

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

WASHTENAW COUNTY. MI

BALLOT QUESTION COMMITTEE COVER PAGE

2004 JUL 30 P 3: 14

	FOR OFFICIAL USE O	NLY		
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.	PEGGY 11.11 FOR DEFICIAL USE O			
by the treasurer or designated record keeper.	GDHis Statement covers From:	To ay Year Mo Day Year		
1. Committee I.D. Number	4. Committee's Mailing Address	a, iour mo buy rear		
38-278/98/	PARA	N 8307		
2. Committee Name	Ann	X 8307 Arbor M1 48107-8307		
Citizens Millage Committee	Area Code and Phone (734) 645	6731		
	If the address in this box is different from the of Organization, mail may be sent to this add	committee mailing address on the Statement dress by the filing official.		
5. Treasurer's Name and Residential Address William		Vorhics Rd. A2, M148105		
Area Code and Phone (734) 645.673/	Driver License # (Optional)			
6. Treasurer's Business Address P. O. Box 8307	Designated Recordkeeper's Name and (If the committee has a Designated Records)	Mailing Address ecordkeeper)		
Ann Arkor, M1 48107	NA			
Area Code and Phone (734) 244.1600	Area Code and Phone	Driver License # (Optional)		
8. TYPE OF STATEMENT:	8c. ANNUAL STATEMENT	8e. AMENDMENT TO CAMPAIGN		
8a. PRE- ELECTION	(Coverage Year)	STATEMENT		
OR	8d. QUALIFICATION	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)		
8b. POST- ELECTION	OR			
Des Flaction of Boot Flaction Statement relates to		8f. D DISSOLUTION OF COMMITTEE		
Pre-Election or Post-Election Statement relates to:	LJ NON-QUALIFICATIONSTATEMENT (Required of State-wide Ballot Question Committees Only)	Effective Date of Dissolution		
LI PRIMARY LI GENERAL	Commutees Only)			
☐ SCHOOL ☐ SPECIAL		Month Day Year		
Date of Election:	Date of Qualification or Non-Qualification:	By checking this item, I certify that the committee has no assets or outstanding debts,		
Month Day Year	Month Day Year	of residual funds must be reported on Schedule		
	Monar Bay real	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	d in the preparation of this statement and attack	thed schedules (if any) and to the hest of		
my knowledge and belief the contents are true, accurate a	and complete.	The salicables (ii arry) and to the best of		
Current Treasurer or Designated Recordkeper Villam J Cocal Company Type or Print Name	Ley, Williams	Date Nonth Day Year		



MICHIGAN DEPARTMENT OF STATE

1. Committee I.D. Number

38 - 278/98/

SUMMARY PAGE NAW COUNTY, MI
BALLOT QUESTION COMMITTEE 1.00 2004 JUL 30 P 3:2. Committee Name Millago Committee PEGGY M. HAINES COUNTY CLERK/REGISTER RECEIPTS Column I Column II This Period Cumulative for Election Cycle 3. Contributions 9090.00 a. Itemized Contributions(Schedule 4A, Column 6) (3a.) \$ b. Unitemized Contributions (less than \$20.01 - no Schedule) (3b.) \$ NOT APPLICABLE c. Subtotal of .Contributions. 4. Other Receipts (Schedule 4A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4) 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) 7. TOTAL IN-KIND CONTRIBUTIONS (21.)\$ 49/6.52 (Add Line 6a + Line 6b) **EXPENDITURES** 8. Expenditures 18057.9 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) (8c.) \$ d. Unitemized Expenditures (\$50.00 or less-no Schedule) e. Subtotal of Expenditures 9. Independent Expenditures (Schedule 4B-1, Column 7) 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) **IN-KIND EXPENDITURES** 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) (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.) 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 (Subtract line 16 from line 15)



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Nurr	1ber <u>38 - Z</u>	781981	
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 6/1/04		
Name: David Skaff Address: 3224 Honey suckle, A ² , M1 48103	st)	# 2 = -
Address: 3224 Honeysuckle A2 M1 48103	# 25	25
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 4. Date of Receipt 6/1/64		
Name: Aprill Agency	250-	250-
Name: Aprill Agency Address: 703 5. Main St, A ² , MI 48104		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	,	
Business Address		
Type of Contribution:		
3. Contribution #3 4. Date of Receipt 6/1/04		·
Name: Tile, Marble any Terrazo Local BAC 32	500-	500
Address: Ryan Rd., Warren, MI 48091 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: 💆 Direct 🔲 Loan from a person 🔲 Fund Raiser		
3. Contribution #4 4. Date of Receipt 6/2/04		
Name: Marc Marzolis	50-	50-
Address: 1389 King George Blvd, A?, MI 48104		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 825	

Enter this total on line 3a of Summary Page

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Authority granted under P.A. 388 of 1976



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1, Committee I.D. Num	_{iber} <u>38 - Z</u>	781981	
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 6/2/64		
Name: Robert Matras	# 200-	#
Address: 6 Bay Field Lane, Dearborn, MI 48120	200	" 300
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
3. Contribution #2 4. Date of Receipt 6/2/04		
Name: Richard Nowland	50	50-
Address: 3322 ALPINE, ANN ARBORIMI 48108		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #3 4. Date of Receipt 6/2/04		·
Name: J. A. McDonough	10-	i
Address: 2515 Country Village Ct, A2MI 48103	10	10
5. If over \$100.00 cumulative, please provide:		···
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #4 4. Date of Receipt 6/2/64		
Name: Joan Brush	12-	,
Address: A MEDFORD CIRCLE, ANN ARBOR, MI 48104	13	/5
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal) Grand Total of All Schedules 4A	# 375	-
(Complete on last page of Schedule		1

Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1, Committee I.D. Num	nber <u>38 - Z</u>	78198	
2. Committee Name	Citizens	Millage	Committee

BALLOT QUESTION COMMITTEE	J	
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 6/2/04 Name: Daniel Heumann Address: 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	# 50-	* 30-
3. Contribution #2 4. Date of Receipt 6/5/04 Name: Naman Herbert	50-	50-
Name: Norman Herbert Address: 3681 Wagner Extra Ct, Ann Arbor M 45103		
5. If over \$100.00 cumulative, please provide:		·
OccupationEmployer		
Business Address		
3. Contribution # 3 4. Date of Receipt 6/5/04		·
Name: Fames Anderson Address: 2160 S. HURDN, Ann Arbor, MI 48104	300-	300-
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution:		
3. Contribution #4 4. Date of Receipt 6/5/04 Name: Marcia Militello	25	25-
Address: NA		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A	# 425	
(Complete on last page of Schedule	T575	1

Enter this total on line 3a of Summary Page

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Nun	_{1ber} <u>38 - Z</u>	781981	
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 6/5/04		
Name: Christine Black	# 10-	# 12-
Address: 2411 Shannundala, Ann Albor, MI 48104		, 10
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Business Address		
3. Contribution #2 4. Date of Receipt 6/7/04		
Name: Johnson Controls		
Address: 20, Box 2012, Milwaukaa, WI \$3201-2012	450	950-
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	·	
Business Address	·	
Business Address Type of Contribution:		
3. Contribution #3 4. Date of Receipt 4/7/04		·
	# 1,000-	#1,000-
Name: Michigan Regional Council of Corpenters Address: 300 Wordward Alva 150 ita 1200, Watroit, MI 48201	1,000	1,000
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Loan from a person		
3. Contribution #4 4. Date of Receipt 6/8/04		
	H.	A
My years for the por solvers	# 350-	350
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Loan from a person ☐ Fund Raiser Page Subtotal)	# 7 310	
Grand Total of All Schedules 4A (Complete on last page of Schedule	72310	1

age <u>4</u> of <u>20</u>

Authority granted under P.A. 388 of 1976

Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1, Committee I.D. Num	ber 38 - Z	78198	
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 6/8/04		
Name: Richard Burney Address: +319 MILLER, Ann Albert, Mi, 48103	# 11-	# 1
Address: +319 MILLER, Ann Arbor, Mi, +3103	400-	400
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution # 2 4. Date of Receipt 6/5/04		
Name: Jennila McCine	15-	15-
Name: Jennifu McCiré Address: 2268 Westaire Cte, A2 48103	10	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Business Address Type of Contribution:		
3. Contribution # 3 4. Date of Receipt		·
Name: Maureen Lanseur Address: 2380 S. Seventh, A ² , M1 48103	25	25
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution # 4 4. Date of Receipt		
Name: Crysan little	# 25-	# ===
Address: 123 Ungmen Lane, A ² , M1 48/03	1-3	2.5
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct	1, 1,	
Page Subtotal) Grand Total of All Schedules 4A	F 465	-
(Complete on last page of Schedule		1

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1, Committee I.D. Nun	1ber <u>38 - Z</u>	78198	
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 6/5/04		
il A A a à a -	#	ا يمه ا
	50-	# 50-
Address: 705 Halcyon Cto, AZ,MI 48/13		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #2 4. Date of Receipt 6/14/04	1	
Name: Anna Heatlie	200-	200-
Address: 4215 Ruby, YRSILANTI, MI 48197		
5. If over \$100.00 cumulative, please provide:	·	
OccupationEmployer	·	
Business Address		, ,
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #3 4. Date of Receipt 4/14/04		
Name: Michigan Chapter / Nation & Fleet is al Contractors	1,250	1.250
Name: Michigan Chapter of, National Electrical Contractors Address: 1026 N. Wighington, Lansing, MI 48906		7-
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #4 4. Date of Receipt 6/14/04		
Name: Zingerman's	300	300
Address: 422 Detroit St. A2, M1 48104		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal)	# 1800	
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. Nun	nber <u>38 - Z</u>	78198	<u> </u>
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. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Contribution in the middle initial. 7. Cumulative for Election Cycle for Each Cycle for Each Contribution in the following for the middle initial. 7. Cumulative for Election Cycle for Each			
Name: Kathy Grijalva Address: 3310 Tamoni Paca, Ann Mora Master S. If over \$100.00 cumulative, please provide: Cocupation		6. Amount	Election Cycle for Each Contributor (Through
Name: Kathy Grijalva Address: 3310 Tamoni Paca, Ann Myr M. A6105 5. If over \$100.00 cumulative, please provide: Occupation	3 Contribution #1 4 Date of Receipt 6/14/04		
Cocupation Employer Employer		#	AT.
Cocupation Employer Employer	Name: Kathy Citijalva		10-
Cocupation Employer Employer	Address: 3310 Tramont Place Ann Avhor M. 45105		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2	5. If over \$100.00 cumulative, please provide:		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2	Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt 6/14/04 Name: Danal & Peurach 25 Address: 1906 Winstand Blyd Ann Aybor, Mi Aslo3 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt 6/14/04 Name: Linda Elembargen Ann Aybor, Mi 46105 2834 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 6/14/04 Name: Washtanar County Labrary Employers Cooperature 700 Address: NA 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal) Grand Total of All Schedulus A			
3. Contribution # 2 4. Date of Receipt 6/14/04 Name: Derical A Peurach Address: 1906 Winstand Blod Ann Ayber M. A8103 5. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt 6/14/04 Name: Lindar Elemborger Address: 3950 Kiping Dr., Ann Ayber, M. 48105 2834 5. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 4. Date of Receipt 6/14/04 Name: Washtawar County Labburg Employers Cooperature 700 Address: NA 5. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 700 700 700 80 Fund Raiser 700 700 80 Fund Raiser Page Subtotal) Grand Total of All Schedules AA	Type of Contribution: Direct		
Name: Dernald Peurach Address: 1906 Winstad Blyd, Ann Aybor Mi A8103 5. If over \$100.00 cumulative, please provide: Occupation	10/11/04		
Address: 1906 Winstad Blyd Ann Aybor MI A8103 5. Hover \$100.00 cumulative, please provide: Occupation	4. Sale of Newspi.		
5. If over \$100.00 cumulative, please provide: Occupation	Name: Donald Peurach	25	25
5. If over \$100.00 cumulative, please provide: Occupation	Address: 1906 Winstadd Blyd Ann Aybor MI 48103		
CoccupationEmployer	•		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt 4/14/04 Name: Linda Elembogen 50 Address: 30,50 Kipling DC, Ann Aly box M1 48105 2834 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Fund Raiser 3. Contribution # 4 4. Date of Receipt 6/14/04 Name: Washtanaw County Labbrus Employers Cooperative 700 Address: NA 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Page Subtotal) Grand Total of All Schedules 4A			·
3. Contribution #3 4. Date of Receipt			
3. Contribution #3 4. Date of Receipt	Type of Contribution: Direct		
Name: Linda Elembogan Address: 39,50 Kipling Dr., Ann Alybor, MI 48105 2834 5. If over \$100.00 cumulative, please provide: OccupationEmployer	Chiles		
5. If over \$100.00 cumulative, please provide: Occupation	3. Contribution #3 4. Date of Receipt		
5. If over \$100.00 cumulative, please provide: Occupation	Name: Linda Elenbroaca	50-	50-
5. If over \$100.00 cumulative, please provide: Occupation	Address: 3950 Kipling DC, Ann Arbor M1 48105-2834		
OccupationEmployer	,		
Business Address			
Type of Contribution: A-Direct	OccupationEmployer		
3. Contribution # 4 A. Date of Receipt 6/14/04 Name: Washtawar County Labours Employers Cooperative 700 - 700 - Address: N/A 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct			
Name: Washtenum County Labours Employers Cooperative 700 - 700 - Address: N/A 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct			
5. If over \$100.00 cumulative, please provide: OccupationEmployer	The state of the s		
5. If over \$100.00 cumulative, please provide: OccupationEmployer	Name: Washtenew County Lating In along Converte	4 700-	700-
5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: Direct	Address: A! A	7 /00	
OccupationEmployer			
Business Address Type of Contribution: Loan from a person Fund Raiser Page Subtotal) Grand Total of All Schedules 4A			
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal) Grand Total of All Schedules 4A	OccupationEmployer		
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	Grand Total of All Schedules 4A	4/83	1

Enter this total on line 3a of Summary Page

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Authority granted under P.A. 388 of 1976



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1, Committee I.D. Num	1ber <u>38 - Z</u>	78198	
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		
Name 11 A 14 A A A A	# 50-	#
Address: 48042 ASN WOOD Dr., Plymouth, M. 1 48170 5. If over \$100.00 cumulative, please provide:		50
Address. 48042 ASN WOOD IT., (14 MOUTH, MT 401/0		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		·
Type of Contribution: Direct		
3. Contribution #2 4. Date of Receipt 6/29/04		
Name: Stephen Dobson Address: 1531 Edinbirogh, A ² , M(48104)	1/200-	1000 -
Address: 1521616	1,000	1,000
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		·
Business Address		
, , ,		
3. Contribution #3 4. Date of Receipt 4/24/04		
Name: Traul Dixon	50-	50-
Name: JPaul Dixon Address: 1405 Arborvium Bird, Ann Arbor, M. 148/03) 50	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Business Address		
Type of Contribution: Direct		
3. Contribution #4 4. Date of Receipt 7/04/04		
Name: Great Lakes Environmental	500-	500-
Address: 60) E. Siblay St., How. 11, M. 148843-2439		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
Page Subtotal) Grand Total of All Schedules 4A	# /660 -	
(Complete on last page of Schedule		

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Authority granted under P.A. 388 of 1976

Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1, Committee I.D. Nun	nber 38 - Z	781981	
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 7/04/04		
Name: Patrick Vaughan Address: 4038 Thornoaks Ann Arbor, MI 48104	4	·#
Address: 4038 Thornolling	#55-	7 55
TOJO Thornoaks Ann Arbor, MI 48104		
5. If over \$100.00 cumulative, please provide:		ľ
OccupationEmployer		
Business Address Type of Contribution: Direct		
3. Contribution #2 4. Date of Receipt 7/04/04		
Name: Eugene Sperling Address: NA 3875 Vorhes Rd, AZ, MC 48105	500-	500-
Address: NA 3875 VAVING RX AZ M1 48105		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	•	, ,
Type of Contribution: Direct		
3. Contribution # 3 4. Date of Receipt		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 4 4. Date of Receipt		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal) Grand Total of All Schedules 4A	# 355	

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

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Enter this total on line 3a of Summary Page

Page $\frac{\hat{q}}{1}$ of $\frac{\hat{q}}{1}$

Authority granted under P.A. 388 of 1976



ITEMIZED OTHER RECEIPTS SCHEDULE 4A-1 BALLOT QUESTION COMM!TTEE

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

Name & Address From Whom Received	Date of Receipt	Type of Receipt	6. Amount
Receipt #1	Date of Receipt	☐ Loan from a Lending Institution	
Name:		☐ Interest	
		☐ Refund\Rebate	
Address:		Other (Specify)	
	☐ Fund Raiser		
Receipt #2	Date of Receipt	Loan from a Lending Institution	
Name:		□ Interest	
		☐ Refund\Rebate	
Address:		Other (Specify)	
	Fund Raiser		
Receipt #3	Date of Receipt	Loan from a Lending Institution	
Name:		☐ Interest	
Address:		☐ Refund\Rebate	
Address:		Other (Specify)	
	☐ Fund Raiser		·
Receipt #4	Date of Receipt	_ ☐ Loan from a Lending Institution	
Name:		□ Interest	
Address:		☐ Refund\Rebate	
Address.	<u></u>	Other (Specify)	
	Fund Raiser		
Receipt #5 Name:	Date of Receipt	_ Loan from a Lending Institution	
Name.		□ Interest	
Address:		☐ Refund\Rebate	
Address.	_	Other (Specify)	
	Fund Raiser		
Receipt #6 Name:	Date of Receipt	The state of the s	
Name.		☐ Interest	
Address:		☐ Refund\Rebate	
Address.		Other (Specify)	
	☐ Fund Raiser		
Receipt #7 Name:	Date of Receipt	Loan from a Lending Institution	
Traine.		Interest	
Address:		☐ Refund\Rebate	
	D	Other (Specify)	
	Fund Raiser	Page Subtotal	
		Grand Total of All Schedules 4A -1	
	(Comple	ete on last page of Schedule)	

Enter this total on line 4 of Summary Page



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

1. Committee I. D. Number 38-278/98/
2. Committee Name Citizens Millage Cammittee

	U	<u>/</u>	
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)
Contribution #1 Name and Address: Ann Arber Education Assoc. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Tackson Rd. A ² , M1	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 Database 5. DATE OF RECEIPT: June 30, 2014 6. VENDOR NAME & ADDRESS: Jim Dries 3840 Michaelka. Description 48130	303.35	303.35
Contribution #2 Name and Address: Ann Ar hav Education Association If over \$100.00 cumulative, please provide: Occupation \\ Employer Business Address \(\text{U} \) \(\text{U} \)	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 Dostzalds 5. DATE OF RECEIPT: June 30, 2004 6. VENDOR NAME & ADDRESS: Amn A Compton Prating 23689 Research Dr., Farmington		239117 335-
Contribution #3 Name and Address: Ann Arivor Education Assoc. If over \$100.00 cumulative, please provide: Occupation Employer Business 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 Palm Cards 5. DATE OF RECEIPT: Turn 30, 200 Y 6. VENDOR NAME & ADDRESS: Compton Printing ""	1119.00	3813.5Z
	Daga Cubtatal	3813.52	

Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule) 3813.52

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Enter this total on line 6a of Summary Page

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

1. Committee I. D. Numb	oer <u>38 - 5</u>	278198	
2. Committee Name	Citizens	Millage	Committee

	<u> </u>		
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)
Contribution #1 Name and Address: Ann Ar her Education Assoc. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	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 □ Bu Hons 5. DATE OF RECEIPT: June 30, 2009 6. VENDOR NAME & ADDRESS: □ Comp for Printing	1103.00	4916.52
, 0.05, 12.05			
Contribution #2 Name and Address: If over \$100.00 cumulative, please provide: Occupation \\ Employer Business Address □ Fund Raiser	4.		
Contribution #3 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address □ Fund Raiser	4.		·

Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule) 1103.00 4916.52

Enter this total on line 6a of Summary Page

ummary Page CFR BQ 4-IK 8/2000

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Authority granted under P.A. 388 of 1976



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number	2 - 10110		
2. Committee Name	Citizens	Millage	Committee

24-774.aui

BALLOT QUESTION COMMITTEE			0 "	
3. Name and address of person to whom paid	State purpose of expenditure and you may assign an expenditure code Identify the ballot proposal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: Ann Arbor News Address:	Indicate whether supported or opposed. 4. Purpose: Enclorsement Ad. Expenditure Code: 5. Ballot Proposal:	6/8/04	4069.08	4069.08
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	June 14 AAPS Bond Sinking Fund County: Wash tenaw Support Oppose Statewide X Local			
Expenditure # 2 Name: Commercial Blueprint, Inc Address:	Expenditure Code: PA 5. Ballot Proposal:	6/29/04	1416,80	1416.80
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: Was h tenaw Support Oppose Statewide X Local			
Expenditure # 3 Name: U.S. Postmaster Address:	4. Purpose: Postage Expenditure Code: 5. Ballot Proposal:	6/2/04	2200-	6200 #4002 to
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: Oppose Statewide Statewide			RJ Wase for Pestage
Expenditure # 4 Name: U.S. Postmus fer Address:	4. Purpose: Postage Expenditure Code: 5. Ballot Proposal:	6/8/04	2400	8600
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: Oppose Statewide Local		t in ACP ve	
	Subtotal this page Grand Total of Schedules (Complete on last page of Sch	3 4B	10,08.5.08	

Enter this total on Line 8a of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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SCHEDULE 4B

1. Committee I. D. Number _	38-278,98	11
2. Committee Name		Millage Committee

BALLOT QUESTION COMMITTEE			0 '	
Name and address of person to whom paid	State purpose of expenditure and you may assign an expenditure code Identify the ballot proposal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	Indicate whether supported or opposed. 4. Purpose:			
Name: U.S. Postmester	Pretago	blalou	#1600-	10,200
Address:	5. Ballot Proposal:	1 1107	1000	10,200
	June 14 AAPS Bord/Sinking Foul			
Check box if expenditure is payment of debt or obligation reported on previous statement	County: WAS HENW Oppose			
☐ Fund Raiser	☐ Statewide			
Expenditure # 2 Name:	4. Purpose: Postcards	T-1 .		
Ann Arhar Printing Address:	Expenditure Code: PA	6/3/04	2510.06	3,741.37
	5. Ballot Proposal:			includes
			,	1231.31
Li Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenan			ا ر ٔ
reported on previous statement				from lust
☐ Fund Raiser	Statewide Local			report
Expenditure # 3	4. Purpose:			
Name: Am Arbor Printing	n n " "			
Address:	Expenditure Code:	6/01	1782.34	5523.71
,	<u>n n n n a </u>	9/9/04	.,,,,,,	
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenaw			
	Support Oppose Statewide Local			
☐ Fund Raiser				
Expenditure # 4 Name:	4. Purpose:			
Name: Compton Printing	1 11 11	6/ 1		
Address:	Expenditure Code: PA 5. Ballot Proposal:	127/11/	1134.20	1134.20
,	11 11 11 4	1 /07		
☐ Check box if expenditure is payment of debt or obligation	valacilla.			
reported on previous statement	County: WASh KIMW			
□ Sund Paires	Support Oppose			
☐ Fund Raiser	Statewide Local Subtotal this page	<u></u>	# 702/ 60	
	Subtotal this pag Grand Total of Schedules		7024-60	1
	(Complete on last page of Sch			1
			Enter this total	J
			on Line 8a of	

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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the Summary Page



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE

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

BALLOT QUESTION COMMITTEE				
3. Name and address of person to whom paid	State purpose of expenditure and you may assign an expenditure code Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: Toann Williams Address:	4. Purpose: Envelopes Expenditure Code: MA 5. Ballot Proposal: June 14 AAPS Brid Krithin Full	6/29/04	# 130-	8/130-
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: Washtwan Support Oppose Statewide	·		
Expenditure # 2 Name: Jew Lieverman Address:	4. Purpose: Internet fee Expenditure Code: CO 5. Ballot Proposal:	6/8/04	* 29 95	*29 ⁹⁵
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: Wash knaw Support Oppose Statewide Local			
Expenditure # 3 Name:	4. Purpose: Auto Dialing GOTV Expenditure Code: 5. Ballot Proposal:		769 48	76948
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	County: Wash tenaw Support Oppose Statewide Local			
Expenditure # 4 Name: Wush Henry Crunty Address:	4. Purpose: Late Fee Expenditure Code:		2500	
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	5. Ballot Proposal: // County: wash benav Support Oppose			
☐ Fund Raiser	Statewide Subtotal this pag Grand Total of Schedules (Complete on last page of Sch	4B	# 954 13	

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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on Line 8a of the Summary Page



ITEMIZED INDEPENDENT EXPENDITURES SCHEDULE 4B-1 BALLOT QUESTION COMMITTEE

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

3. Name and address of person or vendor paid	Purpose (Describe specific purpose and you may assign an Expenditure Code.) Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1 Name:	4. Purpose:			
Address:	5Ballot Proposal			
☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	County Support Oppose Statewide Local	·		
Expenditure #2 Name:	4. Purpose:			
Address:	5Ballot Proposal			
☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	County ☐ Support ☐ Oppose ☐ Statewide ☐ Local			
Expenditure #3 Name:	4. Purpose: Expenditure Code:			
Address:	5Ballot Proposal			
☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	County Support Oppose Statewide Local			
Expenditure #4 Name:	4. Purpose: Expenditure Code:			
Address:	5Ballot Proposal			
☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	County ☐ Support ☐ Oppose ☐ Statewide ☐ Local			
	☐ Support ☐ Oppose	B-1		

Enter this total on line 9 of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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ITEMIZED IN-KIND EXPENDITURES SCHEDULE 4B-2 BALLOT QUESTION COMMITTEE

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

Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure #1	4. Loan endorsement or guarantee			
Name	☐ Goods Donated or Loaned			
Name:	☐ Services Donated			
	Goods or Services Purchased			
Address:	Goods or Services Purchased - LOAN			
	Goods of Services Purchased - LOAN	*		
	Description			
Ballot Proposal:				
	5. DATE OF EXPENDITURE:			
Statewide	6. VENDOR NAME & ADDRESS:			
	or vertical and an above of			
County				
Expenditure #2	4. Loan endorsement or guarantee			
	l			
Name:	Goods Donated or Loaned			
	Services Donated			
Address:	Goods or Services Purchased			
	Goods or Services Purchased - LOAN			
	Description			
Ballot Proposal:	Description			
Ballot Fropodal.	5. DATE OF EXPENDITURE:			
☐ Statewide ☐ Local			·	
	6. VENDOR NAME & ADDRESS:			
County	-			
Expenditure #3	4. Loan endorsement or guarantee			
Name:	Goods Donated or Loaned			
	☐ Services Donated			·
A.1.t	☐ Goods or Services Purchased			
Address:	Goods or Services Purchased - LOAN			
	Description		,	
Ballot Proposal:	5. DATE OF EXPENDITURE:			
☐ Statewide ☐ Local	O. DATE OF EAFERDITURE.	1		
L Statewide LJ Local	6. VENDOR NAME & ADDRESS:			
Court	-			
County]		
	Subtotal this Page			
	Crond Total of all Cabadidae 4D 0			
	Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)			
	(25p.s.s 51. ids. page 51 contoduits)	L	<u> </u>]
		Enter this total	Enter this total on	

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line 11 of the Summary

Summary Page

on line 8c of the

Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES 1. Committee I.D. Number SCHEDULE 4 B - G **BALLOT QUESTION COMMITTEE**

2. Committee Name_

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in

ALL EXPEND	ITURES ARE REQUIRED TO BE ITEMIZED.	•	
Name and address of person or vendor to whom the expenditu was made	ure 4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls		
	b. ☐ Slate Cards c. ☐ Challengers		
For Activity Type "b" - "f", check one:	•		
☐ In-Kind ☐ Independent	d. ☐ Poll Watchers e. ☐ Poll Workers		
If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	f. Get-Out-The Vote Activity (Specify):		\$
☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Cumulative for Ballot Proposal \$	_	I
Statewide Proposal Name	Local Proposal Name	Indicate County	
Expenditure #2 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls		
For Activity Type "b" - "f", check one:	b. ☐ Slate Cards c. ☐ Challengers		·
☐ In-Kind ☐ Independent	d. ☐ Poll Watchers e. ☐ Poll Workers		
If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	f. Get-Out-The Vote Activity (Specify):		
□ Support □ Oppose	-] \$
☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Cumulative for Ballot Proposal \$	-	
Statewide Proposal Name	Local Proposal Name	_Indicate County	
Expenditure #3 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls		
For Activity Type "b" - "f", check one:	b. ☐ Slate Cards c. ☐ Challengers		
☐ In-Kind ☐ Independent	d. Poll Watchers e. Poll Workers		
If in support of, or in opposition to, a ballot proposal, check one: Oppose	f. Get-Out-The Vote Activity (Specify):		\$
\square Check box if this expenditure is payment of debt or obligation reported on previous statement	Cumulative for Ballot Proposal \$	_	J
Statewide Proposal Name	Local Proposal NameI	ndicate County	
	Subtotal Grand Total of all Sche	this page dules 4B-G	

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(Complete on last page of Schedule) Enter this total on Line 8b of the Summary Page

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DEBTS AND OBLIGATIONS

DEBTS AND OBLIGATIONS SCHEDULE 4E	Committee I.D. Nun	38-27	81981			
BALLOT QUESTION COMMITTEE	2. Committee Name	Citizens	Millage C	munitee		
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: One Eleven Realty LP 3875 Vorlies Rd. Ann Arlan, MI 48105	4. Type: Loan Code LO 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ \[\langle 0,000 \]	6 25104\$ 10,000 -/ / \$ -/ / \$ -/ / \$	\$10,000	- O −		
If bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$			
Debt #2 Owed to or by:	4. Type: Code 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$			FORGIVEN		
If bank loan, name of endorser or guarantor:		Amoun	t Endorsed: \$			
Debt #3 Owed to or by:	4. Type: Code 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> :	_/ / \$ _/ / \$ _/ / \$ _/ / \$				
If bank loan, name of endorser or guarantor:	\$	Amount	Endorsed: \$	FORGIVEN		
(Complete on last pa	age of Schedule showing amounts	Page Subtotal (Outstandii Grand Total of all Schedu owed by or to the committee	les 4E			

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

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FUND RAISER SCHEDULE 4F BALLOT QUESTION COMMITTEE

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

			- USE A SE	PARATE SH	EET FOR EACH	EVENT -	
3. Date Event Was Held			Number of Individuals Attending or Participating (whichever is greater)		5. Type of Fund Raising Activity		6. Address and Name (If any) of the place where the activity was held
Month	Day	Year					☐ Private Residence
7. Total	Contribution	ons of \$20.00	or less				
8. Total	Contribution	ons of \$20.01	or more		· · · · · · · · · · · · · · · · · · ·		
9. SUBT	ΓΟΤΑL (Ac	ld lines 7 and					
10. Othe	r Receipts						
11. Gros	s Receipts	(Add lines 9	and 10)			*****	
12. Total Cost of Event							udes In-Kind Contributions and Al enditures Made For the Event
13. 🗆 C	heck if eve	ent was a join	t fund raiser and o	complete the t	following:		
Co-Sponsor(s)			(Contribution Split (%)			enditure Split (%)
							
						-	
			<u>.</u> .				****

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions
 Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary
 Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.