



**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FILED  
WASHTENAW COUNTY, MI

2010 FEB -1 P 12:45

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: 05/23/09 To 10/18/09

1. Committee I.D. Number **B-114418**

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  
An Arbor, MI 48104**

Area Code and Phone

Area Code and Phone (734) 995-5934

**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 01/31/10



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER  
SCHEDULE 4F  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B114418  
2. Committee Name Citizens Millage Committee

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>10/13/09</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>100</u>	5. Type of Fund Raising Activity  <u>reception</u>	6. Address and Name (If any) of the place where the activity was held <u>1010 Berkshire Road Ann Arbor, MI 48103</u>  <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions      \$ 2,950.00      *all previously reported*

8. Other Receipts            \$ 0.00

9. Gross Receipts  
(Add lines 7 and 8)        \$ 2,950.00

10. Total Cost of Event    \$ 8,000.00

\*Includes In-Kind Contributions and All Expenditures Made For the Event

11.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 fundraiser must file a Fund Raiser Schedule for the event.



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: <b>Randolph Friedman</b> <b>1010 Berkshire Rd</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Executive</b> Employer Name & Address: <b>Harvard Drug Group</b> <b>31778 Enterprise Dr</b> <b>Livonia, MI 48150</b> <input checked="" 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 Description <u>Reception/food</u> 5. DATE OF RECEIPT: <u>10/13/09</u> <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: <b>various</b>	\$ <u>8000</u> \$ <u>8000</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 Description _____ 5. DATE OF RECEIPT: _____ <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS:	\$ _____      \$ _____	
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 Description _____ 5. DATE OF RECEIPT: _____ <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS:	\$ _____      \$ _____	

Page Subtotal **\$8,000.00**  
 Grand Total of all Schedules 4-IK (Complete on last page of Schedule) **\$8,000.00**

Enter this total on line 6a of Summary Page