

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY To 10/20/24 Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper. 3.This Statement covers From: 09/08/24 PO BOX 393 4. Committee's Mailing Address 1. Committee I.D. Number 98675 Clarkston, MI 48347 Area Code and Phone: 248-330-4488
If the address in this box is different from the committee mailing address on the Statement of Organization, mall may be sent to this address by the filling official. 2. Committee Name Committee to Keep Clarkston Charming J5. Treasurer's Name and Residential Address 81 N. Main Street, Clarkston, MI 48346 CAKLAND CO. CLERK/ELECTIONS Area Code and Phone 248-330-4488 7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) 6. Treasurer's Business Address 81 N. Main Street Clarkston, MI 483465 Area Code and Phone 248-330-4488 Area Code and Phone 8b. 8d: DISSOLUTION OF 8. TYPE OF STATEMENT: COMMITTEE REQUEST Post Petition Sample Filing FEBRUARY STATEMENT under MCL 168.483a X PRE- ELECTION 8a Effective Date of Dissolution APRIL STATEMENT OR (Required of Statewide Ballot Question Committees only after JULY STATEMENT POST- ELECTION By checking this item, I certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page. the submission of a sample petition prior to circulating the petition) X OCTOBER STATEMENT Pre-Election or Post-Election Statement relates to: PRIMARY 8c. ANNUAL STATEMENT X GENERAL (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) Coverage Year) SCHOOL SPECIAL OTHER: Date of Election: 11/5/24 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 filling deadline of a required campaign statement, that campaign statement can not be waived. 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



SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98675
2. Committee Name CIMMITEC TO LEEP CLANSTON CHAMING

RECEIPTS	Column I	Column II
3. Contributions	This Perlod	Cumulative for Election Cycle
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) <u>\$ 2550.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ <u>2550.00</u>	(18.)\$ 2550.00
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>2550.00</u>	(20.)\$ <u>2550-00</u>
IN-KIND CONTRIBUTIONS		
In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ 1554.91	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 1554.91	(21.)\$ 1554.91
EXPENDITURES		
8. Expenditures	0 - 11 2 2	
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>2244-23</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.) \$	2011/27
e. Subtotal of Expenditures	(8e.) \$ 1244.23	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 2244.25	(24.) \$ 2244.25
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	\bigcirc	
a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$	
 Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 	(14.)+ 2550.00	to the state of th
15. SUBTOTAL Add lines 13 and 14	(15.) = 3550.00	SSSC Street Name Annual
 Amount expended during reporting period (Line 10, Column I, Total Expenditures) 	(16.)- 2244.23	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 305-77	*

^{*}If your ending balance is negative, please recheck your math.

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number 90015

BALLOT QUESTION COMMITTEE 2. Committee Name WWW 10	Leep Claus	Metamine
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: HAWEM ERC	\$ <u> ÛÛ . ÛÛ</u>	\$ <u>\OD . OD</u> mo Itemization
3. Contribution #2 Name & Address: WGWSKI MWYSKA GIN- MAUN STRECT CLAMATON MI ABBALO	\$	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation	Click nete to twe	no itemization
3. Contribution #3 Name & Address: SCHORBELL FRANK 22 N . HOLCOMB RD CLUNGTON MI 48246 5. If over \$100.00 cumulative, please provide: Occupation Verwer Employer Na	\$	\$ 300.00
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 Name & Address: 4. Date of Receipt 10 7 24 HWGS, STEVE 55 N MAIN STVEET CLANKSTON, MI 46346 5. If over \$100.00 cumulative, please provide: Occupation N 9 Employer N A	\$	\$(_OOOO
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page of	Enter this total on line 3a of Summary	



Page _____ of _____

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTR SCHEDULE 4 **BALLOT QUESTION**

01/10 1	17	
ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	[]	*
SCHEDULE 4A BALLOT QUESTION COMMITTEE 2. Committee Name	KeepClan	iston Chamir
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)
CLAVESTON M. 46346 5. If over \$100.00 cumulative, please provide:	\$ 100,00	\$
Occupation		
3. Contribution #2 Name & Address: GOWLEG ROBEVT 36 N - HOLCOM B CLAMATON M 48346 5. If over \$100.00 cumulative please provide: Occupation MA Employer MA	\$	\$ 100 000
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt 9 / 1/2 7 14		
Name & Address: SCHOEBEL, Frank H 22 N- HULCOMB ROAD CLANCOTOM MI 76346 5. If over \$100.00 cumulative, please provide:	\$	\$ <u>200 . O O</u>
Occupation VETIVE & Employer N/A Business Address V/A Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution # 4 Name & Address: RAD CLIFF, JENNIFEV 3.3 N. MAIN STVEET CLANCETTON M 46346 5. If over \$100.00 cumulative, please provide: Occupation N A Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>\\\ \OO\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	\$ <u>100.00</u> mo Itemization
Page Subtotal	500,00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	**ECCACONA AND ANGLE AND ANGLE AND ANGLE A	
2 5	Enter this total on line 3a of	

Summary Page

MICHIGAN DEPARTMENT OF STATE

Clear Form

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A
BALLOT QUESTION COMMITTEE
er contributors name and address. If contribution

1. Committee I.D. Number <u>98615</u>
2. Committee Name <u>COMMUTE</u> to Keep Church Chuming

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: 4. Date of Receipt 9 9 24	area (a companya a comp	
Wayne, Diane 49. n. main street	\$ 200.00	s 2-00.00
CLEUKSTON MI 483ACO	Click Here for Mer	no Itamization
5. If over \$100.00 cumulative, please provide:	Click Here for Mei	no nemization
Occupation YCTVCC Employer W/C		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 4. Date of Receipt Name & Address:		
meon, nancy	0.00	120 10
maon, nancy 80 n. main street	\$ <u>200.00</u>	s <u>200.00</u>
1 Claresing Mi 100 10	Official laws for Manual	
5. If over \$100.00 cumulative, please provide:	Click Here for Men	to itemization
Occupation <u>VetiVeC</u> Employer <u>N</u> /A		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 4. Date of Receipt Name & Address:		
LUGINSKI, JOE.	1000	s 200,00
or n. main street	\$ 200.CU	\$
CLANKSTON MI 48346 5. If over \$100.00 cumulative, please provide:	Click Here for Mem	a Itomization
51105	Click Here to livien	o nemzaton
Occupation OCCUPATION Employer CONTRACTOR OCCUPATION OC	94107	!
Business Address 101 Towas SEND ST. SAN FLAN CISO CA- Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 91724		•
markwalder, James C.	4 00	000 00
91 n. main street	\$ 200.0C	s 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
Occupation SOURS Employer PRUSTEP	CHOIC FIGURE	no nomization
Business Address 100 W MCBEAVEV STE 200 TROV IN 4208 4		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	1800.00	
Grand Total of All Schedules 4A		•
(Complete on last page of Schedule	2)]
Page $\frac{5}{9}$ of $\frac{5}{9}$	Enter this total on line 3a of	
	Summary Page	

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

98	61	15
----	----	----

SCHEDULE 4A	1. Committee I.D. Number	12	- CH anni
BALLOT QUESTION COMMITTEE	2. Committee Name COMMIT	ee to kee	
Please enter contributors name and address. If contribution is from middle initial.	om an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 A. Date of Receipt Name & Address:	9/18/24	All provinces to the Control of the	dute of rescripty
KNAPP, KEVIN L. 62 N. WAIN STVEET CLAVKATON MI 48346 5. If over \$100.00 cumulative, please provide:		\$ 250.00	\$ 250.00 no Itemization
Occupation WNTEV Employer OWT	POST COmmunications		
Business Address 62 N. Math, Clawson	n Mi 48346		
Type of Contribution: Direct Loan from	n a person Fund Raiser		
Contribution # 2 4. Date of Receip Name & Address:	1 9 26 24		
PUTEVOSON, LISA 66 BUFFALO ST CLAMOSTON MI 18346		s <u>400.00</u>	s 300.00
5. If over \$100.00 cumulative, please provide:		Click Here for Mem	no itemization
Occupation DIV SULL & MUTE Employer EVPL	EX COVP		
Business Address 200 CENTEV POLITT PEWY, P	OMTGC M 48341		
Type of Contribution: Direct Loan from a	a person Fund Raiser		
3. Contribution #3 4. Date of Receip Name & Address:	1 9 13 24		
WINT, NANCY LEE GIOL OVEN OF C CLANCATON MI 48346 5. If over \$100.00 cumulative, please provide;		\$ 50 .CO	
Occupation	n (a		
Business Address \(\(\infty \)			
Type of Contribution: Direct Loan from a	person Fund Raiser		
3. Contribution # 4 4. Date of Receipt Name & Address:	9 13		
HIMBULC, MAN COMESTON MI 40346 5. If over \$100.00 cumulative, please provide:	. (\$ 100.00	\$
10 / 0	10/08	Click Here for Mem	o Itemization
I/A / a	(
Dusiness Address	m a person Fund Raiser		
Page 4 of 5	Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	700.00 Enter this total on line 3a of	
		Summary Page	

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

Clear Form

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

1. Committee I.D. Number .

9	86	01	5
١ ١	~ 4		′ 🗸

Page

2. Committee Name Committee to keep Clarketon Chumino 7. Cumulative for Please enter contributors name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Contributor (Through date of receipt) 3. Contribution #1 4. Date of Receipt Name & Address: \$ 200.00 \$ <u>200.00</u> Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer MA Business Address _ Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #2 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer Business Address _ Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #3 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_____ Occupation___ Business Address -Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution # 4 Name & Address: 4. Date of Receipt 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer ____ Occupation Business Address __ Type of Contribution: Direct Loan from a person Fund Raiser 200-00 Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of Summary



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____98675

2. Committee Name COMMITTEE TOKER CLAMSTON CHAMING

2.	Committee Name CONTINUED TO PECT O DOOV F	MONE CHOCKET	11 10
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: GCHOEBEL, FVANK H 22 N. HOLCOMB PD CLAVLISTON MI 48346 If over \$100.00 cumulative, please provide: Occupation Veh Ved Employer Name & Address: MA Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description PVINTING 5. DATE OF RECEIPT: LO/4/24 6. VENDOR NAME & ADDRESS: OFFICE PEPOT TISI DIXIE HWY CLAVICTON MI 48346	\$Click Here for Memo Itel	\$ 91.71 mization
Contribution #2 Name & Address: WEINSKI, Medissa El N. Main Canvarm MI 49346 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: Name of the contribution of the contributi	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description PVINTING 5. DATE OF RECEIPT: 10/17/24 6. VENDOR NAME & ADDRESS: THE PVINT SHOP 5911 DIXIE HWY CLANCETTON MI 46:34	\$ <u>84,80</u> Click Here for Memo Ite	
Contribution #3 Name & Address: WEVNEY DEVEK 3 N - HOLCOWB CLAWLSTON MI 48346 If over \$100.00 cumulative, please provide: Occupation WA Employer Name & Address: MA Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description POBOX 5. DATE OF RECEIPT: 9/8/24 6. VENDOR NAME & ADDRESS: VS POGT OFFICE 5 799 S MAIN STVEET CLAUVEST ON MI 48:347	\$ 32.00 Click Here for Memo Ite	s 32,00 emization
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule	11	

Enter this total on line 6a of Summary Page



TEMIZED	IN-KIND	CONTRI	BUTIONS
	SCHEDU	LE 4-IK	
BALLOT	QUESTI	ON COM	MITTEE

98675 1. Committee I. D. Number ____

BALLOT QUESTION COMMITTEE	2. Committee Name WMMITTEE TO KEEP CLANSTUR CHAMINE
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 for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: SANS, MANGAVET TON, MAIN STVEET CUMCATON M ABBAW If over \$100.00 cumulative, please provide: Occupation CON AFFAIVS Employer Name & Address: WHANT TO SAN BTH STVEET BOUTON VILLE AR 72712 Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN \$ 127.00 \$ 127.00 Description News Paper ad 5. DATE OF RECEIPT: 9/19/24 Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: VIEW NEWS Paper Group (Clarkston News) 1521 IMIAY City Pd La Peer MI 48446
Contribution #2 Name & Address: CUTALLO, CUVA LO PMFFALO CLUNCATON ML 48246 If over \$100.00 cumulative, please provide: Occupation N/A	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description WEBSTE
Employer Name & Address:	5. DATE OF RECEIPT: 9/10/24 Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: GRUAVE SPACE 7.25 VAVICK ST. 12TH FL NEW YORK, NY 10014
Contribution #3 Name & Address: PATEV CSAK, USA (08 BUFFALD CLANCENTON MI 48346 If over \$100.00 cumulative, please provide: Occupation DN SALES & METE Employer Name & Address: EN PEX CONP 2500 CENTEN POINT PKNY POMNAC MI 4924	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description LABELS \$ 17,49 5. DATE OF RECEIPT: 915 24 6. VENDOR NAME & ADDRESS: Click Here for Memo Itemization CHICE DESETTION AND AND AND AND AND AND AND AND AND AN
Fund Raiser	Can Fainh Michalla

Page Subtotal

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

Enter this total on line 6a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK BALLOT QUESTION COMMITTEE

1. Committee I. D. Number <u>98675</u>

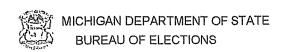
2. Committee Name (MMITTEE TO LEEP CLAYKSTON CHAVMING)

	703311100		
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: WEVNEY DEVEL 3 N HOLCOMIS CLAWGION M AGRAGE If over \$100.00 cumulative, please provide: Occupation NA Employer Name & Address: MA Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Hick SUPPL	\$7.9 \	\$39.91
Contribution #2 Name & Address: MUNICATION GIN. MOUN STREET CLOWGITM MI AB346 If over \$100.00 cumulative, please provide: Occupation SUCS Employer Name & Address: PRICE BCOUNT STE 200 TROY MI ABB4 Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Pilling 5. DATE OF RECEIPT: 923 24 6. VENDOR NAME & ADDRESS: MMCAN SPEEDY PINT QIT N. MAIN STREET RUCHESTEY MI AG 30 7	\$ <u>135.00</u> Click Here for Memo Ite 1NG	
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT:	\$Click Here for Memo Ite	\$mization
Fund Raiser			
	Page Subtotal	142.91	
	Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	1554.91	

Enter this total on line 6a of Summary Page

Page

98675



ITEMIZED DIRECT EXPENDITURES

Page of 2

SCHEDULE 4B	
BALLOT OUESTION COMMITTEE	2 Committee Name Mullette

1, Committee I. D. Number

to Keep Clarkistory Chairmines 2. Committee Name UMWWW.LC 8. Cumulative 4. State purpose of expenditure. 6. Date 7. Amount 3. Name and address of person to whom paid for election Identify the ballot proposal involved. Indicate whether supported or opposed. Expenditure # 1 4. Purpose: Name & Address: DVIUTINO The Print Shop Claviston Charter a mendment Expenditure County: Oakland Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation The Print Shop ⊠Oppose reported on previous statement Support XLocal Statewide Fund Raiser Expenditure # 2 4. Purpose: Name & Address; The Prut Shop Clarkson Charter Unicadina Expenditure Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Print Shop Local Statewide Fund Raiser 4. Purpose: Expenditure #3 Name & Address: 5. Ballot Proposal: Oak land County: Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Oppose Support The Print Shop reported on previous statement * Local Statewide **Fund Raiser** Expenditure # 4 4. Purpose: Name & Address: STOMPS VS Postal Service 5799 S Main Street Clarkston MI 18347 5. Ballot Proposal: CHARLY AMENEXPENDITURE Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Local Statewide Fund Raiser Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule) Enter this total on Line 8a of the Summary



ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

1. Committee I. D. Number_98675 2. Committee Name Committee to Keep Clarks and Chaming **BALLOT QUESTION COMMITTEE** 6. Date 8. Cumulative 3. Name and address of person to whom paid 4. State purpose of expenditure. 7. Amount for election 5. Identify the ballot proposal involved. Indicate whether supported or opposed. Expenditure # 1 4. Purpose: Name & Address: 6000 GUYS STORS 6002 n. HOWALD AVE amend Clarkeston Charter Tampa FL 33603 Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation reported on previous statement 6000 GWY SIGNS Oppose Support Statewide Fund Raiser Expenditure # 2 4. Purpose: Name & Address: 5. Ballot Proposal: Date of Expenditure County: Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Statewide Local Fund Raiser Expenditure # 3 4. Purpose: Name & Address: 5. Ballot Proposal: Date of Expenditure Click for Memo Itemization Type County: Check box if expenditure is payment of debt or obligation Support Oppose reported on previous statement Statewide Local Fund Raiser Expenditure # 4 4. Purpose: Name & Address:

5. Ballot Proposal: Date of Expenditure Click for Memo Itemization Type County: Oppose Support Local Statewide Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule) Enter this total on Line 8a of

the Summary Page

Fund Raiser

reported on previous statement

Check box if expenditure is payment of debt or obligation