



**CANDIDATE 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) and candidate.

3. This Statement covers From:

04/30/2024 to 07/21/2024

1. Committee I.D. Number

98441

2. Committee Name

Friends of Linda Ybarra-Bozzone

4. Candidate Last Name

First Name

M.I.

Ybarra-Bozzone

Linda

E

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

Independence Township Trustee

4b. County of Residence **OAKLAND**

5. Committee's Mailing Address

**7925 Foster Road
Clarkston, MI. 48346**

Area Code and Phone (248) 934-8443

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.

6. Treasurer's Name & Residential Address

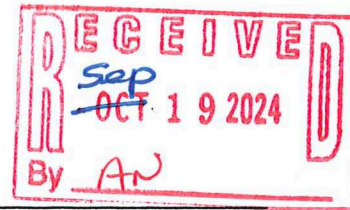
**Linda Ybarra-Bozzone
7925 Foster Road
Clarkston, MI. 48346**

Area Code & Phone (248) 934-8443

7. Treasurer's Business Address

Area Code and Phone _____

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



Area Code and Phone _____

9. TYPE OF STATEMENT

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

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.)

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

08/06/2024

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

Linda Ybarra-Bozzone

Type or Print Name

Signature

Date

9/18/24

Candidate

Linda Ybarra-Bozzone

Type or Print Name

Signature

Date

9/18/24



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 98441

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Linda Ybarra-Bozzone

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,855.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$5,855.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$5,855.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$150.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,094.41</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$5,094.41</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$1,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
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>\$5,855.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$5,855.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,094.41</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$760.59</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

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>05/04/2024</u> Name & Address: <u>Linda E. Ybarra-Bozzone</u> <u>7925 Foster Road</u> <u>Clarkston, Mi 48346</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Transition Care Manager</u> Employer <u>Home Care Experts</u> Business Address <u>29400 Van Dyke Ave Suite 301 Warren, MI</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser		\$ <u>1500.00</u>	\$ <u>1500.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/23/2024</u> Name & Address: <u>Marianne Hallett</u> <u>5799 Breeze Dr.</u> <u>Clarkston, MI 48346</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/2024</u> Name & Address: <u>Glenn Murray</u> <u>5961 Miller Way E.</u> <u>Bloomfield Hills, MI 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Development & Investor Relations Consultant</u> Employer <u>ValStone Partners</u> Business Address <u>260 East Brown St. Suite 250 Birmingham, MI</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: <u>Vincent Bozzone</u> <u>7925 Foster Road</u> <u>Clarkston, MI 48346</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$2,800.00

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

\$5,855.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

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>06/27/2024</u> Name & Address: Mark Brancheau 6677 Langle Dr. Clarkston, MI 48346 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: Jose Aliaga 6144 Cheshire Park Dr. Clarkston, MI 48346 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Independence Township</u> Business Address <u>6483 Waldon Center Dr. Clarkston, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: Friends of Jose Aliaga 6144 Cheshire Park Dr. Clarkston, MI 48346 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Independence Township</u> Business Address <u>6483 Waldon Center Dr. Clarkston, MI 48346</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: David Barkah 48722 Ivybridge Ct. Canton, MI 48187 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$375.00

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

\$5,855.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

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>06/27/2024</u> Name & Address: David Hayward 6764 Berwick Dr. Clarkston, MI 48346		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: Cecilia M. Ybarra 2869 Beacham Waterford, MI 48329		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: Milady Martinez-Rodriguez P.O. Box 214625 Auburn Hills, MI 48321		\$ <u>45.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u> Name & Address: Emiralda Gojcaj 6533 Deer Ridge Dr. Clarkston, MI 48346		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Paralegal</u> Employer <u>Friedman Law Firm</u> Business Address <u>302 S Main St, Royal Oak, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$280.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$5,855.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

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 Name & Address: Dorothy Day 5765 Dora Lane Clarkston, MI 48346	PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Adrienne Leonard 30951 Asbury Hill Ct New Hudson, MI	PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Nawal Shallal 5300 Putnam Dr. West Bloomfield, MI 48323	PAC Receipt? ☐ YES 4. Date of Receipt <u>06/27/2024</u>	\$ <u>250.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Nawal & Jalal Shallal Foundation</u> Business Address <u>5300 PUTNAM DR West Bloomfield, MI 48323</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Kimberly Shallal 31140 E. Rutland St. Beverly Hills, MI	PAC Receipt? ☐ YES 4. Date of Receipt <u>07/01/2024</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>JS TIC Company LLC</u> Business Address <u>42690 Woodward Ave. Bloomfield Hills, MI 48304</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$450.00

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

\$5,855.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

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>07/02/2024</u>	
Name & Address: Matthew Masoud 5550 Hampshire Dr. Clarkston, MI 48346		\$ <u>1200.00</u>	\$ <u>1200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Sunoco 696 VanDyke LLC</u> Business Address <u>27035 VanDyke Ave. Warren, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/2024</u>	
Name & Address: Nawal Shallal 5300 Putnam Dr. West Bloomfield, MI 48323		\$ <u>750.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Nawal & Jalal Shallal Foundation</u> Business Address <u>5300 PUTNAM DR West Bloomfield, MI 48323</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,950.00

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

\$5,855.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 98441

2. Committee Name Friends of Linda Ybarra-Bozzone

CANDIDATE COMMITTEE

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 all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Jose M. Ybarra
2869 Beacham
Waterford, MI 48329

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

\$ 150.00

\$ 150.00

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Tent

5. Date Of Receipt: 06/26/2024

6. Vendor Name & Address:

Jose M. Ybarra
2869 Beacham
Waterford, MI 48329

[Click Here for Memo Itemization](#)

If over \$100.00 cumulative, please provide:

Occupation: Pastor

Employer Name & Business Address:

New Wine Ministries
2671 N Williams Lake Rd, Waterford
Twp, MI 48329

☒ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

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

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

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

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal

\$150.00

\$150.00

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

\$150.00

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vista Print</u> Address <u>100 Hayden Avenue Lexington, MA 02421</u> ☐ Fund Raiser	Purpose: <u>Door hangers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/2024</u> Date	\$ <u>105.98</u>
Expenditure #2 Name <u>Office Depot Clarkston</u> Address <u>7151 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Copies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/08/2024</u> Date	\$ <u>10.34</u>
Expenditure #3 Name <u>Ace Hardware</u> Address <u>6669 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/2024</u> Date	\$ <u>10.59</u>
Expenditure #4 Name <u>Vista Print</u> Address <u>100 Hayden Avenue Lexington, MA 02421</u> ☐ Fund Raiser	Purpose: <u>Door hangers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/2024</u> Date	\$ <u>186.53</u>
Expenditure #5 Name <u>Office Depot Clarkston</u> Address <u>7151 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Copies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/03/2024</u> Date	\$ <u>14.42</u>

Subtotal this page **\$327.86**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$5,094.41**

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Office Depot Clarkston</u> Address <u>7151 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Copies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/2024</u> Date	\$ <u>16.22</u>
Expenditure #2 Name <u>Office Depot Clarkston</u> Address <u>7151 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Copies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2024</u> Date	\$ <u>20.18</u>
Expenditure #3 Name <u>Office Depot Clarkston</u> Address <u>7151 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Copies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/07/2024</u> Date	\$ <u>36.02</u>
Expenditure #4 Name <u>Ace Hardware Clarkston</u> Address <u>6669 Dixie Hwy, Village of Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Door hangers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2024</u> Date	\$ <u>6.35</u>
Expenditure #5 Name <u>Dollar Tree</u> Address <u>322 E. Walton Pontiac, MI 48340</u> ☒ Fund Raiser	Purpose: <u>Cups and Plates</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2024</u> Date	\$ <u>7.95</u>

Subtotal this page

\$86.72

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$5,094.41

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vista Print</u> Address <u>100 Hayden Avenue Lexington, MA 02421</u> ☐ Fund Raiser	Purpose: <u>Door hangers/Business Cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/2024</u> Date	\$ <u>164.28</u>
Expenditure #2 Name <u>Costco</u> Address <u>2343 S Telegraph Rd, Bloomfield Twp, MI 48302</u> ☒ Fund Raiser	Purpose: <u>Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2024</u> Date	\$ <u>186.85</u>
Expenditure #3 Name <u>Dollar Tree</u> Address <u>322 E. Walton Pontiac, MI 48340</u> ☒ Fund Raiser	Purpose: <u>Decorations</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2024</u> Date	\$ <u>30.48</u>
Expenditure #4 Name <u>59 Party Rentals</u> Address <u>1629 Irwin Dr. Waterford, MI. 48327</u> ☒ Fund Raiser	Purpose: <u>Tables/Chairs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2024</u> Date	\$ <u>76.32</u>
Expenditure #5 Name <u>Kroger</u> Address <u>6625 Dixie Hwy Clarkston MI 48346</u> ☒ Fund Raiser	Purpose: <u>Pop and Water</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2024</u> Date	\$ <u>51.22</u>

Subtotal this page

\$509.15

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$5,094.41

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Amazon</u> Address <u>410 Terry Ave N, Seattle 98109, WA</u> ☐ Fund Raiser	Purpose: <u>Wires for signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	<u>\$ 26.49</u>
Expenditure #2 Name <u>Dollar Tree</u> Address <u>322 E. Walton Pontiac, MI 48340</u> ☐ Fund Raiser	Purpose: <u>Parade Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2024</u> Date	<u>\$ 14.58</u>
Expenditure #3 Name <u>McDonalds</u> Address <u>6695 Dixie Hwy Clarkston, MI 48346</u> ☐ Fund Raiser	Purpose: <u>Food for Parade Workers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/2024</u> Date	<u>\$ 25.08</u>
Expenditure #4 Name <u>Tommie Sundquist</u> Address <u>5111 Oak Park Clarkston, MI. 48346</u> ☐ Fund Raiser	Purpose: <u>T Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/04/2024</u> Date	<u>\$ 85.00</u>
Expenditure #5 Name <u>Capitol Promotions</u> Address <u>PO BOX 231 GLENSIDE, PA 19038</u> ☐ Fund Raiser	Purpose: <u>Yard Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/2024</u> Date	<u>\$ 356.00</u>

Subtotal this page	\$507.15
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$5,094.41

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Right Strategies LLC</u> Address <u>2153 Wealthy St. SE Suite 166</u> <u>East Grand Rapids, MI 49506</u> ☐ Fund Raiser	Purpose: <u>Postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>3220.00</u>
Expenditure #2 Name <u>Right Strategies LLC</u> Address <u>2153 Wealthy St. SE Suite 166</u> <u>East Grand Rapids, MI 49506</u> ☐ Fund Raiser	Purpose: <u>Postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2024</u> Date	\$ <u>443.53</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$3,663.53**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$5,094.41**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 98441

2. Committee Name Friends of Linda Ybarra-Bozzone

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 endorsers 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: Linda Ybarra-Bozzone 7925 Foster Road Clarkston, MI. 48346	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/04/2024</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 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: \$ _____				
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)

\$1,500.00

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

\$1,500.00

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.

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 98441
2. Committee Name Friends of Linda Ybarra-Bozzone

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/27</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Garden Party</u>	6. Address and Name (If any) of the place where the activity was held. <u>7925 Foster Road</u> <u>Clarkston, MI 48346</u> ☒ Private Residence
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7. Total Contributions \$1,255.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$1,255.00

10. Total Cost of Event \$502.82
(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.