

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

		_	The second secon	FOR OFFICIAL USE ONLY	
Report must be legible, typed or print treasurer or designated record keeps	ted in ink and signed by the		3.This Statement covers From:	21/24 To 11/25/24	
1. Committee I.D. Number 98675 2. Committee Name CHIMMICE TO KEEP CLAWFAIN CHAMING			4. Committee's Mailing Address PO BOX 393 CUMUSTOW MI AG3AT Area Code and Phone: 2 46 330 4466 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		
5. Treasurer's Name and Residential JIC MGINSKI OI N. MAIN S Area Code and Phone 249 6. Treasurer's Business Address OI N. MAIN CLANGETON	Address Trect, ClaWATO - 330-4488 1 STVEET MI 48346	N N	oπicial.	ailing Address	
Area Code and Phone 246 -		Area C	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 STATEMEN' APRIL STATEMENT JULY STATEMENT OCTOBER STATEMENT 8c. ANNUAL STATEMEN' Coverage Year)		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)	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 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 Type or Print Name Signature Signature					



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98675

CEIPTS Contributions a. Remized Contributions (Schedule 4A, Column 6) D. Unitemized Contributions (Iess than \$2.001 + no Schedule) (Ies	BALLOT GOZOTION COMMITTEE	2. Committee Name	ECT CHARACTER CONTINUES
a. Itemized Contributions (less than \$20.01 - no Schedule) (es than \$20.01 - no Schedule) (es than \$20.01 - no Schedule) (es than \$20.01 - no Schedule) (c. Subbata of Contributions (dad line 5 o + Line 4) (A) \$ C (19.) \$	CEIPTS	Column I This Perlod	Column II
(less than \$20.01 - no Schedule) 0. Subtoted of Contributions (30.) \$ 900.00 (19.) \$ 0 (20.) \$ 0 (20.) \$	Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) <u>\$ 900.00</u>	
. s. subtotal of Contributions (A) \$ 0 (IS)	b. Unitemized Contributions (less than \$20.01 - no Schedule)		2450.00
Cother Receipts (Schedule 4A-1, Column 6) TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 or + Line 4) KIND CONTRIBUTIONS In-Kind Contributions (Schedule 4-K, Column 7) B. Uniternized (ses than \$20.01 each - no Schedule) TOTAL IN-KIND CONTRIBUTIONS (Add Line 8a + Line 8b) CT) Lexpenditures A. Remized Direct Expenditures (Schedule 4B-Column 7) B. Uniternized Get-Out-The voite (Schedule 4B-Column 8) B. Hemized Direct Expenditures (Schedule 4B-Column 8) C. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) d. Uniternized Expenditures (Schedule 4B-1, Column 7) d. Uniternized Expenditures (Schedule 4B-1, Column 7) d. Uniternized Expenditures (Schedule 4B-1, Column 7) D. Independent Expenditures (Schedule 4B-1, Column 7) D. TOTAL Expenditures (Schedule 4B-1, Column 7) D. TOTAL Expenditures (Schedule 4B-1, Column 7) D. TOTAL Expenditures (Schedule 4B-1, Column 6) D. Independent Expenditures (Schedule 4B-1, Column 6) DEBTS AND OBLIGATIONS 1. Oxed by the Committee (Schedule 4B-1, Column 6) BALANCE STATEMENT 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) BALANCE STATEMENT 14. Amount received during reporting period (Line 5, Column 1, Total Expenditures) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 15, Column 1, Total Expenditures) 17. ENINING GRAIA INCE	c. Subtotal of Contributions	(30.) \$	\nearrow
KiND CONTRIBUTIONS	Other Receipts (Schedule 4A-1, Column 6)	• •	
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a. Itemized In-Klad Contributions (Sohedule 4-K, Column 7) b. Unitemized (less than \$20.01 each - no Schedule) TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) (Add Line 6a + Line 6b) XPENDITURES Expenditures a. Itemized Direct Expenditures (Schedule 4B, Column 7) b. Itemized Get-Out-The Vote (Schedule 4B-C, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) d. Unitemized Expenditures (S50.00 or less-no Schedule) e. Subtotal of Expenditures (S50.00 or less-no Schedule) e. Subtotal of Expenditures (Schedule 4B-1, Column 7) (a). ToTAL EXPENDITURES (Add Line 8a + Line 9) 10. TOTAL EXPENDITURES (Add Line 8a + Line 9) 11. Total In-Mand Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 6) 12. Debts and Obligations a. Owed by the Committee (Schedule 4B) 12. Debts and Obligations a. Owed by the Committee (Schedule 4E) D. Owed to the Committee (Schedule 4E) BALANCE STATEMENT 13. Ending Balance of last report filed [Enter zero if no previous reports have been filed.) Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Column 1, Total Expenditures) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column 1, Total Expenditures) 17. Ennilling Rai AINCE 17. SUBTOTAL Add lines 13 and 14 18. Ending Rai AINCE TENINGR Rai AINCE TENINGR Rai AINCE TENINGR Rai AINCE	-KIND CONTRIBUTIONS		
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Cadd Line 6a + Line 6b)	b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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 (Schedule 4B-1, Column 7) d. Unitemized Expenditures (Schedule 4B-1, Column 7) d. Independent Expenditures (Schedule 4B-1, Column 7) d. Independent Expenditures (Schedule 4B-1, Column 7) d. Independent Expenditures (Schedule 4B-2, Column 8) d. Independent Expe	. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) s 243.66	(21.)\$ 1798.5
a. Itemized Direct Expenditures (Schedule 4B, Column 7) b. Itemized Get-Out-The Vote (Schedule 4B-C, 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 (\$50.00 or less-no Schedule) e. Subtotal of Expenditures (Schedule 4B-1, Column 7) d. Independent Expenditures (Schedule 4B-1, Column 7) d. TOTAL EXPENDITURES (Add Line 8e + Line 9) d. Independent Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) d. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) d. DEBTS AND OBLIGATIONS d. Owed by the Committee (Schedule 4E) b. Owed to the Committee (Schedule 4E) b. Owed to the Committee (Schedule 4E) d. Amount received during reporting period (Line 5, Column 1, Total Contributions & Other Receipts) d. Amount expended during reporting period (Line 10, Column 1, Total Expenditures) d. Folining Balance d. Folining Balance for Item 1, Total Expenditures)	XPENDITURES		
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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 (Schedule 4B-1, Column 7) d. Unitemized Expenditures (Schedule 4B-1, Column 7) d. Independent Expenditures (Schedule 4B-1, Column 8) d. Independent Expenditures (Schedule 4B-2, Column 8) d. Independent Expe	a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	
(Schedule 4B-2, Column 7) d. Uniternized Expenditures (\$50,00 or less-no Schedule) e. Subtotal of Expenditures (Be.) \$ 12.05.77 (22.) \$ 3450.00 (23.) \$ (24.) \$ 3750.00 (25.) \$ (24.) \$ (25.) \$ (26.) \$ (27.) \$ (28.) \$ (29.) \$ (29.) \$ (21.) \$ (21.) \$ (21.) \$ (22.) \$ (22.) \$ (22.) \$ (23.) \$ (24.) \$ (24.) \$ (24.) \$ (25.) \$ (26.) \$ (26.) \$ (27.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (29.) \$ (21.) \$ (21.) \$ (21.) \$ (22.) \$ (22.) \$ (22.) \$ (23.) \$ (24.) \$ (24.) \$ (24.) \$ (25.) \$ (26.) \$ (26.) \$ (27.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (28.) \$ (29.) \$ (21.) \$ (21.) \$ (21.) \$ (21.) \$ (21.) \$ (22.) \$ (22.) \$ (23.) \$ (24.) \$ (24.) \$ (24.) \$ (24.) \$ (25.) \$ (25.) \$ (26.) \$ (26.) \$ (27.) \$ (28.) \$ (28.) \$ (28.) \$ (29.) \$ (21.) \$ (20.) \$ (21.) \$	b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
e. Subtotal of Expenditures e. Subtotal of Expenditures (Schedule 4B-1, Column 7) ii). Independent Expenditures (Schedule 4B-1, Column 7) iii). TOTAL EXPENDITURES (Add Line 8e + Line 9) iii). 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) b. Owed to the Committee (Schedule 4E) 13. Ending Balance of last report filled (Enter zero if no previous reports have been filled.) 14. Amount received during reporting period (Line 5, Column 1, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column 1, Total Expenditures) 17. ENDING BALANCE	 c. in-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) 	(8c.) \$	
e. Subtotal of Expenditures (Be.) \$ 100. Independent Expenditures (Schedule 48-1, Column 7) (D. TOTAL EXPENDITURES (Add Line 8e + Line 9) (D. TOTAL EXPENDITURES (Add Line 8e + Line 9) (D.) \$ 1205, 77 (Ca.) \$ 3450,000 (Ca.)	d. Unitemized Expenditures (\$50.00 or less-no Schedule)		3450,00
Discription of the committee (Schedule 48-1, Column 7) 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) 11. Total in-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) 12. Debts and Obligations a. Owed by the Committee (Schedule 4E) b. Owed to the Committee (Schedule 4E) 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE	e. Subtotal of Expenditures	(8e.) \$ 1 × 0 0 1 1	
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11. Total In-Kind Expenditures-Endorsements, Donators of Loans of Goods or Services (Schedule 4B-2, Column 8) DEBTS AND OBLIGATIONS 12. Debts and Obligations	10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	(24.) \$
12. Debts and Obligations a. Owed by the Committee (Schedule 4E) b. Owed to the Committee (Schedule 4E) BALANCE STATEMENT 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) (Enter zero if no previous reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE	IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
BALANCE STATEMENT 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE	DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
BALANCE STATEMENT 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE		(12b.) \$	
(Enter zero if no previous reports have been mod.) 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE			* ** *********************************
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16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) (17. ENDING BALANCE	14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.)+ 4 CO. C.C.	
(Line 10, Column I, Total Expenditures) 17 ENDING BALANCE	15. SUBTOTAL Add lines 13 and 14		7
17. ENDING BALANCE (Subtract line 16 from line 15) (17.) \$	16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.)-	1
	17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	

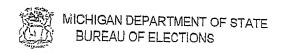
^{&#}x27;if your ending balance is negative, please recheck your math.

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number

SCHEDULE 4A BALLOT QUESTION COMMITTEE 2. Committee Name Committee to	Leer Clarkes	ton Clumming
	6. Amount	(Guillalive (o)
ease enter contributors name and address. If contribution is from an individual, enter last name, first name, ddle Initial.		Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 4. Date of Receipt ULLH JA		
1/41/210 10/4/1/1/1	\$ <u>100,00</u>	\$ <u>100.00</u>
CLANGETTON MI 48346	Click Here for Me	emo Itemization
If over \$100,00 cumulative, please provide:		
Type of Contribution: Direct Loan from a person Fund Raiser		
. Contribution #2 4. Date of Receipt 10/24/2H Jame & Address:		
PATEL CSAK, LISA US BUFFALO STREET CLAWSTON MI 48346	\$_ <u>100,00</u>	s <u>400,00</u>
If over \$100.00 cumulative, please provide:	Click Here for M	emo Itemization
Occupation DIV SALEST MKTG Employer FYPEX COVP Business Address 2500 CCHTEV POINT PLWY, DOMING MI 46341		
Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
Name & Address: MWAVADER, JUMES 91 N. Main STREET CLAVISTON MI 48346	s_\00.00	s_300.00
5. If over \$100.00 cumulative, please provide:	Click Here for M	lemo Hemization
GALPS Employer PVOSTEP		
Occupation SULCS Employer 1 Fund Raiser Business Address W RIG ROUEL STC 250 TON M 40064 Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser		
1. Contribution # 4 Name & Address: 4. Date of Receipt (0/25/24)		
moon, hancy to h. main street	s_ (00.0	10 s 300.00
CLOUNTED MIT	Click Here for	Memo Itemization
i. If over \$100.00 cumulative, please provide: Occupation VCTVCA Employer	Oligit Here io	MONTH TOTAL
Occupation VO(1100) Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	otal 400 - 00	
Grand Total of All Schedules (Complete on last page of Schedules)	3 4A	
(Complete of last page of Sofiet	Enter this total on fine 3a of	
Page of	Summary Page	



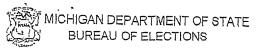
ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

je____ of ___

98675 1. Committee I. D. Number **BALLOT QUESTION COMMITTEE** 2. Committee Name CONSINITE TO KEEP CLANGTON CHAIMING 3. Name and address of person to whom paid 4. State purpose of expenditure. 6. Date 7. Amount 8. Cumulative 5. Identify the ballot proposal involved. for election Indicate whether supported or opposed. Expanditure # 1 4. Purpose: Name & Address: THE PHINTSHIP 5911 Dixie HWY CLAVILLETON M 5. Ballot Proposal: Clarkerton / Emoter Chinesel. Expenditure Check box if expenditure is payment of debt or obligation Click for Memo Itemization Type reported on previous statement XOppose Support Fund Raiser Statewide XILocal xpenditure # 2 4. Purpose: Name & Address: VIEW NEWSPAPEL QUOUP CLANVETON NEWS 1521 IMLAY CITY PO 5. Ballot Proposal: Expenditure Check box if expenditure is payment of debt or obligation Click for Memo Itemization Type reported on previous statement Support Oppose Fund Raiser Statewide ALocal xpenditure #3 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 Support Oppose eported on previous statement Fund Raiser Statewide Local kpenditure # 4 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 reported on previous statement Support Oppose Fund Raiser Statewide Local Subtotal this page Grand Total of Schedules 4B

> Enter this total on Line 8a of the Summary Page

(Complete on last page of Schedule)



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

1. Committee I. D. Number _	98615	_
2. Committee Name Will	WEC TO KEEP CLANGTON CHANN INCO	

3. Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair	8. Cumulative
If contribution is from an individual, please enter last name first.	Date of Receipt Name & Address of Vendor from whom goods or services were purchased	Market Value	for Election Cycle (Through date in Item 5)
Contribution #1	Loan endorsement or guarantee		, 440 07 1017 07
ame & Address:	Goods Donated or loaned Services Donated		
3 M HOLCANI B	Goods or Services Purchased by Others		
Welner, Devel 3 11 Holcom B Clangton MI Agga		11. 20	1000
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others - LOAN	s (6.00	s 1010l
Occupation IA / 6	Description PO BOX		
	5. DATE OF RECEIPT:	lick Here for Memo Iter	mizatlon
Employer Name & Address:	6. VENDOR NAME & ADDRESS:		
NA	VS POST OFFICE		
1	5799 s main street		
Fund Raiser	Claritaton MI 70347		
Contribution #2	Loan endorsement or guarantee		
ame & Address:			
WOLNSKI, JOE	Goods Donated or loaned Services Donated		
Clarketon MI 48346	Goods or Services Purchased by Others		
f over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others - LOAN	s 22.53	s 82,53
Occupation	Description PVIWTIME		
·	5. DATE OF RECEIPT: U/4/24	lick Here for Memo Ite	mization
Employer Name & Address:	6. VENDOR NAME & ADDRESS:		
	office PEPOT 7151 DIXY HWY		
	7151 DIXE HWY		
Fund Raiser	CLANGTON MI 48346		
Contribution #3	Loan endorsement or guarantee		
ame & Address:	Goods Donated or loaned Services Donated		
in purpos a cot	Activities [activities]		
10 BULLIOUSI	Goods or Services Purchased by Others		
Claryonon MI 18346	Loods or Services Purchased by Others - LOAN Description Wilfam C	s 29,50	24 50
i over a moran caminianive, blease blovide:	Description Welfante	<u> </u>	\$ C/4 [+ 5/2] [-
. , , , , ,	5. DATE OF RECEIPT: 11/1/24	Palation to the	
Employer Name & Address:	6. VENDOR NAME & ADDRESS:	lick Here for Memo Ite	mization—
MA	sallare space		
	225 Variok of 12th FL	•	
Fund Raiser	new york, ny 10012	†	
	Page Subtotal	08.03	
	Grand Total of all Schedules 4-1K		•
	(Complete on last page of Schedule)		

Enter this total on line 6a of Summary Page

Enter this total on line 6a of

Summary Page



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

e 2 of 2

DALLOT GOESTION COMMITTEE	2. Committee Name WMM TEETV KEEP CLUV	KATM CHEVM	ING
Name and Address from whom received If contribution is from an individual, please enter last name first. Contribution #1	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)
Name & Address: SAMS, MALLA STICET CLANCETTON MI ABSATO If over \$100.00 cumulative, please provide: Occupation COVP AFRICS Employer Name & Address: WMMWT 702 GW BTH GREET CLANCETTON M ABSATO Fund Raiser Contribution #2	Description Newspaper and (partia) 5. DATE OF RECEIPT: 10/21/24	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· 1754
f 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: 6. VENDOR NAME & ADDRESS:	\$ Click Here for Memo Iter	\$nization
Fund Raiser			
over \$100.00 cumulative, please provide: ccupation mployer 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: 6. VENDOR NAME & ADDRESS:	\$ lick_Here for Memo_liem	\$
Fund Raiser	OF VENDOR WAWIE & ADDRESS:		
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	175.63	

1. Committee I. D. Number _