



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: 10/24/22 To 11/28/22

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**

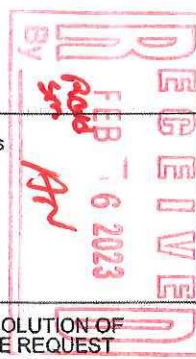
Area Code and Phone (248) 760-9657

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
11/28/22

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
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>330.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>330.00</u>	(18.) \$ <u>3,300.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>330.00</u>	(20.) \$ <u>3,300.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>333.41</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>333.41</u>	(21.) \$ <u>3,299.05</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>333.41</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.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>333.41</u>	(24.) \$ <u>3,299.05</u>
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		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4.36</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>330.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>334.46</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>333.41</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.95</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: Margaret Dacosta 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	4. Date of Receipt <u>09/20/22</u> \$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Diane Wayne 49 N Main Clarkston, MI 48346 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	4. Date of Receipt <u>09/20/22</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Linda Walker 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	4. Date of Receipt <u>09/20/22</u> \$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Mark Lamphere 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	4. Date of Receipt <u>09/20/22</u> \$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization

Page Subtotal

\$250.00

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

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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: Jim Markwalder 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="checkbox"/>
3. Contribution # 2 Name & Address: Jim Markwalder 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="checkbox"/>
3. Contribution # 3 Name & Address: Jim Meloche 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="checkbox"/>
3. Contribution # 4 Name & Address: Peggy Mauti 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="checkbox"/>

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: Bonnie Valuet 43 S. Holcomb Clarkston, MI 48346 4. Date of Receipt <u>10/04/22</u> 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	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution # 2 Name & Address: Lisa Patercsak 68 Buffalo Clarkston, MI 48346 4. Date of Receipt <u>10/20/22</u> 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	\$ <u>200</u>	\$ <u>200</u> Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution # 3 Name & Address: Peggy Mauti 24 Robertson Ct Clarkston, MI 48346 4. Date of Receipt <u>10/04/22</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>200</u>	\$ <u>300</u> Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution # 4 Name & Address: Mary Hinburg 4. Date of Receipt <u>10/19/22</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="checkbox"/>

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 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	4. Date of Receipt <u>10/19/22</u> \$ <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 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	4. Date of Receipt <u>10/19/22</u> \$ <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 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	4. Date of Receipt <u>10/19/22</u> \$ <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 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	4. Date of Receipt <u>10/19/22</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$750.00**

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

Enter this total on line 3a of Summary Page.



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: Bonnie Valuet	4. Date of Receipt <u>10/20/22</u>	\$ <u>100</u>	\$ <u>200</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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 2 Name & Address: Pat Fritzing 79 Robertson Ct Clarkston, MI 48346	4. Date of Receipt <u>10/20/22</u>	\$ <u>300</u>	\$ <u>300</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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3 Name & Address: Kim Berry	4. Date of Receipt <u>10/20/22</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4 Name & Address: Kevin Knapp 62 N Main Clarkston, MI 48346	4. Date of Receipt <u>10/20/22</u>	\$ <u>200</u>	\$ <u>200</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		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**

Enter this total on line 3a of Summary Page



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: David & Evelyn Bihl 105 Wompole Dr Clarkston, MI 48346 4. Date of Receipt <u>11/01/22</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administration assistant</u> Employer <u>Village of Clarkston</u> Business Address _____ 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 # 2 Name & Address: Margaret Sans 4. Date of Receipt <u>11/02/22</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>30</u>	\$ <u>30</u> Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 3 Name & Address: 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>
3. Contribution # 4 Name & Address: 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization <input type="button" value="v"/>

Page Subtotal **\$330.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$3,300.00**

Enter this total
on line 3a of
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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 <small>If contribution is from an individual, please enter last name first.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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 <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: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ <u>318</u>	\$ <u>318</u>
Contribution #2 Name & Address: Margaret Sans 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: US Postal Service 5799 S. Main St Clarkston, MI 48347	\$ <u>480</u>	\$ <u>798</u>
Contribution #3 Name & Address: Margaret Sans 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: Good Guys Signs Inc. 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
(Complete on last page of Schedule)

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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 <small>If contribution is from an individual, please enter last name first.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Margaret Sans 76 N. Main Clarkston, MI 48346 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: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ <u>127.20</u>	\$ <u>2210.61</u>
Contribution #2 Name & Address: Melissa Luginski 71 N. Main Clarkston, MI 48346 If over \$100.00 cumulative, please provide: Occupation <u>unemployed</u> Employer Name & Address: <u>n/a</u> <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: The Print Shop 5911 Dixie Hwy Clarkston, MI 48346	\$ <u>127.20</u>	\$ <u>2337.81</u>
Contribution #3 Name & Address: Melissa Luginski 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: UPS Store 7111 Dixie Hwy Clarkston, MI 48346	\$ <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: Nancy Haven 62 Robertson Ct Clarkston, MI 48346 If over \$100.00 cumulative, please provide: Occupation not employed 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> Click Here for Memo Itemization <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: Nancy Haven 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> Click Here for Memo Itemization <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: Nancy Haven 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> Click Here for Memo Itemization <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
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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: Melissa Luginski 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> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: Office Depot 7151 Dixie Hwy Clarkston, MI 48346	\$ <u>45.21</u>	\$ <u>2882.61</u>
Contribution #2 Name & Address: Margaret Sans 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> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: US Postal Service 5799 S. Main Clarkston, MI 48347	\$ <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: _____ Click Here for Memo Itemization <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**

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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: Melissa Luginski 71 N Main Clarkston, MI 48346 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> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: Office Depot 7151 Dixie Hwy Clarkston, Mi 48346	\$ <u>45.21</u>	\$ <u>2882.61</u>
Contribution #2 Name & Address: Margaret Sans 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> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: US Postal Service 5799 S. Main Clarkston, MI 48347	\$ <u>83</u>	\$ <u>2965.61</u>
Contribution #3 Name & Address: Nancy Haven 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>Neimans food for volunteers</u> 5. DATE OF RECEIPT: <u>11/08/22</u> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: Neimans Family Market 7121 Dixie Hwy Clarkston, MI 48346	\$ <u>72</u>	\$ <u>3037.61</u>

Page Subtotal **\$200.21**

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

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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: Maggie Sans 76 North 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 <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>Website established</u> 5. DATE OF RECEIPT: <u>09/23/22</u> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: GoDaddy.com LLC 2155 E Go Daddy Way Tempe, AZ 85284	\$ <u>120.06</u>	\$ <u>3157.67</u>
Contribution #2 Name & Address: Maggie Sans 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 max printing</u> 5. DATE OF RECEIPT: <u>11/05/22</u> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS:	\$ <u>141.35</u>	\$ <u>3299.05</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: _____ Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal **\$261.41**

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) **\$3,299.05**

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**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: Margaret Sans 76 N Main Clarkston, MI 48346 <input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	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	09/22/22 Date of Expenditure	\$ <u>318</u> Memo Itemization Below <input type="checkbox"/>	\$ <u>318</u>
Expenditure # 2 Name & Address: Margaret Sans <input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	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	09/21/22 Date of Expenditure	\$ <u>480</u> Click for Memo Itemization Type	\$ <u>798</u>
Expenditure # 3 Name & Address: Margaret Sans <input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	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	10/14/22 Date of Expenditure	\$ <u>1285.41</u> Click for Memo Itemization Type	\$ <u>2083.41</u>
Expenditure # 4 Name & Address: Margaret Sans <input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	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	10/20/22 Date of Expenditure	\$ <u>127.20</u> Click for Memo Itemization Type	\$ <u>2210.61</u>

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

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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: Melissa Luginski 71 N Main Clarkston, MI 48346	4. Purpose: <u>Printing fliers</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>09/16/22</u> Date of Expenditure	<u>\$ 127.20</u> Date of Expenditure	<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	Expenditure # 2 Name & Address: Melissa Luginski	4. Purpose: <u>Printing window 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>09/20/22</u> Date of Expenditure	<u>\$ 171.99</u> Date of Expenditure 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: Melissa Luginski	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>\$ 45.24</u> Date of Expenditure 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: Margaret Sans	4. Purpose: <u>PO Box rental</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>09/21/22</u> Date of Expenditure	<u>\$ 83.00</u> Date of Expenditure Click for Memo Itemization Type

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

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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: Nancy Haven 62 Robertson Ct Clarkston, MI 48346	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> \$ 2860.64	\$ 2860.64 Memo Itemization Below <input type="checkbox"/>
Expenditure # 2 Name & Address: Nancy Haven	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> \$ 2898.64	\$ 2898.64 Click for Memo Itemization Type
Expenditure # 3 Name & Address: Nancy Haven	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> \$ 2965.64	\$ 2965.64 Click for Memo Itemization Type
Expenditure # 4 Name & Address:	4. Purpose:	5. Ballot Proposal:	\$ _____ \$ _____ 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

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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: Margaret Sans 76 N Main Clarkston, MI 48346	4. Purpose: <u>Web site</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>09/23/22</u> Date of Expenditure	\$ <u>120.06</u>	\$ <u>3085.70</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: Margaret Sans	4. Purpose: <u>Printing flyers</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>11/05/22</u> Date of Expenditure	\$ <u>141.35</u> \$ <u>3227.05</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: Nancy Haven 62 Robertson Ct Clarkston, MI 48346	4. Purpose: <u>Food for volunteers</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>10/24/22</u> Date of Expenditure	\$ <u>72</u> \$ <u>3299.05</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

Subtotal this page **\$333.41**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$3,299.05**

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