



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 10/21/24 To 11/25/24

1. Committee I.D. Number

98675

2. Committee Name

COMMITTEE TO KEEP CLARKSTON CHAMBER

4. Committee's Mailing Address

PO Box 393  
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, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

JOE LUGINSKI  
81 N. MAIN STREET, CLARKSTON MI 48346

Area Code and Phone 248-330-4488

6. Treasurer's Business Address

81 N. MAIN STREET  
CLARKSTON MI 48346

Area Code and Phone 248-330-4488

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

n/a

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:  
\_\_\_\_\_

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

1-24-25  
Effective Date of Dissolution

1/24/25

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

JOE LUGINSKI

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

SUMMARY PAGE  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

98675

2. Committee Name

Committee to Keep Charleston Charming

CEIPTS

Contributions

a. Itemized Contributions (Schedule 4A, Column 6)

b. Unitemized Contributions  
(less than \$20.01 - no Schedule)

c. Subtotal of Contributions

Other Receipts (Schedule 4A-1, Column 6)

TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3 c + Line 4)

IN-KIND CONTRIBUTIONS

In-Kind Contributions

a. Itemized In-Kind Contributions  
(Schedule 4-1K, Column 7)

b. Unitemized (less than \$20.01 each - no Schedule)

TOTAL IN-KIND CONTRIBUTIONS  
(Add Line 6a + Line 6b)

EXPENDITURES

Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

c. In-Kind Expenditures - Purchase of Goods or Services  
(Schedule 4B-2, Column 7)

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

e. Subtotal of Expenditures

9. Independent Expenditures (Schedule 4B-1, Column 7)

10. TOTAL EXPENDITURES (Add Line 8e + Line 9)

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or  
Loans of Goods or Services (Schedule 4B-2, Column 8)

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

b. Owed to the Committee (Schedule 4E)

Column I  
This Period

(3a.) \$

900.00

(3b.) \$

NOT APPLICABLE

(3c.) \$

900.00

(4.) \$

0

(5.) \$

900.00

(6a.) \$

243.66

(6b.) \$

NOT APPLICABLE

(7.) \$

243.66

(8a.) \$

1205.77

(8b.) \$

0

(8c.) \$

0

(8d.) \$

0

(8e.) \$

1205.77

(9.) \$

0

(10.) \$

1205.77

(11.) \$

0

(12a.) \$

0

(12b.) \$

0

Column II  
Cumulative for Election Cycle

(18.) \$

3450.00

(19.) \$

0

(20.) \$

3450.00

(21.) \$

1798.57

(22.) \$

3450.00

(23.) \$

0

(24.) \$

3450.00

(25.) \$

0

BALANCE STATEMENT

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$

305.77

14. Amount received during reporting period  
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) +

900.00

15. SUBTOTAL Add lines 13 and 14

(15.) =

1205.77

16. Amount expended during reporting period  
(Line 10, Column I, Total Expenditures)

(16.) -

1205.77

17. ENDING BALANCE  
(Subtract line 16 from line 15)

(17.) \$

0

If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98075  
2. Committee Name Committee to Keep Clarkston Clamming

3. 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)

Contribution # 1  
Name & Address: Haven, Nancy  
602 ROBERTSON COURT  
CLARKSTON MI 48346

4. Date of Receipt 10/24/24

\$ 100.00 \$ 100.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:  
Occupation n/a Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Contribution # 2  
Name & Address: PATERCSAK, LISA  
103 BUFFALO STREET  
CLARKSTON MI 48346

4. Date of Receipt 10/24/24

\$ 100.00 \$ 400.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:  
Occupation DIV SALES MKTG Employer EXPX CORP

Business Address 2500 CENTERPOINT PKWY, DONTAC MI 48341

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Contribution # 3  
Name & Address: MANWALDER, JAMES  
91 N. MAIN STREET  
CLARKSTON MI 48346

4. Date of Receipt 10/24/24

\$ 100.00 \$ 300.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:  
Occupation SALES Employer PROSTEP

Business Address 100 W BIG BEAVER STE 200 TROY MI 48064

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Contribution # 4  
Name & Address: MOON, NANCY  
80 N. MAIN STREET  
CLARKSTON MI 48346

4. Date of Receipt 10/25/24

\$ 100.00 \$ 300.00

Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:  
Occupation retired Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

400.00

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

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

98675

2. Committee Name

Committee To Keep Clarkston Charming

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:

THE PRINT SHOP  
5911 Dixie Hwy  
Clarkston MI 48346

4. Purpose:

PRINTING

5. Ballot Proposal:

Clarkston Charter Amend.

10/24/24  
Date of  
Expenditure

\$ 254.40

\$ 254.40

☐ Check box if expenditure is payment of debt or obligation  
reported on previous statement

☐ Fund Raiser

County:

Oakland

Click for Memo Itemization Type

☐ Support

☒ Oppose

☐ Statewide

☒ Local

Expenditure # 2

Name & Address:

VIEW NEWSPAPER GROUP  
CLARKSTON NEWS  
1521 INLAY CITY ROAD  
Lapeer MI 48446

4. Purpose:

NEWSPAPER AD

5. Ballot Proposal:

Clarkston Charter Amend.

10/24/24  
Date of  
Expenditure

\$ 951.37

\$ 951.37

☐ Check box if expenditure is payment of debt or obligation  
reported on previous statement

☐ Fund Raiser

County:

Oakland

Click for Memo Itemization Type

☐ Support

☒ Oppose

☐ Statewide

☒ Local

Expenditure # 3

Name & Address:

4. Purpose:

5. Ballot Proposal:

\$ \$  
Date of  
Expenditure

☐ Check box if expenditure is payment of debt or obligation  
reported on previous statement

☐ Fund Raiser

County:

Click for Memo Itemization Type

☐ Support

☐ Oppose

☐ Statewide

☐ Local

Expenditure # 4

Name & Address:

4. Purpose:

5. Ballot Proposal:

\$ \$  
Date of  
Expenditure

☐ Check box if expenditure is payment of debt or obligation  
reported on previous statement

☐ Fund Raiser

County:

Click for Memo Itemization Type

☐ Support

☐ Oppose

☐ Statewide

☐ Local

Subtotal this page

1205.77

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

1205.77

Enter this total  
on Line 8a of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 99675  
2. Committee Name COMMITTEE TO KEEP CLARKSTON CHARMING

3. Name and Address from whom received

If contribution is from an individual, please enter last name first.

Contribution #1  
Name & Address:

Werner, Derek  
3 N. HOLCOMB  
CLARKSTON MI 48340

If over \$100.00 cumulative, please provide:

Occupation N/A

Employer Name & Address:

N/A

☐ Fund Raiser

Contribution #2  
Name & Address:

WOLINSKI, JOE  
61 N. MAIN STREET  
CLARKSTON MI 48340

If over \$100.00 cumulative, please provide:

Occupation

Employer Name & Address:

☐ Fund Raiser

Contribution #3  
Name & Address:

Catallo, Cava  
10 BUFFALO ST  
CLARKSTON MI 48340

If over \$100.00 cumulative, please provide:

Occupation N/A

Employer Name & Address:

NA

☐ Fund Raiser

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)

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 PO BOX

5. DATE OF RECEIPT: 11/1/24

6. VENDOR NAME & ADDRESS:

US POST OFFICE  
6799 S MAIN STREET  
CLARKSTON MI 48347

\$ 16.00 \$ 16.00

Click Here for Memo Itemization

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 PRINTING

5. DATE OF RECEIPT: 11/4/24

6. VENDOR NAME & ADDRESS:

OFFICE DEPOT  
7151 DIXIE HWY  
CLARKSTON MI 48340

\$ 22.53 \$ 22.53

Click Here for Memo Itemization

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 WEBSITE

5. DATE OF RECEIPT: 11/1/24

6. VENDOR NAME & ADDRESS:

SQUARESPACE  
225 VAVICK ST 12th FL  
NEW YORK, NY 10014

\$ 29.50 \$ 29.50

Click Here for Memo Itemization

Page Subtotal

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

08.03

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

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

1. Committee I. D. Number

98675

2. Committee Name

Committee to Keep Clarkston Charming

3. Name and Address from whom received

If contribution is from an individual, please enter last name first.

Contribution #1

Name & Address:

Sans, Markaver  
76 N. Main Street  
Clarkston MI 48340

If over \$100.00 cumulative, please provide:

Occupation Corp Affairs

Employer Name & Address:

Walmart  
702 SW 8th Street  
Clarkston MI 48340

☐ Fund Raiser

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)

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 Newspaper ad (partial)

5. DATE OF RECEIPT: 10/21/24

Click Here for Memo Itemization

6. VENDOR NAME & ADDRESS:

VIEW NEWSPAPER GROUP  
Clarkston News  
1521 Midway City Road  
Lapeer MI 48446

\$ 175.63 \$ 175.63

Contribution #2

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation

Employer Name & Address:

☐ 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

5. DATE OF RECEIPT:

Click Here for Memo Itemization

6. VENDOR NAME & ADDRESS:

Contribution #3

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation

Employer Name & Address:

☐ 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

5. DATE OF RECEIPT:

Click Here for Memo Itemization

6. VENDOR NAME & ADDRESS:

Page Subtotal

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

175.63

243.66

Enter this total on  
line 6a of  
Summary Page