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OAKLAND COUNTY CLERK
PONTIAC, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 02/21/2023 to 10/22/2023

1. Committee I.D. Number

98174

2. Committee Name

FRIENDS OF MATT HEINTZ

5. Committee's Mailing Address

**P.O. BOX 602
NOVI, MI 48376**

Area Code and Phone (248) 385-2096
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.

4. Candidate Last Name

HEINTZ

First Name

MATTHEW

M.I.

R

4a. Office Sought Including District # or Community Served (If applicable)

CITY COUNCIL, NOVI

4b. County of Residence **OAKLAND COUNTY**

6. Treasurer's Name & Residential Address

**MATTHEW HEINTZ
24551 KINGS POINTE
NOVI, MI 48375**

Area Code & Phone (248) 385-2096

7. Treasurer's Business Address

**24551 KINGS POINTE
NOVI, MI 48375**

Area Code and Phone (248) 385-2096

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

**MATTHEW HEINTZ
24551 KINGS POINTE
NOVI, MI 48375**

Area Code and Phone (248) 385-2096

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☒ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

11/07/2023

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/17/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/17/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98174

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MATT HEINTZ

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,405.34</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,405.34</u>	(18.) \$ <u>11,405.34</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>11,405.34</u>	(20.) \$ <u>11,405.34</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>831.05</u>	(21.) \$ <u>831.05</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,254.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,254.03</u>	(23.) \$ <u>6,254.03</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>713.73</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,405.34</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,405.34</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,254.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,151.31</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98174
2. Committee Name FRIENDS OF MATT HEINTZ

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/20/2023</u>	
Name & Address: BRUCE LUND 21141 CHASE DR NOVI, MI 48375		\$ <u>8.33</u>	\$ <u>8.33</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>21141 CHASE DR, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>06/22/2023</u>	
Name & Address: DEMOCRATS OF GREATER NOVI 24108 WESTMONT DR NOVI, MI 48374		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/2023</u>	
Name & Address: KATHERINE DOOLEY 44139 STASSEN AVE NOVI, MI 48375		\$ <u>16.67</u>	\$ <u>16.67</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>SELF</u> Business Address <u>44139 STASSEN AVE, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2023</u>	
Name & Address: CATHY REILLY 25859 GLENMOOR NOVI, MI 48374		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAREER SERVICES</u> Employer <u>ROSS HOLDING LLC</u> Business Address <u>8110 MURPHY DR, BRIGHTON, MI 48116</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 565.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98174
2. Committee Name FRIENDS OF MATT HEINTZ

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: VOTE NOVI P.O. BOX 1262 NOVI, MI 48376		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2023</u>	
Name & Address: ERIKA THOMAS 40329 W 11 MILE RD NOVI, MI 48375		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOFTWARE PRODUCT MANAGER</u> Employer <u>RXO</u> Business Address <u>26533 EVERGREEN RD, SOUTHFIELD, MI 48076</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/25/2023</u>	
Name & Address: HANI WILD 4351 WINDING CIR COLORADO SPRINGS, CO 80917		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICAL WRITER</u> Employer <u>ADVANCED ENERGY SYSTEMS</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/27/2023</u>	
Name & Address: KATHERINE DOOLEY 44139 STASSEN AVE NOVI, MI 48375		\$ <u>16.67</u>	\$ <u>70.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 1,491.67

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98174
2. Committee Name FRIENDS OF MATT HEINTZ

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: JULIE SONG 50694 CHESAPEAKE DR NOVI, MI 48374		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address <u>50694 CHESAPEAKE DR, NOVI, MI 48374</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2023</u>	
Name & Address: KATHERINE DOOLEY 44139 STASSEN AVE NOVI, MI 48375		\$ <u>16.67</u>	\$ <u>86.68</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>SELF</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/06/2023</u>	
Name & Address: ROD SCHLESSMAN 100 PLEASANT COVE DR NOVI, MI 48377		\$ <u>30.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer <u>NOT EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST SUITE 200 DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,146.67**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **98174**

CANDIDATE COMMITTEE

2. Committee Name **FRIENDS OF MATT HEINTZ**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	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 PAC Receipt? ☐ Yes Name & Address: ELIZABETH MORRIS 46962 SUNNYBROOK LN NOVI, MI 48374 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Business Address: NOT EMPLOYED ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER 5. Date Of Receipt: 08/10/2023 6. Vendor Name & Address: BEERHEAD BAR AND EATERY 44375 W 12 MILE RD, NOVI, MI 48377	\$ 29.33	\$ 279.33
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: MARIAN MAHONEY 24108 WESTMONT DR NOVI, MI 48374 If over \$100.00 cumulative, please provide: Occupation: NOT EMPLOYED Employer Name & Address: NOT EMPLOYED ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description FUNDRAISER 5. Date Of Receipt: 08/10/2023 6. Vendor Name & Address: BEERHEAD BAR AND EATERY 44375 W 12 MILE RD, NOVI, MI 48377	\$ 29.33	\$ 104.33
Contribution #3 PAC Receipt? ☐ Yes Name & Address: MATTHEW HEINTZ 24551 KINGS POINTE NOVI, MI 48375 If over \$100.00 cumulative, please provide: Occupation: SENIOR TECHNICAL WRITER Employer Name & Address: ADVANCED ENERGY SYSTEMS 24551 KINGS POINTE, NOVI, MI 48375 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description PO BOX PAYMENT 5. Date Of Receipt: 02/21/2023 6. Vendor Name & Address: USPS 24875 NOVI RD, NOVI, MI 48375	\$ 226.00	\$ 226.00

Page Subtotal **284.66** **383.66**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **831.05**

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98174
2. Committee Name FRIENDS OF MATT HEINTZ

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MATTHEW HEINTZ 24551 KINGS POINTE NOVI, MI 48375	4. Type: <u>REIMBURSEMENT</u> 5. <u>Date Debt Was Incurred:</u> <u>07/10/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>487.73</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>487.73</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MATTHEW HEINTZ 24551 KINGS POINTE NOVI, MI 48375	4. Type: <u>REIMBURSEMENT</u> 5. <u>Date Debt Was Incurred:</u> <u>02/21/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>226.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>226.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

713.73

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

713.73

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98174**
2. Committee Name **FRIENDS OF MATT HEINTZ**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/15/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity FUNDRAISER EVENT	6. Address and Name (If any) of the place where the activity was held. BEERHEAD BAR & EATERY 44375 W 12 MILE RD NOVI, MI 48377 ☐ Private Residence
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7. Total Contributions **451.68**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **451.68**
10. Total Cost of Event **111.72**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **98174**
2. Committee Name **FRIENDS OF MATT HEINTZ**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/10/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. 44375 W 12 MILE RD NOVI, MI 48377 ☐ Private Residence
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7. Total Contributions **606.32**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **606.32**
10. Total Cost of Event **117.33**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.