



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**BALLOT QUESTION COMMITTEE
COVER PAGE**

2017 APR 24 P 3:48

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: 01/01/17 To 04/16/17

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

2. Committee Name
Ann Arbor Citizens Millage Committee

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

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

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:
05/02/17

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)

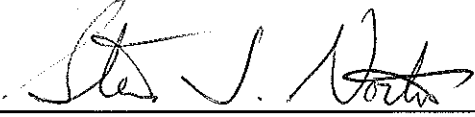
8f. DISSOLUTION OF COMMITTEE REQUEST

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.

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



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>4,724.50</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>4,724.50</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>4,724.50</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
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>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>4,189.73</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>4,189.73</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>4,189.73</u>	(24.) \$ _____
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.) \$ _____
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>286.48</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>4,724.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>5,010.98</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>4,189.73</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>821.25</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)
<p>3. Contribution # 1 Name & Address: _____ <u>Norton, Steven</u> <u>1217 Olivia Ave</u> <u>Ann Arbor MI 48104</u></p> <p>4. Date of Receipt <u>02/08/17</u></p> <p>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</p>	<p>\$ <u>35</u></p>	<p>\$ <u>35</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: _____ <u>Stead, Christine</u> <u>2433 BLUEBERRY LN</u> <u>ANN ARBOR MI 48103</u></p> <p>4. Date of Receipt <u>02/09/17</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>consultant</u> Employer <u>Headlamp Advisors</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</p>	<p>\$ <u>200</u></p>	<p>\$ <u>200</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: _____ <u>Dewar, Margaret</u> <u>1323 S. Forest Ave.</u> <u>Ann Arbor MI 48104</u></p> <p>4. Date of Receipt <u>02/09/17</u></p> <p>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</p>	<p>\$ <u>200</u></p>	<p>\$ <u>200</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: _____ <u>Margolis, Liz</u> <u>1389 King George</u> <u>Ann Arbor MI 48104</u></p> <p>4. Date of Receipt <u>03/05/17</u></p> <p>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</p>	<p>\$ <u>50</u></p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>

Page Subtotal

\$485.00

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
---	-----------	---

<p>3. Contribution # 1 Name & Address: Panitch, Jack 501 Burson Pl Ann Arbor MI 48104</p>	<p>4. Date of Receipt <u>03/07/17</u></p> <p>\$ <u>200</u></p>	<p>\$ <u>200</u></p> <p>Click Here for Memo Itemization</p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Varnum LLP</u></p> <p>Business Address <u>39500 High Pointe Boulevard, Suite 350, Novi, MI 48375</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		

<p>3. Contribution # 2 Name & Address: Swift, Jeanice 201 S 1st Street #601 Ann Arbor MI 48104</p>	<p>4. Date of Receipt <u>03/19/17</u></p> <p>\$ <u>500</u></p>	<p>\$ <u>500</u></p> <p>Click Here for Memo Itemization</p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Educator</u> Employer <u>Ann Arbor Public Schools</u></p> <p>Business Address <u>2555 S. State Street Ann Arbor, MI 48104</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		

<p>3. Contribution # 3 Name & Address: Wiley, Nancy 1200 Bydding Rd. Ann Arbor MI 48103</p>	<p>4. Date of Receipt <u>03/20/17</u></p> <p>\$ <u>50</u></p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		

<p>3. Contribution # 4 Name & Address: Panitch, Jack 501 Burson Pl Ann Arbor MI 48104</p>	<p>4. Date of Receipt <u>03/27/17</u></p> <p>\$ <u>1500</u></p>	<p>\$ <u>1700</u></p> <p>Click Here for Memo Itemization</p>
<p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Varnum LLP</u></p> <p>Business Address <u>39500 High Pointe Boulevard, Suite 350, Novi, MI 48375</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		

Page Subtotal **\$2,250.00**

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: _____ <u>Mexicotte, Deb</u> <u>2660 Yost Blvd</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>03/27/17</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 # 2 Name & Address: _____ <u>Thomas, Andrew</u> <u>1425 West Stadium Blvd</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/27/17</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: _____ <u>ALDRICH, SANDY</u> <u>1454 MACGREGOR LANE</u> <u>ANN ARBOR MI 48105</u> 4. Date of Receipt <u>03/27/17</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>Unsworth, Amy</u> <u>2694 Wayside Drive</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/27/17</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

\$300.00

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Brown, Stephen C</u> <u>1507 Shadford Road</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>03/27/17</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>Lasinski, Donna</u> <u>4977 St Annes Ct</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/27/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Legislator</u> Employer <u>State of Michigan</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: <u>Tirico, Debbie</u> <u>2320 Tall Oaks dr</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/27/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>community volunteer</u> Employer <u>self-employed</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 # 4 Name & Address: <u>Steele, Lauren</u> <u>5115 N Dixboro Rd</u> <u>Ann Arbor MI 48105</u> 4. Date of Receipt <u>03/27/17</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>70</u>	\$ <u>70</u> Click Here for Memo Itemization

Page Subtotal

\$620.00

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: _____ <u>Patalan, Irene</u> <u>5175 West Liberty</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>03/27/17</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>Stead, Christine</u> <u>2433 BLUEBERRY LN</u> <u>ANN ARBOR MI 48103</u> 4. Date of Receipt <u>03/28/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Headlamp Advisors</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>100</u>	\$ <u>300</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: _____ <u>Carpenter Elementary PTO</u> <u>c/o Beattie, Amber - Treasurer</u> <u>2547 Hawks</u> <u>Ann Arbor MI 48108</u> 4. Date of Receipt <u>03/29/17</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>109.50</u>	\$ <u>109.50</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: _____ <u>Dickinson-Kelley, Lee Ann</u> <u>3371 Breckland Court</u> <u>Ann Arbor MI 48108</u> 4. Date of Receipt <u>03/29/17</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

\$359.50

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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Wells, Amy</u> <u>1841 Cambridge Rd</u> <u>Ann Arbor MI 48104</u>		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>03/30/17</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: <u>Starman, Helen</u> <u>2201 Brockman Blvd</u> <u>Ann Arbor MI 48104</u>		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>03/31/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Richner & Richner</u> Business Address <u>Ann Arbor</u> 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: <u>Linden, Dawn</u> <u>11842 Deer Creek Run</u> <u>Plymouth MI 48170</u>		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>04/03/17</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: <u>Nelson, Glenn</u> <u>1323 S. Forest Ave.</u> <u>Ann Arbor MI 48104</u>		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>04/06/17</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		Click Here for Memo Itemization	

Page Subtotal **\$550.00**

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Minnick, Jill 3931 Pepperidge Trail Brighton MI 48114 4. Date of Receipt <u>04/11/17</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 # 2 Name & Address: Roberts, Julie 408 Berkley Ave Ann Arbor MI 48103 4. Date of Receipt <u>04/11/17</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
3. Contribution # 3 Name & Address: Bacolor, Jennifer 1900 Ivywood Drive Ann Arbor MI 48103 4. Date of Receipt <u>04/11/17</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>35</u>	\$ <u>35</u> 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

\$160.00

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

\$4,724.50

Enter this total
on line 3a 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: Dollar Bill Copying 611 Church St Ann Arbor, MI 48104 <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>flier printing</u> 5. Ballot Proposal: <u>AAPS Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/10/17</u> Date of Expenditure	\$ <u>99.45</u>	\$
Expenditure # 2 Name & Address: Dollar Bill Copying 611 Church St Ann Arbor, MI 48104 <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>flier printing</u> 5. Ballot Proposal: <u>AAPS Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/17/17</u> Date of Expenditure	\$ <u>105.97</u>	\$ <u>205.42</u>
Expenditure # 3 Name & Address: City Printing Co. 411 W Cross St Ypsilanti, MI 48197 <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</u> 5. Ballot Proposal: <u>AAPS Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/24/17</u> Date of Expenditure	\$ <u>1330.30</u>	\$ <u>1535.72</u>
Expenditure # 4 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>postage & mailing</u> 5. Ballot Proposal: <u>AAPS Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/24/17</u> Date of Expenditure	\$ <u>926.55</u>	\$ <u>2462.27</u>

Subtotal this page

\$2,462.27

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
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: Sawicki & Son, Inc. 1521 W Lafayette Blvd 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>AAPS Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/06/17 Date of Expenditure	\$ <u>1605.90</u>	\$ <u>4068.17</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: Dollar Bill Copying 611 Church St Ann Arbor, MI 48104 <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>flier printing</u> 5. Ballot Proposal: <u>AAPS Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/07/17 Date of Expenditure	\$ <u>121.56</u>	\$ <u>4189.73</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 **\$1,727.46**
 Grand Total of Schedules 4B (Complete on last page of Schedule) **\$4,189.73**

Enter this total on Line 8a of the Summary Page