



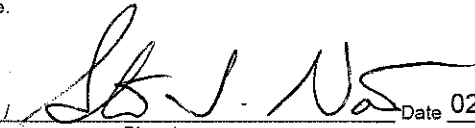
**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FILED  
WASHTENAW COUNTY, MI

2010 FEB - 1 P 12:46

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>11/24/09</u> To: <u>12/31/09</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 An 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 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 type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL                          <input type="checkbox"/> SPECIAL</p> <p>Date of Election: _____</p>		<p>8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT ( <u>2009</u> 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 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> Signature</p> <p>Date <u>02/01/10</u></p>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-114418

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>45.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>45.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>45.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ _____
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ _____
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>400.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>11.08</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>45.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>56.08</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>56.08</u>	*

\*If your ending balance is negative, please recheck your math.



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: <b>Mary Ellen Wible</b> 2146 Needham Rd Ann Arbor, MI 48104	4. Date of Receipt <u>12/03/09</u>	\$ <u>35</u>	\$ <u>35</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <b>Lisa Wells</b> 8873 Lakeway Ct Ypsilanti, MI 48197	4. Date of Receipt <u>12/05/09</u>	\$ <u>10</u>	\$ <u>10</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		Click Here for Memo Itemization	
3. Contribution # 3 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	
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 **\$45.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) **\$45.00**

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

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

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a.  Debts and obligations owed by or forgiven the committee **OR** b.  Debts and obligations owed to or forgiven by the committee.

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 (Description) 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:  MITC Conference Center 1000 Oakbrook Dr Ann Arbor, MI 48104	4. Type: <u>meeting space rental</u>  5. <u>Date Debt Was Incurred</u> <u>12/04/09</u>  6. <u>Original Amount of Debt</u> <u>\$ 400.00</u>	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$ <u>0.00</u>	\$ <u>400.00</u>  <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____							
Debt #2 Owed to or by:	4. Type: _____  5. <u>Date Debt Was Incurred</u> _____  6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$ _____	\$ _____  <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____							
Debt #3 Owed to or by:	4. Type: _____  5. <u>Date Debt Was Incurred</u> _____  6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$ _____	\$ _____  <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____							

Page Subtotal (Outstanding debt) **\$400.00**

Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.) **\$400.00**

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