



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: 02/01/15 To 04/19/15

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

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

2. Committee Name
Ann Arbor Citizens Millage Committee

Area Code and Phone: _____
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
**Steven J. Norton
1217 Olivia Ave
Ann Arbor, MI 48104**
Area Code and Phone **(734) 730-2216**

6. Treasurer's Business Address
same
Area Code and Phone **(734) 995-5934**

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:
8a. PRE- ELECTION
OR
 POST- ELECTION
Pre-Election or Post-Election Statement relates to:
 PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____
Date of Election:
05/05/15

8b.
 FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT
8c. ANNUAL STATEMENT
(_____ Coverage Year)

8d:
 Post Petition Sample Filing under MCL 168.483a
(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)
8e. AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE REQUEST
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.
WASHINGTON STATE
FILED
2015 APR 20 11:17
CLERK OF SUPERIOR COURT
SPOKANE COUNTY, WA

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 | [Signature]
Type or Print Name Signature



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

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>10,601.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>10,601.00</u>	(18.) \$ <u>10,601.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>10,601.00</u>	(20.) \$ <u>10,601.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>1,604.10</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>1,604.10</u>	(21.) \$ <u>1,604.10</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>7,486.37</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>7,486.37</u>	(22.) \$ <u>7,486.37</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>7,486.37</u>	(24.) \$ <u>7,486.37</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>3,037.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>538.75</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>10,601.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>11,139.75</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>7,486.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,653.38</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: _____ <u>Glenn Nelson</u> <u>1323 Forest Ave</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>02/22/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>470</u>	\$ <u>470</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: _____ <u>Jack Panitch</u> <u>501 Burson Pl</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>02/22/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Varnum LLP</u> Business Address <u>39500 High Pointe Boulevard, Suite 350, Novi, MI 48375</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>Donna Lasinski</u> <u>4977 St Annes Ct</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/04/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>ThinkStretch</u> Business Address <u>215 E Washington Suite 200 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>500</u>	\$ <u>500</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: _____ <u>Helen Starman</u> <u>2201 Brockman Blvd</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>03/06/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Richner & Richner, LLC</u> Business Address <u>117 N 1st St #70, 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>500</u>	\$ <u>500</u> Click Here for Memo Itemization

Page Subtotal

\$1,670.00

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

Enter this total
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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: Martine Perreault 1000 Aberdeen Dr Ann Arbor, MI 48104			
4. Date of Receipt <u>03/09/15</u>		\$ <u>25</u>	\$ <u>25</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: Amy Pachera 960 Honey Creek Drive Ann Arbor, MI 48103			
4. Date of Receipt <u>03/10/15</u>		\$ <u>100</u>	\$ <u>100</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: Simone McDaniel 2510 Elmwood Ave. Ann Arbor, MI 48104			
4. Date of Receipt <u>03/16/15</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 # 4 Name & Address: Donnie Wilkerson 348 Larkspur St. Ann Arbor, MI 48105			
4. Date of Receipt <u>03/17/15</u>		\$ <u>50</u>	\$ <u>50</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	

Page Subtotal

\$210.00

Grand Total of All Schedules 4A
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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)
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3. Contribution # 1
Name & Address: Dr. Jeanice Swift
201 South First St
Ann Arbor, MI 48104

4. Date of Receipt 03/17/15

6. Amount \$ 300

7. Cumulative \$ 300

5. If over \$100.00 cumulative, please provide:
Occupation Superintendent Employer AAPS
Business Address 2555 S State St, Ann Arbor MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2
Name & Address: Christine Stead
2433 Blueberry Lane
Ann Arbor, MI 48103

4. Date of Receipt 03/18/15

6. Amount \$ 300

7. Cumulative \$ 300

5. If over \$100.00 cumulative, please provide:
Occupation Consulting Employer Blue Cottage Consulting
Business Address 122 N Main, Ann Arbor, 48104
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address: Sonya DeMonner
2 Dover Court
Ann Arbor, MI 48103

4. Date of Receipt 03/19/15

6. Amount \$ 50

7. Cumulative \$ 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 # 4
Name & Address: Lee Ann Dickinson-Kelley
3371 Breckland Court
Ann Arbor, MI 48108

4. Date of Receipt 03/19/15

6. Amount \$ 200

7. Cumulative \$ 200

5. If over \$100.00 cumulative, please provide:
Occupation administrator Employer AAPS
Business Address 2555 S State St, Ann Arbor MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

\$850.00

Grand Total of All Schedules 4A
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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: <u>Steven Norton</u> <u>1217 Olivia Ave</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>03/19/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>consultant</u> Employer <u>Okno Group</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Florence Norton</u> <u>1217 Olivia Ave</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>03/19/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>500</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>James Dries</u> <u>3840 Michael Rd. N</u> <u>ANN ARBOR, MI 48103</u> 4. Date of Receipt <u>03/22/15</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>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Margaret Howes</u> <u>4893 High Meadow Lane</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/23/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization

Page Subtotal

\$900.00

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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: <u>Lisa Hutnik</u> <u>496 Burswood Ct</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/23/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>William Brinkerhoff</u> <u>1011 Lincoln Ave</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>03/24/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Argus Farm Stop</u> Business Address <u>325 W Liberty St, 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>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Linh Song</u> <u>1290 Bardstown Trail</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>03/24/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>social worker</u> Employer <u>AAPS Educational Foundation</u> Business Address <u>2370 E. Stadium, Box 120, 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>1000</u>	\$ <u>1000</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Lauren Steele</u> <u>5115 N Dixboro Rd</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>03/26/15</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>74</u>	\$ <u>74</u> Click Here for Memo Itemization

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\$1,374.00

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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: <u>W. Scott Westerman Jr.</u> <u>1200 Earhart Rd</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>03/26/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>500</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Irene Patalan</u> <u>5175 W Liberty</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>03/27/15</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>30</u>	\$ <u>30</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Lisa Bell</u> <u>4922 Gullane Drive</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/28/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>Destaco</u> <u>691 N. Squirrel Road, Suite 250, Auburn Hills, MI 48326</u> Business Address _____ 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: <u>R. Griffith McDonald</u> <u>3906 Penberton Dr</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>03/30/15</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>100</u>	\$ <u>100</u> Click Here for Memo Itemization

Page Subtotal

\$780.00

Grand Total of All Schedules 4A
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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: <u>JoAnn Emmendorfer</u> <u>516 Gott St.</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/31/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Riyaz Kanji</u> <u>2335 Adare Rd</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>03/31/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Kanji & Katzen, PLLC</u> Business Address <u>303 Detroit Street 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>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Derrick Miller</u> <u>1525 Pauline Blvd</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/31/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Debbie Tirico</u> <u>2320 Tall Oaks Dr</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>03/31/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>community volunteer</u> Employer <u>self</u> Business Address <u>same</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

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\$500.00

Grand Total of All Schedules 4A
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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)
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3. Contribution # 1	4. Date of Receipt <u>03/31/15</u>		
Name & Address: Deb Mexicotte 2660 Yost Blvd Ann Arbor, MI 48104		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>program director</u> Employer <u>Univ of Michigan</u>			
Business Address <u>500 S. State St., Ann Arbor, MI 48109-1382</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 2	4. Date of Receipt <u>03/31/15</u>		
Name & Address: Eric Macks 2155 Ascot Rd. Ann Arbor, MI 48103		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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	4. Date of Receipt <u>04/01/15</u>		
Name & Address: Harvey Somers 2129 Autumn Hill Drive Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
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	4. Date of Receipt <u>04/01/15</u>		
Name & Address: David Comsa 6701 Chirco Court Shelby Township, MI 48316		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$325.00

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

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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: Norman Herbert 3681 Wagner Ridge Ct. Ann Arbor, MI 48103 4. Date of Receipt <u>04/01/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Steve Dobson 3350 Geddes Road Ann Arbor, MI 48105 4. Date of Receipt <u>04/03/15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Margaret Levenstein 300 Linda Vista Ave Ann Arbor, MI 48103 4. Date of Receipt <u>04/10/15</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>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Susan Baskett 3 Trowbridge Ct Ann Arbor, MI 48108 4. Date of Receipt <u>04/10/15</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>25</u>	\$ <u>25</u> Click Here for Memo Itemization

Page Subtotal

\$425.00

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

Enter this total
on line 3a of
Summary
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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: Dr. Richard Burney 4319 Miller Rd Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>04/10/15</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: Eli Nathans 1210 Clague St Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>04/10/15</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: Amy Dittmar 1004 Spruce Dr Ann Arbor, MI 48104		\$ <u>35</u>	\$ <u>35</u>
4. Date of Receipt <u>04/13/15</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 # 4 Name & Address: Jennifer Bacolor 1900 Ivywood Dr Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>04/14/15</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	

Page Subtotal

\$285.00

Grand Total of All Schedules 4A
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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: Max Cope 1775 Miller Ave Ann Arbor, MI 48103 4. Date of Receipt <u>04/14/15</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>45</u>	\$ <u>45</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Marios Demetriou 2157 Geneva Ln Norton Shores, MI 49441 4. Date of Receipt <u>04/14/15</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>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Margo Lowenstein 1121 Gott Street Ann Arbor, MI 48103 4. Date of Receipt <u>04/17/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Ann Farnham 3636 Eli Rd Ann Arbor, MI 48104 4. Date of Receipt <u>04/17/15</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>50</u>	\$ <u>50</u> Click Here for Memo Itemization

Page Subtotal

\$245.00

Grand Total of All Schedules 4A
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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)
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3. Contribution # 1	4. Date of Receipt <u>03/26/15</u>		
Name & Address: Jack Panitch 501 Burson Pl Ann Arbor, MI 48104		\$ <u>1500</u>	\$ <u>1700</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>attorney</u> Employer <u>Varnum LLP</u>			
Business Address <u>39500 High Pointe Boulevard, Suite 350, Novi, MI 48375</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 2	4. Date of Receipt <u>04/02/15</u>		
Name & Address: Donna Lasinski 4977 St Annes Ct Ann Arbor, MI 48103		\$ <u>1537</u>	\$ <u>2037</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>owner</u> Employer <u>ThinkStretch</u>			
Business Address <u>215 E Washington Suite 200 Ann Arbor MI 48103</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 3	4. Date of Receipt _____		
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 4	4. Date of Receipt _____		
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$3,037.00

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

\$10,601.00

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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 Ann Arbor 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: Andrew Thomas 1425 West Stadium Blvd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: retired <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 Description <u>fliers</u> 5. DATE OF RECEIPT: <u>02/26/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: FedEx Office 2800 S State St Ann Arbor, MI 48104	\$ <u>99.88</u>	\$ <u>99.88</u>
Contribution #2 Name & Address: Andrew Thomas 1425 West Stadium Blvd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: retired <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 Description <u>fliers</u> 5. DATE OF RECEIPT: <u>03/24/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: FedEx Office 2800 S State St Ann Arbor, MI 48104	\$ <u>99.88</u>	\$ <u>199.76</u>
Contribution #3 Name & Address: Andrew Thomas 1425 West Stadium Blvd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: retired <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 Description <u>fliers</u> 5. DATE OF RECEIPT: <u>04/11/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: FedEx Office 2800 S State St Ann Arbor, MI 48104	\$ <u>98.30</u>	\$ <u>298.06</u>

Page Subtotal **\$298.06**

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

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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 Ann Arbor 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: Glenn Nelson 1323 Forest Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: retired <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 Description <u>printing</u> 5. DATE OF RECEIPT: <u>03/31/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Greko Printing & Imaging 260 Ann Arbor Rd Plymouth, MI 48170	\$ <u>36.40</u>	\$ <u>36.40</u>
Contribution #2 Name & Address: Glenn Nelson 1323 Forest Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: retired <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 Description <u>rental van</u> 5. DATE OF RECEIPT: <u>04/08/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: U-Haul of Ann Arbor 3655 S State St Ann Arbor, MI 48108	\$ <u>105.30</u>	\$ <u>141.70</u>
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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal **\$141.70**
 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 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 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: Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation social worker Employer Name & Address: AAPS Educational Foundation 2370 E Stadium, Box 120 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 Description <u>graphic design work</u> 5. DATE OF RECEIPT: <u>03/25/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Chin Azzaro 2014 Medford Rd. #138 Ann Arbor, MI 48104	\$ <u>975</u>	\$ <u>1975</u>
Contribution #2 Name & Address: Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation social worker Employer Name & Address: AAPS Educational Foundation 2370 E Stadium, Box 120 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 Description <u>Facebook advertising</u> 5. DATE OF RECEIPT: <u>04/19/15</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Facebook 1 Hacker Way Menlo Park, CA 94025	\$ <u>189.34</u>	\$ <u>2164.34</u>
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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal

\$1,164.34

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

\$1,604.10

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: Greko Printing & Imaging 260 Ann Arbor Rd Plymouth, MI 48170 <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>postcard printing & mailing</u> 5. Ballot Proposal: <u>2015 AAPS bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/26/15</u> Date of Expenditure	\$ <u>5000</u>	\$ <u>5000</u>
Expenditure # 2 Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216 <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>yard sign printing</u> 5. Ballot Proposal: <u>2015 AAPS bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/02/15</u> Date of Expenditure	\$ <u>1537</u>	\$ <u>6537</u>
Expenditure # 3 Name & Address: West Liberty Information LLC 3840 Michael Rd. N 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 lists</u> 5. Ballot Proposal: <u>2015 AAPS bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/10/15</u> Date of Expenditure	\$ <u>803.82</u>	\$ <u>7340.82</u>
Expenditure # 4 Name & Address: Paypal 2211 North First Street San Jose, California 95131 <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>payment fees</u> 5. Ballot Proposal: <u>2015 AAPS bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/19/15</u> Date of Expenditure	\$ <u>145.55</u>	\$ <u>7486.37</u>

Subtotal this page **\$7,486.37**

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

\$7,486.37

Enter this total on Line 8a of the 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 Ann Arbor 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: Jack Panitch 501 Burson Pl Ann Arbor, MI 48104	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>03/26/15</u> 6. <u>Original Amount of Debt</u> <u>\$ 1,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>1,500.00</u>

FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Owed to or by: Donna Lasinski 4977 St Annes Ct Ann Arbor, MI 48103	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>04/02/15</u> 6. <u>Original Amount of Debt</u> <u>\$ 1,537.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>1,537.00</u>
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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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
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FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) **\$3,037.00**
Grand Total of all Schedules 4E **\$3,037.00**
(Complete on last page of Schedule showing amounts owed by or to the committee.)

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