## 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: 10/18/09 To 11/23/09	
1. Committee I.D. Number B-2009-006		4. Committee's Mailing Address 18328 Lehman Rd. Manchester MI 48158	
2. Committee Name			
Coalition for Taxpayer Relief		Area Code and Phone (734) 904-5604  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 filling official.	
5. Treasurer's Name and Residential Address  Seth Bechtel  18328 Lehman Rd  Manchester MI, 48158  Area Code and Phone			
6. Treasurer's Business Address 18328 Lehman Rd. Manchester MI 48158  Area Code and Phone		(If the committee has a Desig	W COUNT 3 P 3 CESTENB
Alea Code and Phote	Area	Code and Phone	05 . <
8. TYPE OF STATEMENT:	8c.	ANNUAL STATEMENT	8e. DAMENDMENT TO CAMPAIGN STATEMENT
8a. PRE-ELECTION		(Coverage Year)	(Complete Item 8a, 8b, 8c 8d, or 8f to
OR	8d.	QUALIFICATION	indicate which Statement is being amended)
86. POST- ELECTION	00.	OR	8F. DISSOLUTION OF COMMITTEE
Pre-Election or Post-Election Statement relates to:  PRIMARY GENERAL SCHOOL SPECIAL	STAT State	ION-QUALIFICATION 'EMENT (Required of -wide Ballot Question nittees Only)	Effective Date of Dissolution 12/03/09
Date of Election: 11/03/09	Dat	e of Qualification or Non- Qualification:	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 filling 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 Seth Bechtel  Type or Print Name Signature  Date 12/03/09			

## SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2009-006

2. Committee Name Coalition for Taxpayer Relief RECEIPTS Column I Column II This Period Cumulative for Election Cycle 3. Contributions (3a.) <u>\$</u>0.00 a. Itemized Contributions(Schedule 4A, Column 6) b. Unitemized Contributions (less than \$20.01 - no Schedule) (3b.) \$ NOT APPLICABLE (3c.) \$ 0.00 (18.) \$ 0.00 c. Subtotal of Contributions (4.) \$\_0.00 (19.) \$ \_0.00 4. Other Receipts (Schedule 4A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ 0.00 (20.) \$ \_0.00 (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized In-Kind Contributions (6a.) \$ 0.00 (Schedule 4-IK, Column 7) b. Unitemized (less than \$20.01 each - no Schedule) (6b.) \$ NOT APPLICABLE 7. TOTAL IN-KIND CONTRIBUTIONS (7.) \$ 0.00 (21.) \$ \_0.00 (Add Line 6a + Line 6b) **EXPENDITURES** 8. Expenditures (8a.) \$\_0.00 a. Itemized Direct Expenditures (Schedule 4B, Column 7) (8b.) \$\_0.00 b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services (8c.) \$ 0.00 (Schedule 4B-2, Column 7) 0.00 \$ (.b8) d. Unitemized Expenditures (\$50.00 or less-no Schedule) (8e.) \$\_0.00 0.00 e. Subtotal of Expenditures 0.00 \$ 0.00 9. Independent Expenditures (Schedule 4B-1, Column 7) (10.) \$ 0.00 0.00 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or (11.) \$<u>0</u>.00 (25.) \$\_0.00 Loans of Goods or Services (Schedule 4B-2, Column 8) **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.)\$ 0.00 a. Owed by the Committee (Schedule 4E) (12b.) \$ 0.00 b. Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** 13. Ending Balance of last report filed (13.) \$ 0.00(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Column 1, Total Contributions & Other Receipts) (14.) + 0.00(15.) = 0.0015. SUBTOTAL Add lines 13 and 14

(16.) - 0.00

(17.) \$ <u>0.00</u>

 Amount expended during reporting period (Line 10, Column I, Total Expenditures)

(Subtract line 16 from line 15)

17. ENDING BALANCE

<sup>\*</sup>If your ending balance is negative, please recheck your math.