100,00 cumulative, please provide: Occupation Employer Name & Address:	Description Neimans food for volunteers  5. DATE OF RECEIPT: 11/08/22  6. VENDOR NAME & ADDRESS: Neimans Family Market  7121 Dixie Hwy Clarkston, MI 48346	Click Here for Memo It	ń.			
Fund Raiser	Page Subtotal	\$200.21	1.	······································		
	·	<del></del>	<b>!</b>			

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

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Page <u>5</u> of <u>6</u>



1. Committee I. D. Number 98159

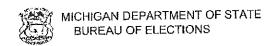
0.0	Clarkston	Village	Neighborhood	Committee
2. Committee Name				

		1	
3. Name and Address from whom received	Type of In-Kind Contribution (Check applicable box)     Date of Receipt	7. Amount or Fair Market Value	8. Cumulative for Election
If contribution is from an individual, please enter last name first.	Name & Address of Vendor from whom goods or services were purchased		Cycle (Through date in Item 5)
Contribution #1	4. Loan endorsement or guarantee		
Name & Address:	Goods Donated or loaned Services Donated		
Maggie Sans 76 North Main	Goods or Services Purchased by Others		
Clarkston, MI 48346	<u></u>	ູ 120.06	. 3157 67
•	Goods or Services Purchased by Others - LOAN	s	\$ 0.107.07
If over \$100,00 cumulative, please provide:	Description Website established		
Occupation Corporate Affairs	5. DATE OF RECEIPT: 09/23/22	Click Here for Memo Iter	nization 🔻
Employer Name & Address:	6. VENDOR NAME & ADDRESS:		
Walmart	GoDaddy.com LLC		
702 SW 8th ST Bentonville, AR 72712	2155 E Go Daddy Way Tempe, AZ 85284		
	rempe, ratioozo i		
Fund Raiser	parameter and the second secon		
Contribution #2 Name & Address:	Loan endorsement or guarantee		
Maggie Sans	Goods Donated or loaned Services Donated		
	Goods or Services Purchased by Others		•
	Goods or Services Purchased by Others - LOAN	,141.35	<sub>2</sub> 3299.05
If over \$100.00 cumulative, please provide:	Description office max printing	\$_171.00	<sub>\$</sub> 3233.03
			r
Occupation	5. DATE OF RECEIPT: 11/05/22	Click Here for Memo Ite	mization 💌
Employer Name & Address:	6. VENDOR NAME & ADDRESS:		
Fund Raiser			
Contribution #3	4 Disease and response to the state of the s		A CONTRACTOR OF THE CONTRACTOR
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		
If over \$100.00 cumulative, please provide:	Description	\$	\$
Occupation	5, DATE OF RECEIPT:		
Employer Name & Address:	6. VENDOR NAME & ADDRESS:	Click Here for Memo Ite	emization
	•		
Fund Raiser			
	Page Subtotal	\$261.41	V. A. C.

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

\$3,299.05

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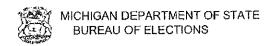


## ITEMIZED DIRECT EXPENDITURES

1, Committee I. D. Number 98159

SCHEDULE 4B	Olarkata	- Villago Ne	iahharha	nd Committee	•
BALLOT QUESTION COMMITTEE 2. Co 3. Name and address of person to whom paid	mmittee Name Clarkstol  4. State purpose of expend  5. Identify the ballot propos	ilture. al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	Indicate whether supported 4. Purpose:	or opposed.			
Name & Address:		·e			
Margaret Sans	Printing mailer	3	09/22/22	212	,318
76 N Main	5, Ballot Proposal:		Automotiva practice	§318	\$010
Clarkston, MI 48346	Medical Marihuana Charte	r Amendment	Date of Expenditure		
The state of the s	County:Oakland	Memo	7		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Jebolted ou bigging organisms		Local			
Fund Raiser	L Statewide 4. Purpose:	LILUCA			
Expenditure # 2 Name & Address:	'	ailore			
Margaret Sans	Postage for ma	311613			
Margaret Gario	5. Ballot Proposal:		09/21/22	<sub>.</sub> 480	、798
	Medical Marihuana Charte	· WORKS NAME OF THE PARTY OF THE	\$	Dominion of the second	
			Date of Expenditure		
	County: Oakland		Exponditoro		
	County; Countries	MATERIAL STATE OF THE STATE OF	Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation	Support	✓ Oppose			
reported on previous statement		Local			
Fund Raiser	Statewide	LILUCAI			
Expenditure # 3	4. Purpose:				
Name & Address:	Yard signs				
Margaret Sans	5. Ballot Proposal:		10/14/22	\$ 1285.41	\$
	Medical Marihuana Chart	er Amendment	Date of 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:	Printing mailer	s		407.00	
Margaret Sans			10/20/22	ູ127.2U	\$ 2210.61
	5. Ballot Proposal:		Date of	Y	V. 10-10-10-10-10-10-10-10-10-10-10-10-10-1
	Medical Marihuana Char	ter Amendment	Expenditure		
			Click for Memo Itemization Type		
	County: Oakland		Ollon	Car Higher Homman	<b>J</b> #" -
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
	Statewide	Local			
Fund Raiser			total thic nace	PO 040 C4	
		Sup	itotal this page	\$2,210.61	
		Grand Total of	Schedules 4E		

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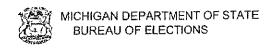


## ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE

3. Name and address of person to whom paid	State purpose of expend     Identify the ballot proposindicate whether supported	al involved.	6, Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:		_		
Name & Address: Melissa Luginski	Printing fliers				
71 N Main		A CONTRACTOR OF THE PARTY OF TH	09/16/22	<sub>s</sub> 127.20	<sub>\$</sub> 2337.81
Clarkston, MI 48346	5. Ballot Proposal:		Date of	\$ 1200	3
	Medical Marihuana Charter	r Amendment	Expenditure		
	0.41		Memo	Memo Itemization Below	
Check box if expenditure is payment of debt or obligation	County: Oakland		mania	normal participation	9
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 2	4. Purpose;	_			
Name & Address:	Printing windov	w signs			
Melissa Luginski	5. Ballot Proposal:	•	กดเวกเวว	171 00	\$ 2509.80
	Medical Marihuana Charter	r Amendment	USIZOIEZ	<sub>\$</sub> 171.99	\$ 2309.00
	CONTRACTOR OF THE PROPERTY OF		Date of Expenditure		
	County: Oakland		Expenditure		
CA of the Wayner diffuse is not ment of dobt or obligation			Click fo	r Memo Itemization	Гуре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:		·····		
Name & Address:	Office Supplies	•			
Melissa Luginski	5. Bailot Proposal:		09/20/22	<sub>s</sub> 45.24	2555.04
		<b>.</b>	VII. 10.002.517 FROM PARTIES AND STATE OF THE STATE OF	\$ 10.21	\$
	Medical Marihuana Charter Amendment		Date of Expenditure		
	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			
Expenditure # 4	4. Purpose:		<del></del> ,		
Name & Address:	PO Box rental				
Margaret Sans	5. Ballot Proposal:	,	09/21/22	<sub>\$</sub> 83.00	<sub>\$</sub> 2638.04
	•	Amondmont	Date of		* **** *******************************
	Medical Marihuana Charte	ar Amendment	Expenditure		
	County: Oakland		Click f	or Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation	osang. Oakland				
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Locai			
		Sub	total this page	\$427.43	
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	Grand Total of Schedules 4B (Complete on last page of Schedule)				
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2 of <b>6</b> 4				the Summary Page	



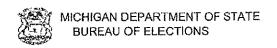
#### ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

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 Name & Address: Nancy Haven	4. Purpose: Printing mailers	09/17/22	<sub>\$</sub> 222.60	<sub>e</sub> 2860.64	
62 Robertson Ct Clarkston, MI 48346	Ballot Proposal:  Medical Marihuana Charter Amendment	Date of Expenditure	\$2000.04		
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	County:Oakland  Support  Statewide  County:Oppose	Memo l	Itemization Below	, successive states and successive states and successive states are successive states and successive states are successive states ar	
Expenditure # 2 Name & Address: Nancy Haven	4. Purpose: Office Supplies				
	Ballot Proposal:     Medical Marihuana Charter Amendment	09/20/22 Date of	<sub>\$</sub> 38.00	\$ 2898.64	
Check box if expenditure is payment of debt or obligation	County: Oakland  Support  Oppose		r Memo Itemization	Туре	

	County:Oakland		Memo l	temization Below	~
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 2	4. Purpose:			Lagrand and the state of the little of the plane of the little of the state of the little of the state of the little of the state of th	
Name & Address:	Office Supplie	s			
Nancy Haven		the second secon	55 Ino (55	00.00	
	<ol> <li>5. Ballot Proposal:</li> <li>Medical Marihuana Chart</li> </ol>	as Amandmont	09/20/22	<sub>\$</sub> 38.00	\$ 2898.64
	Medical Marinuaria Char	el Vinenoment	Date of		
	County: Oakland		Expenditure		r
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose	Click for	Memo Itemization	ı ype
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:				
Name & Address:	Pizza for addr	essees			
Nancy Haven	5. Ballot Proposal:		09/20/22	<sub>\$</sub> 67.00	2965.64 \$
	Medical Marihuana Char	ter Amendment	Date of Expenditure		
	county: Oakland		Click for	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address:	4. Purpose:				
	r null manage			¢	\$
	5. Ballot Proposal:		Date of Expenditure	<b>*</b>	
	County:		Click fo	or Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
		Subt	otal this page	\$327.60	
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## ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number 98159

BALLOT QUESTION COMMITTEE 2. C	ommittee Name Clarkst	on Village No	eighborho	od Committee	€
3. Name and address of person to whom paid	State purpose of expe     Identify the ballot proportion of the ballot proportion of the ballot proportion.	osal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:				
Margaret Sans	Web site				
76 N Main		NAME OF THE STREET	09/23/22	s 120.06	<sub>\$</sub> 3085.70
Clarkston, MI 48346	<ol><li>Ballot Proposal:</li></ol>		Date of	\$ 120100	
,	Medical Marihuana Charl	ter Amendment	Expenditure		
	County:Oakland		Memo	temization Below	
Check box if expenditure is payment of debt or obligation reported on previous statement		Oppose			
·	Support Statewide	Local			
Fund Raiser Expenditure # 2	4, Purpose:	LL_Cocai			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name & Address:	Printing flyers				
Margaret Sans	5. Ballot Proposal:	halayay aharanin ahiy a sifarana marana karana ahira baha baha baha ahira baha baharan ahira baharan	44/05/00	4/4 05	0007.05
	Medical Marihuana Charl	er Amendment	11/05/22	<sub>\$</sub> 141.35	\$ 3221.00
	· ·	·	Date of		
	County: Oakland		Expenditure		
Color to the color of the color	County. Odinaria	and the state of t	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	No.		
Expenditure # 3	4. Purpose:				
Name & Address:	Food for volur	nteers			
Nancy Haven 62 Robertson Ct	5, Ballot Proposal:		10/24/22	<sub>\$</sub> 72	3299.05
Clarkston, MI 48346	Medical Marihuana Charter Amendment		Date of	\$	, \$ <u> </u>
	Intelligation of the control of the		Expenditure		
	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	<u></u>		
Expenditure # 4 Name & Address:	4. Purpose:				
		<u> </u>			rr r
	5. Ballot Proposal:		Date of	\$;	, 4 <u></u>
	Medical Marihuana Cha	rter Amendment	Expenditure		
	County:		Click fo	or Memo itemization	Туре
Check box if expenditure is payment of debt or obligation	Support	Oppose			
reported on previous statement		Local			
Fund Raiser	Statewide	L	atal this page	форо 44	-
	Subtotal this page Grand Total of Schedules 4E			\$333.41	
	Grand Lotal of Schedules 4 (Complete on last page of Schedul			\$3,299.05	
				Enter this total on Line 8a of	<del>1117</del>
4 4				the Summary	
Page of				Page	