



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

PM

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: 04/21/25 To 07/20/25

1. Committee I.D. Number 97117

4. Committee's Mailing Address 260 E. Gunn Rd
Rochester, MI 48306

2. Committee Name
Friends of Oakland Township

Area Code and Phone: (248) 601-3576
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
Carolyn Young
260 E. Gunn Rd
Rochester, MI 48306
Area Code and Phone (248) 601-3576

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:

8/5/25

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

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

Carolyn Young
Type or Print Name

Carolyn Young
Signature

7/27/25



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township



	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2,445.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2,445.00</u>	(18.) \$ _____
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>2,445.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</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>0.00</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1,865.93</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>68.35</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>1,913.28</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>1,934.28</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(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, Column I, Total Contributions & Other Receipts)	(14.) + <u>2,445.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,445.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1,934.28</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>510.72</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 97117

2. Committee Name Friends of Oakland Township 

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 4. Date of Receipt <u>05/19/25</u> Name & Address: Carolyn Young 260 E. Gunn Rd Rochester, MI 48306 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 # 2 4. Date of Receipt <u>06/05/25</u> Name & Address: Nancy Russell 5184 Brecon Ct Oakland Twp MI 48306 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 4. Date of Receipt <u>06/17/25</u> Name & Address: Lisa Kiefer 3030 Serenity Rd Oakland Twp MI 48363 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 4. Date of Receipt <u>06/18/25</u> Name & Address: Jennifer R Petrotta 3398 Roseglade Oakland Twp MI 48306 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	

Page Subtotal

\$225.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township 

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: Reginald C Brown 3666 Locust Dr Oakland Twp MI 48363 4. Date of Receipt <u>06/21/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 # 2 Name & Address: Nabil Chamra 3646 Sweet Bay Court Oakland Twp MI 48363 4. Date of Receipt <u>06/21/25</u> 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 # 3 Name & Address: Camilla Mannino 3666 Locust Dr Oakland Twp MI 48363 4. Date of Receipt <u>06/22/25</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>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Phyllis E. Googasian 3750 Orion Road Oakland Twp MI 48363 4. Date of Receipt <u>06/23/25</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>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	

Page Subtotal

\$525.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township 

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 4. Date of Receipt <u>06/24/25</u> Name & Address: Geoff Erickson 3333 Aquarius Circle Oakland Twp MI 48363 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 2 4. Date of Receipt <u>06/24/25</u> Name & Address: Christine Garrett 4826 Green Meadow Lane Rochester MI 48306 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>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 4. Date of Receipt <u>06/25/25</u> Name & Address: Mary Fizzell 2060 Pear Tree Lane Oakland Twp MI 48363 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 4. Date of Receipt <u>06/25/25</u> Name & Address: Richard J Michalski 3070 Wains Way Oakland Twp MI 48363 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

\$370.00

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

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 97117

2. Committee Name Friends of Oakland Township 

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: Michelle Sutter 3623 Normandy Court Rochester MI 48306 4. Date of Receipt <u>06/25/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Melinda Milos-Dale 4865 Gallagher Rd Rochester MI 48306 4. Date of Receipt <u>06/25/25</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 Name & Address: Cathy Vestrand 911 Walnut Glen Ct Oakland Twp MI 48363 4. Date of Receipt <u>06/25/25</u> 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 # 4 Name & Address: Louise Hartung 3400 Hixon Rd. Rochester MI 48306 4. Date of Receipt <u>06/30/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal

\$185.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township 

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: Vincenette Morganti 4026 Oak Tree Circle Rochester MI 48306 4. Date of Receipt <u>06/30/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>75.00</u>	\$ <u>75.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Colleen Barkham 1741 Silver Bell Rd. Rochester MI 48306 4. Date of Receipt <u>07/01/25</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>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Maura Cook 3303 Rosemont Ct Rochester Hills MI 48306 4. Date of Receipt <u>07/02/25</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 # 4 Name & Address: Jill Greimel 5719 Lost Lane Rochester MI 48306 4. Date of Receipt <u>07/02/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal

\$375.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township



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: Susan Cronizer 1821 Sudbury Court Rochester MI 48306 4. Date of Receipt <u>07/07/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 # 2 Name & Address: Connie L Dowe 1065 Pointe Place Boulevard Rochester MI 48307 4. Date of Receipt <u>07/07/25</u> 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 # 3 Name & Address: Antonia Sanchez-Murphy 623 Birch Tree Court Rochester MI 48306 4. Date of Receipt <u>07/07/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 Name & Address: Connie L Dowe 1065 Pointe Place Boulevard Rochester MI 48307 4. Date of Receipt <u>07/08/25</u> 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>50.00</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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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township 

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: Barbara Cenko 4100 Calumet Oakland Twp MI 48306 4. Date of Receipt <u>07/14/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ 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 # 2 Name & Address: Nancy Russell 5184 Brecon Ct Oakland Twp MI 48306 4. Date of Receipt <u>07/15/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>45.00</u>	\$ <u>95.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Rhonda Yates 6 Texas Avenue Rochester Hills MI 48309 4. Date of Receipt <u>07/17/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Liz Zamudio 3866 Deer Springs Dr. Rochester MI 48306 4. Date of Receipt <u>07/19/25</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization

Page Subtotal

\$165.00

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

Enter this total
on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 97117

2. Committee Name Friends of Oakland Township 

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: Carolyn Young 260 E. Gunn Rd Rochester, MI 48306 4. Date of Receipt <u>07/20/25</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>100.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Camilla Mannino 3666 Locust Dr Oakland Twp MI 48363 4. Date of Receipt <u>07/20/25</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>200.00</u>	\$ <u>400.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Kiefer 3030 Serenity Rd Oakland Twp MI 48363 4. Date of Receipt <u>07/20/25</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Blueprint Evolution, LLC</u> Business Address <u>3030 Serenity Rd, Oakland Charter Township, MI 48363</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: 4. Date of Receipt _____ 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

\$350.00

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

\$2,445.00

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 97117

2. Committee Name Friends of Oakland Township

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: Allied Union Services 240 N Fenway Drive Fenton, MI 48430	4. Purpose: <u>Library Millage Proposal Handouts</u> 5. Ballot Proposal: <u>2 Library Millages</u>	<u>07/07/25</u> Date of Expenditure	<u>\$ 380.83</u>	<u>\$ 380.83</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: PoliEngine, LLC Gainesville, FL 32601	4. Purpose: <u>Website</u> 5. Ballot Proposal: <u>2 Library Millages</u>	<u>06/16/25</u> Date of Expenditure	<u>\$ 35.00</u>	<u>\$ 35.00</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: PoliEngine, LLC Gainesville, FL 32601	4. Purpose: <u>Website</u> 5. Ballot Proposal: <u>2 Library Millages</u>	<u>07/16/25</u> Date of Expenditure	<u>\$ 35.00</u>	<u>\$ 70.00</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: Sawicki & Son 1521 Lafayette Detroit, MI 48216	4. Purpose: <u>Yard Signs</u> 5. Ballot Proposal: <u>2 Library Millages</u>	<u>07/11/25</u> Date of Expenditure	<u>\$ 1415.10</u>	<u>\$ 1415.10</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: <u>Oakland</u> ☒ Support ☐ Oppose ☐ Statewide ☒ Local	Click for Memo Itemization Type		

Subtotal this page

\$1,865.93

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

\$1,865.93

Enter this total
on Line 8a of
the Summary
Page