

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL CENTER

2024 FEB 20 AM 10:08
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

LIVONIA DEMOCRATIC CLUB

ADDRESS (number and street)

15020 YALE ST

(Check if address is changed)

LIVONIA

CITY

MI

STATE

48154

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

BLUMBLEIDORIA@GMAIL.COM

Optional Second E-Mail Address

LIVONIA DEMOCRATIC CLUB@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10/20/2023

3. FEC IDENTIFICATION NUMBER

C00568154

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Patricia Wells

Signature of Treasurer

Patricia Wells

Date

02/20/2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

PHOTO COPY - NO LONGER VALID

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C
C

NON-PROFIT CORPORATION

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

PATRICIA WELLS

Mailing Address

15020 YALE ST

LIVONIA

MI

48154

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

586-383-4216

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

PATRICIA WELLS

Mailing Address

15020 YALE ST

LIVONIA

MI

48154

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

586-383-4216

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMMUNITY CHOICE CREDIT UNION

Mailing Address

15420 FARMINGTON RD
LIVONIA MI 48154

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

ATTORNEY- CLIENT AGREEMENT
\$350 per hour rate

- 1) This agreement is between Serra Services, P.L.L.C., and Rudolph A. Serra ("referred to individually and collectively as "Attorney") on one part and Alan Majka ("client") on the other part.

The Parties acknowledge a previous agreement between Attorney and Marilyn Perrault to handle the Kosakowski estate. Perrault paid \$1000 toward that matter.

Client agrees to employ attorney to represent client regarding: Change of Personal Representative and other matters pertaining to the Kosakowski estate and empowers attorney to institute such legal action as may be advisable in the judgment of the attorney.

The initial consultation fee on this matter was \$300. This was paid my Perrault.

- 2) The rate for services rendered by the attorney shall be billed at a rate of \$350.00 per hour for attorney services and \$50 per hour for Legal Assistant/clerical/paralegal work performed by Patricia Wells.

The parties acknowledge that neither Ms. Perrault nor Mr. Mijka has funds to pay in advance, and that attorney agrees to bill the matter on an HOURLY basis at \$350 per hour for Attorney and \$50 per hour for Legal Assistant services. Further, attorney agrees to wait to collect fees earned until the property in Hamtramck, Michigan, that was owned by Mr. Kosakowski is transferred to the estate and sold. Attorney shall have an unrecorded lien against the property until paid in full. The Personal Representative will pay outstanding property tax, real estate services and legal fees from proceeds of the sale.

- 3) This contract does not apply to any appeals, collection actions, administrative proceedings, obtaining of bond, forfeiture, nuisance abatement or other ancillary or related legal work. It relates only to this Probate estate matter.
- 4) Clients shall pay all costs and expenses necessarily incurred in the conduct of the proceedings and in preparation, as determined by the Attorney in his sole discretion. Costs include (but are not limited to) **publication to creditors, filing fees and court costs, parking to attend court or to file or deliver materials, copies, postage, process servers and clerical services**, court reporters, investigators, expert witnesses, and mileage for non-local travel.
- 5) Statements for Attorney's services shall be sent to clients from time to time during the course of the agreement. Client agrees to accept communication by email by providing their email address below.

- 6) Statements shall report time expended in increments of one tenth of an hour. Every court appearance shall be billed as at least one hour. Travel time is not billed but mileage reimbursement at IRS rates is billed. Every phone call is billed as at least one tenth of an hour. **Travel to and from the Wayne County Probate Court is NOT BILLED and Parking is \$10.00 per court date.**
- 7) Office hours are by appointment. Phone calls outside of regular business hours are not a service customarily included in representation and should be reserved for time-critical situations.
- 8) The Attorney has made no promises of success with this matter and made no guarantee that that client will be appointed Personal Representative or the time that would be required to complete administration of the estate or that client would gain any other result from the Attorney's work. All comments made by the Attorney are matters of good faith opinion only. The Attorney's opinion is based exclusively on information provided by the client. The Attorney's opinion may be mistaken and may change.
- 9) Clients give the Attorney the authority to execute all documents connected with client's business including pleadings, contracts, commercial papers, settlement agreements, dismissal orders, releases and other documents that the client would otherwise execute.
- 10)
- 11) Attorney or client may terminate this agreement for no reason or for any reason by giving notice to the other party. If client terminates this agreement without the Attorney's consent, the Attorney shall be entitled to the full amount of hourly fees set forth in this contract. The Attorney shall have a lien for any outstanding fees and costs until these are paid.
- 12) Client understands that attorney is authorized to withdraw as counsel if there is an unforeseen problem or obstacle in selling the estate property or in probate proceedings, or due to financial hardship.
- 13) This agreement is binding on the client, the heirs, executors and legal representatives of the client, and the client's agents, employees or subsequent attorneys.
- 14) Client acknowledges and agrees that any and all files, papers, documents, exhibits, evidence, transcripts, research or other materials pertaining to client shall be kept and retained by attorney for no more than two (2) years from the date of estate closure or any other termination of the case, or of the attorney client relationship, whichever is earliest. Client will not be notified before the file is destroyed. Unless client requests return of materials in writing, the file shall be destroyed.

15) The following additional conditions are incorporated into this contract:

16) The parties have read this entire agreement, assent to its terms, and agree that there have been no oral promises or other promises except those set forth in this writing. The parties agree that no provision of this contract may be added or changed without written permission.

17) *If the Attorney and client disagree about anything to do with this contract, including any claims of professional negligence, malpractice, breach of contract or any other civil claims, they agree to submit their disagreement to arbitration. The parties give up any right to trial by jury which they might otherwise have with respect to one another. Any dispute over this agreement will be submitted to arbitration through a Wayne or Oakland County neighborhood resolution service. Any claim must be submitted within 10 months of accrual. Any party who does not file for arbitration within 10 months of accrual of the claim waives any right to pursue the claim regardless of any applicable statute of limitation. A copy of this agreement should be included in any Court filing. If any party files any law suit or claim other than one for arbitration under this clause, a copy of this agreement may be submitted in defense as a binding demand for arbitration and stipulation by the person who filed to dismiss their other action and submit to arbitration. The parties acknowledge that client is getting discounted legal services partly in return for this agreement to arbitrate.*

Client _____

Address: _____

Phone: _____

EMAIL _____

By providing your email address you agree to accept billings and other communications by email.

Date

/S/Rudolph A. Serra

Attorney

NON-CONFIDENTIAL

5(i) or (j). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name _____
 Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone Number _____-_____-_____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

AT WELLS

1020 Yale Street
Livonia, Michigan 48154

UNITED STATES POSTAL SERVICE

Retail



20463

\$9.80

R2305M143865-80

0 Lb 1.80 Oz

RDC 02

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

EXPECTED DELIVERY DAY: 02/20/24

USPS TRACKING® #



9505 5116 1328 4047 8974 85

PRIORITY MAIL

United States

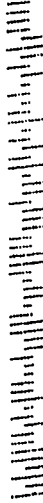
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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER (4/2023)	<i>02-20-2024</i> DATE PREPARED
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2025 RELEASE UNDER E.O. 14176