



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**BALLOT QUESTION COMMITTEE
COVER PAGE**

2004 JUN -7 A 11:11

FOR OFFICIAL USE ONLY

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

PEGGY M. HAINES
COUNTY CLERK/REGISTER
3. This Statement covers From: 12/31/03 To 5/29/04
Mo Day Year Mo Day Year

1. Committee I.D. Number
~~38-278-1981~~ B114418

2. Committee Name
Citizens Millage Committee

4. Committee's Mailing Address
CMC
P.O. Box 8307
Ann Arbor, MI 48107-8307
Area Code and Phone (734) 645-6731
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
William F. Godfrey, 3875 Vorhies Rd, Ann Arbor, MI 48105
Area Code and Phone (734) 995-7223 Driver License # (Optional)

6. Treasurer's Business Address
P.O. Box 8307
Ann Arbor, MI 48107-8307
Area Code and Phone (734) 214-1600

7. Designated Recordkeeper's Name and Mailing Address
(If the committee has a Designated Recordkeeper)
N/A
Area Code and Phone () Driver License # (Optional)

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: June 14, 2004
Month Day Year

8c. ANNUAL STATEMENT
(___ 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 William J. Godfrey, William J. Godfrey
Type or Print Name Signature Date 6 3 04
Month Day Year

Authority granted under





MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

3114418

1. Committee I.D. Number ~~38-218198F~~
2. Committee Name Citizens Millage Committee

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>15,922</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions.	(3c.) \$ <u>15,922</u>	(18.) \$ <u>\$ 15,922</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>15,922</u>	(20.) \$ <u>\$ 15,922</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>MSIAA 0-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>- 0 -</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>- 0 -</u>	(21.) \$ <u>- 0 -</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>6562.31</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>6562.31</u>	(22.) \$ <u>6562.31</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ <u>. 0 -</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>6562.31</u>	(24.) \$ <u>6562.31</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>- 0 -</u>	(25.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>10,000.00</u>	
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>\$ 155</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>\$ 15,922</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>\$ 16,077</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>\$ 6562.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$ 9,514.69</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.
CFR BQ SUMM 9/2002 Authority granted under P.A. 388 of 1976



B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number ~~38-2781981~~
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/27/04</u> Name: <u>Elizabeth Anderson</u> Address: <u>501 Snyder Ann Arbor, MI 48103</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"/> Fund Raiser	\$ 200 ⁰⁰	200 ⁻
3. Contribution # 2 4. Date of Receipt <u>6/1/04</u> Name: <u>Amritt Agency Insurance</u> Address: <u>703 S. Main St. Ann Arbor 48104</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"/> Fund Raiser	\$ 250 ⁰⁰	Add to Final Report Came in after cut off (5/29)
3. Contribution # 3 4. Date of Receipt <u>5/13/04</u> Name: <u>Caponigro Public Relations</u> Address: <u>4000 Town Center, Southfield, MI 48075</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"/> Fund Raiser	\$ 750 ⁰⁰	750 ⁻
3. Contribution # 4 4. Date of Receipt <u>5/28/04</u> Name: <u>Community High School PTSO / Parent Volunteers'</u> Address: <u>401 N. DIVISION Ann Arbor, MI 48104 Approved</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"/> Fund Raiser	\$ 200 ⁰⁰	200 ⁻

Page Subtotal) 1150
Grand Total of All Schedules 4A
(Complete on last page of Schedule

Enter this total on line 3a of Summary Page



B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981

2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/13/04</u> Name: <u>George Cress</u> Address: <u>3789 Barton Farm Drive, Ann Arbor, MI 48103</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"/> Fund Raiser	\$ 200 ⁰⁰	200-
3. Contribution # 2 4. Date of Receipt <u>5/24/04</u> Name: <u>Mary Danforth</u> Address: <u>6750 W. Huron River Drive Dexter, MI 48197</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"/> Fund Raiser	\$ 150	150-
3. Contribution # 3 4. Date of Receipt <u>5/18/04</u> Name: <u>Mary Dobson</u> Address: <u>4001 Glacier Hills Dr. Ann Arbor, MI 48105</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"/> Fund Raiser	\$ 100	100-
3. Contribution # 4 4. Date of Receipt <u>5/25/04</u> Name: <u>Dykema Gossett</u> Address: <u>400 Renaissance Center, Detroit MI 48243</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"/> Fund Raiser	\$ 1000 ⁰⁰	1,000-
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	1450	

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B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/6/04</u> Name: <u>Joseph and Beth Fitzsimmons</u> Address: <u>101 N. Main, Ann Arbor, MI 48104</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"/> Fund Raiser	#1000 ⁰⁰	1000 ⁻
3. Contribution # 2 4. Date of Receipt <u>4/26/04</u> Name: <u>George Fornero</u> Address: <u>7395 Warren Rd, Ann Arbor, MI 48105</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"/> Fund Raiser	#250 ⁰⁰	250 ⁻
3. Contribution # 3 4. Date of Receipt <u>5/13/04</u> Name: <u>Randolph Friedman</u> Address: <u>1010 Berkshire, Ann Arbor MI 48104</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"/> Fund Raiser	#250 ⁰⁰	250 ⁻
3. Contribution # 4 4. Date of Receipt <u>5/28/04</u> Name: <u>Ben. Gettner</u> Address: <u>3410 Woodlea Dr. Ann Arbor, MI 48103</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"/> Fund Raiser	200 ⁰⁰	200 ⁻
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	1700	

Enter this total on line 3a of Summary Page



B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981

2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/13/04</u> Name: <u>William and Karen Godfrey</u> Address: <u>3875 Vorhies Rd. Ann Arbor MI 48105</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"/> Fund Raiser	\$1000 ⁰⁰	1000 ⁻
3. Contribution # 2 4. Date of Receipt <u>5/19/04</u> Name: <u>Huron Sign Co.</u> Address: <u>P.O. Box 980423, Ypsilanti, MI</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"/> Fund Raiser	\$500 ⁰⁰	500 ⁻
3. Contribution # 3 4. Date of Receipt <u>5/27/04</u> Name: <u>IBEW 252 (Int'l Brotherhood of Electrical Workers)</u> Address: <u>Ann Arbor, MI 48108</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"/> Fund Raiser	\$252	252 ⁻
3. Contribution # 4 4. Date of Receipt <u>5/24/04</u> Name: <u>Kleinschmidt Insurance</u> Address: <u>Maple Rd. Ann Arbor, MI 48103</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"/> Fund Raiser	\$500 ⁰⁰	500 ⁻

Page Subtotal)
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2252

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

B114418

1. Committee I.D. Number 38-2781981

2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/13/04</u> Name: PA <u>Jerald LAX</u> Address: <u>1015 Berkshire, A2, MI 48104</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"/> Fund Raiser	#100	100-
3. Contribution # 2 4. Date of Receipt <u>5/27/04</u> Name: <u>Margaret Long</u> Address: <u>1513 Mendota Ave A2 48103</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"/> Fund Raiser	#200	200-
3. Contribution # 3 4. Date of Receipt <u>5/27/04</u> Name: <u>Stephanie Lord</u> Address: <u>3025 Exmore Rd 48104</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"/> Fund Raiser	#100	100-
3. Contribution # 4 4. Date of Receipt <u>6/2/04</u> Name: <u>Robert Mathias</u> Address: <u>Co Bay Field Caring Dearborn 48120</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"/> Fund Raiser	#300 ⁰⁰	Add to Final Report Rec'd 6/2 after 5/29 cutoff.
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	400	



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

1. Committee I.D. Number B114418
~~38-2781981~~
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/29/04</u> Name: <u>Nowland, Richard</u> Address: <u>Richard & Rita Nowland 3322 Alpine, A², MI</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"/> Fund Raiser	\$50.00	50 ⁻
3. Contribution # 2 4. Date of Receipt <u>4/26/04</u> Name: <u>Nelson, Glenn</u> Address: <u>Glenn Nelson & Margaret Dewar 1323 S Forest A², MI 48104</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"/> Fund Raiser	250.00	250 ⁻
3. Contribution # 3 4. Date of Receipt <u>5/28/04</u> Name: <u>Moore, Franklin</u> Address: <u>Franklin Moore 401 N Main St. A², MI 48104</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"/> Fund Raiser	\$100.00	100 ⁻
3. Contribution # 4 4. Date of Receipt <u>5/24/04</u> Name: <u>Michigan BAC Local No. 9</u> Address: <u>6525 Centurion Dr Lansing, MI 48917-9275</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"/> Fund Raiser	2500.00	2500 ⁻
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	2900	

Enter this total on line 3a of Summary Page



B11448

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/28/04</u> Name: <u>Mexicotte, Debra</u> Address: <u>2660 Yost Blvd, Ann Arbor, MI 48104</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"/> Fund Raiser	150.00	150-
3. Contribution # 2 4. Date of Receipt <u>5/13/04</u> Name: <u>McKinley Associates, Inc</u> Address: <u>320 N. Main Street A2, MI 48104</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"/> Fund Raiser	500.00	500-
3. Contribution # 3 4. Date of Receipt <u>6/2/04</u> Name: <u>McDonough, J. A.</u> Address: <u>2515 Country Village Ct. Ann Arbor, MI 48103</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"/> Fund Raiser	10.00	Add to final Report. Came in 6/2 after 5/29 cutoff.
3. Contribution # 4 4. Date of Receipt <u>5/27/04</u> Name: <u>Labor Management Cooperative Committee</u> Address: <u>Ann Arbor, MI 48108</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"/> Fund Raiser	\$1000.00	1000-

Page Subtotal) 1650
Grand Total of All Schedules 4A
(Complete on last page of Schedule

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

1. Committee I.D. Number B114418
~~38-2781981~~
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 Name: <u>Ellen Offen</u> Address: <u>1911 Boulder Dr Az, mi 48104</u> 4. Date of Receipt <u>5/20/04</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"/> Fund Raiser	\$100	100-
3. Contribution # 2 Name: Robert Brown Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 Name: <u>Lana Pollack</u> Address: <u>345 Sumac Lane Az, mi 48105</u> 4. Date of Receipt <u>3/6/04</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"/> Fund Raiser	\$100 ⁰⁰	100-
3. Contribution # 4 Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	200	

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B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens Millage Committee

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3. Contribution # 1 4. Date of Receipt <u>5/28/04</u> Name: <u>Rustic Enterprises</u> Address: <u>BS Restuccia 1825 Gredders, A2, MI 48104</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"/> Fund Raiser	\$500	500-
3. Contribution # 2 4. Date of Receipt <u>5/28/04</u> Name: <u>Bob Preston</u> Address: <u>4488 El Cajon Beach Rd. Alpena, MI</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"/> Fund Raiser	\$100	100-
3. Contribution # 3 4. Date of Receipt <u>5/6/04</u> Name: <u>Stephen Postema</u> Address: <u>1017 Wood bridge A2 48103</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"/> Fund Raiser	\$300	300-
3. Contribution # 4 4. Date of Receipt <u>5/18/04</u> Name: <u>Plumbers & Pipefitters Local 190</u> Address: <u>7920 Jackson Rd A2 48103</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"/> Fund Raiser	\$500	500-
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	1400	

Enter this total on line 3a of Summary Page



B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981

2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/28/04</u> Name: <u>Thoresen, Michael</u> <u>734-971-7172</u> Address: <u>Michael & Nancy Thoresen 3215 Fenview</u> 5. If over \$100.00 cumulative, please provide: <u>Or A2, MI 48108</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100-
3. Contribution # 2 4. Date of Receipt <u>5/27/04</u> Name: <u>Teodora, Sheryl</u> Address: <u>Sheryl & Sorin Teodora 1703 Springmill Lane</u> 5. If over \$100.00 cumulative, please provide: <u>A2, MI 48108</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100-
3. Contribution # 3 4. Date of Receipt <u>5/24/04</u> Name: <u>Strand, Dorothy</u> <u>734-426-2654</u> Address: <u>John & Dorothy Strand 6750 W Huron River</u> 5. If over \$100.00 cumulative, please provide: <u>Or Dexter, MI 48197</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100-
3. Contribution # 4 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: _____ Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal)
Grand Total of All Schedules 4A
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300-

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Summary
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B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1	4. Date of Receipt <u>5/28/04</u>	<u>250.00</u>	<u>250-</u>
Name: <u>John, Zdanowski</u> Address: <u>1564 Newport Creek Dr. A2, MI 48103</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"/> Fund Raiser			
3. Contribution # 2	4. Date of Receipt <u>5/19/04</u>	<u>1,000.00</u>	<u>1000-</u>
Name: <u>Washtenaw City Skilled Building Trades</u> Address: <u>Washtenaw City Skilled Building Trades Council 7920 Jackson Rd A2, MI 48103</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"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt <u>6/1/04</u>	<u>500.00</u>	<u>Add to final report. Rec'd 6/1 after 5/29 cut off.</u>
Name: <u>Tile, Marble, Terrazzo</u> Address: <u>Tile, Marble, Terrazzo BAC Local 32 21031 Ryan Rd Warren, MI 48091</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"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt 5/13/04 <u>5/13/04</u>	<u>1,000.00</u>	<u>1000-</u>
Name: <u>Three Oaks Group, LLC</u> Address: <u>106 Huron View Blvd / P.O. Box 8307 A2, MI 48107</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"/> Fund Raiser			
Page Subtotal)		<u>2250</u>	
Grand Total of All Schedules 4A (Complete on last page of Schedule			

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B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/28/04</u> Name: <u>Joan Brush</u> Address: <u>4 Medford Circle A², MI 48104</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"/> Fund Raiser	\$15 ⁰⁰	15-
3. Contribution # 2 4. Date of Receipt <u>5/28/04</u> Name: <u>Christine Crockett</u> Address: <u>506 East Kingsley A², MI 48104</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"/> Fund Raiser	\$25 ⁰⁰	25-
3. Contribution # 3 4. Date of Receipt <u>4/30/04</u> Name: <u>Vaughn Daniel</u> Address: <u>2463 Dalton A², MI 48108</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"/> Fund Raiser	\$50 ⁰⁰	50-
3. Contribution # 4 4. Date of Receipt <u>5/28/04</u> Name: <u>Sandra Danziger</u> Address: <u>1419 Granger, A², MI 48104</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"/> Fund Raiser	\$50 ⁰⁰	50-
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	140	

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B114418

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number ~~38-2781981~~
2. Committee Name Citizens Millage Committee

Please enter contributor's 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)
3. Contribution # 1 4. Date of Receipt <u>5/28/04</u> Name: <u>Kathy Griswold</u> Address: <u>3565 Fox Hunt A², MI 48105</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"/> Fund Raiser	#15 ⁰⁰	15-
3. Contribution # 2 4. Date of Receipt <u>5/28/04</u> Name: <u>Sarah Hanselman</u> Address: <u>N/A</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"/> Fund Raiser	#40 ⁰⁰	40-
3. Contribution # 3 4. Date of Receipt <u>5/28/04</u> Name: <u>Daniel Heumann and Lynn Desenberg</u> Address: <u>2627 Hawthorn Ave, A², MI 48104</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"/> Fund Raiser	#50 ⁰⁰	50-
3. Contribution # 4 4. Date of Receipt <u>5/28/04</u> Name: <u>James Ladley</u> Address: <u>3032 Andora Dr, Superior Twnshp, MI 48198</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"/> Fund Raiser	#25 ⁰⁰	25-

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Grand Total of All Schedules 4A
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130
#15922

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 38-2781981-B114418
2. Committee Name Citizens Millage Committee

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>Kolossos Printing</u> Address: <u>310 E Washington</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Pioneer High Voter Registration Letters</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>June 14 AA PS Bond/Sinking Fund</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	5/7/04	#238	#238 ⁰⁰
Expenditure # 2 Name: <u>David Hunscher</u> Address: <u>1321 Creal Ct.</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage & Delivery</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund Proposal</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	5/7/04	#481	#719 ⁰⁰
Expenditure # 3 Name: <u>Jim Dries</u> Address: <u>3840 Michael Rd</u> <u>Dexter, MI 48130</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Database</u> Expenditure Code: <u>AE</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund Proposal</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	5/13/04	#612	#1331 ⁰⁰
Expenditure # 4 Name: <u>Ann Arbor Printing and Mailing</u> Address: <u>711 AIRPORT BLVD</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Printing and Reproduction Postcards</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	5/14/04	#1231.31	#2562.31

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

1562.31

Enter this total on Line 8a of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 38-2787981 B114418
2. Committee Name Citizens Millage Committee

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>Robin Wax</u> Address: <u>3093 Overridge, A2, MI 48105</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postage for Postcard Mailing</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>5/17/04</u>	<u>\$ 4000.00</u>	<u>\$ 6562.31</u>
Expenditure # 2 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Expenditure Code: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Expenditure Code: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name : Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: Expenditure Code: 5. Ballot Proposal: 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)

4000
\$ 6562.31

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

B114418

1. Committee I.D. Number 38-278-1985
2. Committee Name Citizens Millage Committee

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>One Eleven Realty LP</u> <u>3875 Vorhies Rd</u> <u>Ann Arbor, MI 48105</u>	4. Type: <u>Short-term loan</u> Code <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>5/13/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,000.00</u>	11/13/04 \$10,000.00 11/13/04 \$10,000.00 11/13/04 \$10,000.00 11/13/04 \$10,000.00	<u>- 0 -</u>	<u>\$10,000.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____		<input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____		<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt
Grand Total of all Schedules 4E

\$10,000.00
10,000.00

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page