



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 10/19/09 To 11/23/09

1. Committee I.D. Number **B114418**

4. Committee's Mailing Address **PO Box 8131
Ann Arbor, MI 48107-8131**

2. Committee Name
Citizens Millage Committee

Area Code and Phone (734) 995-5934
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 W. Wade
2020 Wiltshire Ct
Ann Arbor, MI 48103**
Area Code and Phone (734) 769-2609

6. Treasurer's Business Address
Same

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
**Steven J Norton
1217 Olivia Ave
Ann Arbor, MI 48104**
Area Code and Phone (734) 995-5934

FILED
 WASHINGTON COUNTY, MI
 2009 DEC - 14 P 4: 46
 LAWRENCE ESTERBAUM
 COUNTY CLERK/REGISTRAR

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:

11/03/09

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:

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

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.**

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.

Current Treasurer or Designated Record Keeper **Steven J Norton**

Type or Print Name

Signature

Date 12/4/09



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

3. 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 & Address: Norton, Steven J 1217 Olivia Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation Consultant Employer Name & Address: Okno Group 1217 Olivia Ave Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN 5. DATE OF RECEIPT: <u>10/26/09</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: MITC Conference Center 1000 Oakbrook Dr Ann Arbor, MI 48104	\$ <u>800</u> \$ <u>1200</u> Description <u>meeting space rental</u>	
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____ Description _____	
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____ Description _____	

Page Subtotal

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

Enter this total on
line 6a of
Summary Page



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)
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3. Contribution # 1 Name & Address: Deb Polich 2585 Hollywood Ann Arbor, MI 48103	4. Date of Receipt <u>10/20/09</u>	\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>ArtrainUSA</u>		Click Here for Memo Itemization	
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 Name & Address: Iris Drycleaners, Inc. 2268 S. Main Ann Arbor, MI 48103	4. Date of Receipt <u>10/26/09</u>	\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
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 Name & Address: Mary Ellen Heisler 1324 Olivia Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/25/09</u>	\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>University of Michigan</u>		Click Here for Memo Itemization	
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 Name & Address: Momus, Inc. 211 South 4th Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/25/09</u>	\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" 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) _____

Enter this total
on line 3a of
Summary
Page

Thu, Dec 3, 2009 11:46 PM

Subject: MITC Conference Center Payment Acknowledgment

Date: Monday, October 26, 2009 9:38 AM

From: accounting@michitc.org

Reply-To: accounting@michitc.org

To: Steven J Norton <steve@a2cmc.org>

Conversation: MITC Conference Center Payment Acknowledgment

Below is an acknowledgement of your payment to MITC.

Transaction ID: 295

Company/Organization: Ann Arbor Citizens Millage Committee

Invoice #(s): MITC01472 MITC01473

Amount paid: \$800.00

Date: Mon, Oct 26, 2009

Billing information provided with payment: Name: Steven J Norton Address: 1217 Olivia Ave
City: Ann Arbor State: Michigan Zip: 48104 Country: USA Phone: 734-761-1478 Email:
steve@a2cmc.org

[My Account](#)[Send Money](#)[Request Money](#)[Merchant Services](#)[Products & Services](#)[Shopping](#)

Transaction Details

**OK to complete the transaction**


Payment Status: Completed

What should I do now?

- Contact the buyer to confirm the purchase
- Save all correspondence with the buyer

Following these guidelines can help protect you if a claim is filed for an unauthorized payment or items not received.

[Tips to sell securely](#)**Seller Protection:**Not Eligible**We have no shipping address on file.****Web Accept Payment Received (Unique Transaction ID #61513172A6115373D)****Name:** Deb Polich (The sender of this payment is **Unregistered**)**Email:** debpolich@artrainusa.org**Payment Sent to:** info@a2cmc.org**Total Amount:** \$200.00 USD**Fee amount:** -\$6.10 USD**Net amount:** \$193.90 USD**Item Amount:** \$200.00 USD**Shipping:** \$0.00 USD**Handling:** \$0.00 USD**Quantity:** 1**Item Title:** Online Contribution: Please help us all win in November!**Invoice ID:** 854912805f4dfa7e9f5240825b69fb2b**Date:** Oct 20, 2009**Time:** 19:01:01 EDT**Status:** Completed**Payment Type:** Instant**Shipping:**

[[Launch PayPal MultiOrder Shipping](#) | [Print Shipping Label](#) | [Print Packing Slip](#) | [Add Tracking Info](#) | [Remove Shipping Button/Link](#)] 

Description: Online Contribution: Please help us all win in November!