




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.

1. Committee I.D. Number B-114418		3. This Statement covers From: <u>04/23/12</u> To <u>06/03/12</u>	
2. Committee Name Ann Arbor Citizens Millage Committee		4. Committee's Mailing Address PO Box 8131 Ann Arbor, MI 48107 Area Code and Phone <u>(734) 730-2216</u> <small>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.</small>	
5. Treasurer's Name and Residential Address Steven J Norton 1217 Olivia Ave Ann Arbor, MI 48104 Area Code and Phone <u>(734) 761-1478</u>		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone	
6. Treasurer's Business Address Same as above Area Code and Phone <u>(745) 995-5934</u>		8. TYPE OF STATEMENT: 8a. <input type="checkbox"/> PRE- ELECTION OR 8b. <input checked="" type="checkbox"/> POST- ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: <u>05/08/12</u>	
		8c. <input type="checkbox"/> ANNUAL STATEMENT (___ Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non-Qualification:	
		8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ <small>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.</small>	
<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. 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>			
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 <u>06/06/12</u>	

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 WASHINGTON COUNTY MI
 REGISTER



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-114418

2. Committee Name Ann Arbor Citizens Millage Committee

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>740.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(18.) \$ <u>13,280.00</u>
c. Subtotal of Contributions	(3c.) \$ <u>740.00</u>	(19.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(20.) \$ <u>13,280.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>740.00</u>	
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>150.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>150.00</u>	(21.) \$ <u>783.45</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>4,396.48</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>4,396.48</u>	(22.) \$ <u>13,050.15</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>4,396.48</u>	(24.) \$ <u>13,050.15</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,049.03</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>740.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>4,789.03</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>4,396.48</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>392.55</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 Ann Arbor 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: Erin Borges 475 Hollywood Dr Saline, MI 48176 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>20</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: David Coupland 804 Mt. Vernon Ann Arbor, MI 48104 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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Kevin Behmer 1465 Folkstone Ct Ann Arbor, MI 48104 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>20</u>	\$ <u>20</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Alesia Flye 2371 Pleasant View Dr Rochester Hills, MI 48306 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Ann Arbor Public Schools</u> Business Address <u>2555 S. State St, Ann Arbor, MI 48104</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

Page Subtotal **\$290.00**
 Grand Total of All Schedules 4A
 (Complete on last page of Schedule)

Enter this total
on line 3a 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 Ann Arbor Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

3. Contribution # 1
Name & Address:
Janice Lieberman
1504 Shadford Rd
Ann Arbor, MI 48104

4. Date of Receipt 04/25/12

6. Amount \$ 50 \$ 50

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Click Here for Memo Itemization

3. Contribution # 2
Name & Address:
Stephen B. Dobson
3350 Geddes
Ann Arbor, MI 48105

4. Date of Receipt 04/25/12

6. Amount \$ 250 \$ 250

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250

5. If over \$100.00 cumulative, please provide:
Occupation retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3
Name & Address:
Jennifer Tanau
1407 Ferdon Rd
Ann Arbor, MI 48104

4. Date of Receipt 05/03/12

6. Amount \$ 150 \$ 150

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 150

5. If over \$100.00 cumulative, please provide:
Occupation Teacher Employer Emerson School

Business Address 5425 Scio Church Rd, Ann Arbor, MI 48103

Type of Contribution: Direct Loan from a person Fund Raiser

Click Here for Memo Itemization

3. Contribution # 4
Name & Address:

4. Date of Receipt _____

6. Amount \$ _____ \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Click Here for Memo Itemization

Page Subtotal **\$450.00**
Grand Total of All Schedules 4A (Complete on last page of Schedule) **\$740.00**

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

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

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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:
Barton Malow
26500 American Drive
Southfield, MI 48034
If over \$100.00 cumulative, please provide:
Occupation _____
Employer Name & 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 printed materials \$ 150 \$ 650

5. DATE OF RECEIPT: 04/25/12 [Click Here for Memo Itemization](#)
6. VENDOR NAME & ADDRESS: _____

Fund Raiser

Contribution #2
Name & Address:

If over \$100.00 cumulative, please provide:
Occupation _____
Employer Name & 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 _____ \$ _____ \$ _____

5. DATE OF RECEIPT: _____ [Click Here for Memo Itemization](#)
6. VENDOR NAME & ADDRESS: _____

Fund Raiser

Contribution #3
Name & Address:

If over \$100.00 cumulative, please provide:
Occupation _____
Employer Name & 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 _____ \$ _____ \$ _____

5. DATE OF RECEIPT: _____ [Click Here for Memo Itemization](#)
6. VENDOR NAME & ADDRESS: _____

Fund Raiser

Page Subtotal **\$150.00**
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) **\$150.00**

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-114418

2. Committee Name Ann Arbor Citizens Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Glenn Nelson 1323 S Forest Ann Arbor, MI 48104	4. Purpose: <u>paper</u> 5. Ballot Proposal: AAPS Tech Bond County: <u>Washtenaw</u>	04/23/12 Date of Expenditure	\$ <u>93.51</u>	\$ <u>183.51</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: PFL.com 100 PFL Way Livingston, MT 59047	4. Purpose: <u>printing</u> 5. Ballot Proposal: AAPS Tech Bond County: <u>Washtenaw</u>	04/25/12 Date of Expenditure	\$ <u>404.98</u>	\$ <u>2086.81</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Unit Packaging 119 Enterprise Dr Ann Arbor, MI 48103	4. Purpose: <u>bulk postage</u> 5. Ballot Proposal: AAPS Tech Bond County: <u>Washtenaw</u>	05/03/12 Date of Expenditure	\$ <u>2652.87</u>	\$ <u>5855.87</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: West Liberty Information, LLC 3840 Michael Rd N Ann Arbor, MI 48103	4. Purpose: <u>mailing lists</u> 5. Ballot Proposal: AAPS Tech Bond County: <u>Washtenaw</u>	06/01/12 Date of Expenditure	\$ <u>724.83</u>	\$ <u>1503.87</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

\$3,876.19

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-114418

2. Committee Name Ann Arbor Citizens Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Unit Packaging 119 Enterprise Dr Ann Arbor, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>mailing services</u> 5. Ballot Proposal: <u>AAPS Tech Bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/01/12 Date of Expenditure	\$ <u>462.84</u>	\$ <u>6318.71</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: AAPS Food Service 601 W. Stadium Ann Arbor, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>election night food</u> 5. Ballot Proposal: <u>AAPS Tech Bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/01/12 Date of Expenditure	\$ <u>57.45</u>	\$ <u>57.45</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____	\$ _____ Click for Memo Itemization Type
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____	\$ _____ Click for Memo Itemization Type

Subtotal this page

\$520.29

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

\$4,396.48

Enter this total on Line 8a of the Summary Page