



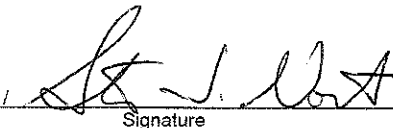
**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FILED  
ANN ARBOR COUNTY, MI

2009 NOV -6 P 3:51

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <b>B-114418</b></p>		<p>3. This Statement covers From: <u>05/23/09</u> To <u>10/18/09</u></p>	
<p>2. Committee Name <b>Citizens Millage Committee</b></p>		<p>4. Committee's Mailing Address <b>PO Box 8131 Ann Arbor, MI 48107-8131</b></p> <p>Area Code and Phone <u>(734) 995-5934</u> 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.</p>	
<p>5. Treasurer's Name and Residential Address <b>William W. Wade 2020 Wiltshire Ct Ann Arbor, MI 48103</b></p> <p>Area Code and Phone <u>(734) 769-2609</u></p>			
<p>6. Treasurer's Business Address <b>Same</b></p> <p>Area Code and Phone</p>		<p>7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <b>Steven J Norton 1217 Olivia Ave Ann Arbor, MI 48104</b></p> <p>Area Code and Phone <u>(734) 995-5934</u></p>	
<p>8. TYPE OF STATEMENT:</p> <p>8a. <input checked="" type="checkbox"/> PRE- ELECTION OR 8b. <input type="checkbox"/> POST- ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL</p> <p>Date of Election: <u>11/03/09</u></p>		<p>8c. <input type="checkbox"/> ANNUAL STATEMENT ( _____ Coverage Year)</p> <p>8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)</p> <p>Date of Qualification or Non- Qualification: _____</p>	
		<p>8e. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)</p> <p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____</p> <p>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.</p>	
<p>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.</p> <p>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.</p>			
<p>9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record Keeper <b>Steven J Norton</b></p> <p>Type or Print Name</p>		<p> Date <u>11/05/09</u></p> <p>Signature</p>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418  
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Ann Arbor Administrators Association</u> <u>4422 Scio Church Rd</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>07/29/09</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	\$ <u>2500</u>	\$ <u>2500</u>
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: <u>Michael Dempsey</u> <u>2167 Stone Valley Dr</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>09/27/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Dempsey, Inc.</u> Business Address <u>1925 Pauline Blvd, Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>200</u>
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: <u>Abigail S Alwin</u> <u>112 Fairview St</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/16/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>AAPS</u> Business Address <u>555 S. State St, Ann Arbor, Michigan 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150</u>	\$ <u>150</u>
Click Here for Memo Itemization		
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	\$ _____	\$ _____
Click Here for Memo Itemization		

Page Subtotal **\$2,850.00**

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

Enter this total  
on line 3a of  
Summary  
Page