



**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: 11/1/2002 To 5/25/2002
Mo Day Year Mo Day Year

1. Committee I.D. Number

B-114418

4. Committee's Mailing Address

411 ORCHARD HILLS
Ann Arbor, Michigan 48104

2. Committee Name

CITIZEN MILEAGE COMMITTEE

Area Code and Phone (734) 999-1099

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

Michael B. Lisull
411 Orchard Hills
Ann Arbor MI 48104

Area Code and Phone (734) 999-1099

Driver License # (Optional)

6. Treasurer's Business Address

SAME AS ABOVE

Area Code and Phone

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

Area Code and Phone

Driver License # (Optional)

FILED
MAY 30 2 44
REGGY H. HINES
COUNTY CLERK
REGISTERED
WASHINGTON COUNTY, MI

8. TYPE OF STATEMENT:

8a. PRE-ELECTION

OR

8b. POST-ELECTION

Pre-Election or Post-Election Statement relates to:

- PRIMARY GENERAL
- SCHOOL SPECIAL

Date of Election:

6 / 10 / 2002
Month Day Year

8c. ANNUAL STATEMENT
(19_____ Coverage Year)

8d. QUALIFICATION
OR

NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

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.

10. 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 Recordkeeper

Michael B. Lisull
Type or Print Name

Signature

[Signature]

Date 5/30/2002
Month Day Year

Authority granted under





**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-11491A
2. Committee Name CITIZEN MILLAGE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Election
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>275.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>0.</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>275.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ _____	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 8a)	(8a.) \$ _____	
b. Itemized Get-Out-the Vote (Schedule B-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.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ _____
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		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>401.95</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>275.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>676.95</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>301.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>375.08</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I.D. Number _____
2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, please enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Michael Dobby</u> Address: <u>3124 Fawn Meadow A2 MI 48105</u> 4. Date of Receipt <u>5/10/2002</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100.00	100.00
3. Contribution # 2 Name: <u>MICHAEL B. LISULL</u> Address: <u>411 Orchard Hills A2 MI 48104</u> 4. Date of Receipt <u>5/10/2002</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	50.00	50.00
3. Contribution # 3 Name: <u>Ross Jo Ray Taylor</u> Address: <u>184 Michelle Court A2 MI 48105</u> 4. Date of Receipt <u>5/22/2002</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100.00	100.00
3. Contribution # 4 Name: <u>William W. Wade</u> Address: <u>2020 Wilshire CT</u> 4. Date of Receipt <u>5/22/02</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	25.00	25.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	275.00	275.00

Enter this total on line 3a of Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____
2. Committee Name _____

3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : <u>CORPOR TRACE</u> Address: <u>4201 Varsity Ann Arbor MI 48106</u> <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: <u>SIGNS</u> Expenditure Code: <u>PA</u> 5. Ballot Issue: <u>SCHOOL BONDS</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>4/16/02</u>	<u>300.00</u>	<u>300.00</u>
Expenditure # 2 Name : <u>UNIVERSITY BANK</u> <u>959 Maiden Lane</u> Address: <u>Ann Arbor MI 48106</u> <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: <u>Service charge</u> Expenditure Code: _____ 5. Ballot Issue: <u>SCHOOL BONDS</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>4/20/02</u>	<u>1.87</u>	<u>1.87</u>
Expenditure # 3 Name : _____ Address: _____ <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: _____ Expenditure Code: _____ 5. Ballot Issue: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : _____ Address: _____ <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: _____ Expenditure Code: _____ 5. Ballot Issue: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

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

301.87
301.87

Enter this total on Line 8a of the Summary Page