



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 Charming

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

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;

11/5/24

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

Type or Print Name

JOE LUGINSKI

Signature

[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 Clarkston Charming

RECEIPTS

3. Contributions

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

Column I
This Period
(3a.) \$ 900.00

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

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 900.00

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

(4.) \$ 0

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

(5.) \$ 900.00

Column II
Cumulative for Election Cycle

(18.) \$ 3450.00

(19.) \$ 0

(20.) \$ 3450.00

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions

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

(6a.) \$ 243.66

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

(6b.) \$ NOT APPLICABLE

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

(7.) \$ 243.66

(21.) \$ 1798.57

EXPENDITURES

8. Expenditures

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

(8a.) \$ 1205.77

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

(8b.) \$ 0

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

(8c.) \$ 0

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

(8d.) \$ 0

e. Subtotal of Expenditures

(8e.) \$ 1205.77

(22.) \$ 3450.00

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

(9.) \$ 0

(23.) \$ 0

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

(10.) \$ 1205.77

(24.) \$ 3450.00

IN-KIND EXPENDITURES

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

(11.) \$ 0

(25.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 4E)

(12b.) \$ 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 Cumming

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)
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3. Contribution # 1 Name & Address: <u>Haven, Nancy</u> <u>62 ROBERTSON COURT</u> <u>CLARKSTON MI 48346</u>	4. Date of Receipt <u>10/24/24</u>	6. Amount \$ <u>100.00</u> \$ <u>100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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5. If over \$100.00 cumulative, please provide:
Occupation n/a Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 Name & Address: <u>PATERCSAK, LISA</u> <u>108 BUFFALO STREET</u> <u>CLARKSTON MI 48346</u>	4. Date of Receipt <u>10/24/24</u>	6. Amount \$ <u>100.00</u> \$ <u>400.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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5. If over \$100.00 cumulative, please provide:
Occupation DIV SALES & MKTG Employer EXPX CORP
Business Address 2500 CENTERPOINT PKWY, DONTIAC MI 48341
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: <u>MARKWALDER, JAMES</u> <u>91 N. MAIN STREET</u> <u>CLARKSTON MI 48346</u>	4. Date of Receipt <u>10/24/24</u>	6. Amount \$ <u>100.00</u> \$ <u>300.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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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

3. Contribution # 4 Name & Address: <u>MOON, Nancy</u> <u>80 N. MAIN STREET</u> <u>CLARKSTON MI 48346</u>	4. Date of Receipt _____	6. Amount \$ <u>100.00</u> \$ <u>300.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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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	<u>400.00</u>
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 CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98675
2. Committee Name Committee to Keep Clarkston Charming

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)

1. Contribution # 1

4. Date of Receipt

10/24/24

Name & Address:

QUISENBERY, THEODORE
29 S. HOLCOMB
CLARKSTON MI 48346

\$ 100.00

\$ 300.00

[Click Here for Memo Itemization](#)

2. If over \$100.00 cumulative, please provide:

Occupation retired Employer n/a

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt

10/28/24

Name & Address:

KNAPP, Kevin
102 N. Main Street
CLARKSTON, MI 48346

\$ 100.00

\$ 350.00

[Click Here for Memo Itemization](#)

4. If over \$100.00 cumulative, please provide:

Occupation retired Employer n/a

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt

10/28/24

Name & Address:

SALLS, Margaret
76 N. Main Street
CLARKSTON MI 48346

\$ 300.00

\$ 300.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation Corp. Affairs Employer WALMART

Business Address

702 SW 9th St. Bentonville AR 72712

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

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

Page Subtotal

500.00

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

900.00

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 98075
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: <u>THE PRINT SHOP</u> <u>5911 Dixie Hwy</u> <u>Clarkston MI 48346</u>	4. Purpose: <u>PRINTING</u> 5. Ballot Proposal: <u>Clarkston Charter Amend.</u>	<u>10/24/24</u> Date of Expenditure	<u>\$ 254.40</u>	<u>\$ 877.10</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 2				
Name & Address: <u>VIEW NEWSPAPER GROUP</u> <u>CLARKSTON NEWS</u> <u>1521 IMLAY CITY ROAD</u> <u>LAPEER MI 48446</u>	4. Purpose: <u>NEWSPAPER AD</u> 5. Ballot Proposal: <u>Clarkston Charter Amend.</u>	<u>10/20/24</u> Date of Expenditure	<u>\$ 951.37</u>	<u>\$ 951.37</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 3				
Name & Address:	4. Purpose:	5. Ballot Proposal:	\$	\$
			Date of Expenditure	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County:	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4				
Name & Address:	4. Purpose:	5. Ballot Proposal:	\$	\$
			Date of Expenditure	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County:	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> 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 99615
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.	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)
<p>Contribution #1 Name & Address: <u>Werner, Derek</u> <u>3 N. HOLCOMB</u> <u>CLARKSTON MI 48346</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>N/A</u></p> <p>Employer Name & Address: <u>N/A</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>PO BOX</u></p> <p>5. DATE OF RECEIPT: <u>11/1/24</u> Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: <u>US POST OFFICE</u> <u>5799 S main Street</u> <u>CLARKSTON MI 48347</u></p>	<p>\$ <u>16.00</u> \$ <u>48.00</u></p>	
<p>Contribution #2 Name & Address: <u>WOLINSKI, JOE</u> <u>81 N. main Street</u> <u>CLARKSTON MI 48346</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>PRINTING</u></p> <p>5. DATE OF RECEIPT: <u>11/4/</u> Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: <u>OFFICE DEPOT</u> <u>7151 DIXIE HWY</u> <u>CLARKSTON MI 48346</u></p>	<p>\$ <u>22.53</u> \$ <u>22.53</u></p>	
<p>Contribution #3 Name & Address: <u>Catallo, Cava</u> <u>10 BUFFALO ST</u> <u>CLARKSTON MI 48346</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>N/A</u></p> <p>Employer Name & Address: <u>N/A</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>WEBSITE</u></p> <p>5. DATE OF RECEIPT: <u>11/1</u> Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: <u>SQUARESPACE</u> <u>225 VAVICK ST 12TH FL</u> <u>NEW YORK, NY 10014</u></p>	<p>\$ <u>29.50</u> \$ <u>88.50</u></p>	

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.	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)
<p>Contribution #1 Name & Address: <u>SANS, Markaver</u> <u>76 N. MAIN STREET</u> <u>CLARKSTON MI 48346</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>COVP AFFAIRS</u></p> <p>Employer Name & Address: <u>WALMART</u> <u>702 SW 13th STREET</u> <u>CLARKSTON MI 48346</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>newspaper ad (partial)</u></p> <p>5. DATE OF RECEIPT: <u>10/20/24</u> Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS: <u>VIEW NEWSPAPER GROUP</u> <u>CLARKSTON NEWS</u> <u>1521 MILAY CITY ROAD</u> <u>LAPEER MI 48446</u></p>	<p>\$ <u>175.63</u> \$ <u>1702.63</u></p>	
<p>Contribution #2 Name & Address:</p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description _____</p> <p>5. DATE OF RECEIPT: _____ Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS:</p>	<p>\$ _____ \$ _____</p>	
<p>Contribution #3 Name & Address:</p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation</p> <p>Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description _____</p> <p>5. DATE OF RECEIPT: _____ Click Here for Memo Itemization</p> <p>6. VENDOR NAME & ADDRESS:</p>	<p>\$ _____ \$ _____</p>	

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