



**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: 01/25/12 To 04/22/12

1. Committee I.D. Number **B-2012-01**

4. Committee's Mailing Address **524 MARION ST
YPSILANTI, MI 48197**

2. Committee Name
SAVE YPSILANTI YES

Area Code and Phone (734) 481-1661
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
**FRED DAVIS
524 MARION ST
YPSILANTI, MI 48197**

Area Code and Phone (734) 481-1661

6. Treasurer's Business Address
**524 MARION ST
YPSILANTI, MI 48197**

Area Code and Phone (734) 481-1661

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

N/A

Area Code and Phone

8. TYPE OF STATEMENT:

8a. PRE-ELECTION

OR

8b. POST-ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY

GENERAL

SCHOOL

SPECIAL

Date of Election:

05/08/12

8c. ANNUAL STATEMENT
(____ Coverage Year)

8d. QUALIFICATION
OR

NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

8e. AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE

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 **FRED DAVIS**

Type or Print Name

Signature

Date 05/07/12



ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ERIKA NELSON 528 FAIRVIEW CIR 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>CELL PHONE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/14/12 Date of Expenditure	\$ <u>58.29</u>	\$ <u>58.29</u>
Expenditure # 2 Name & Address: U S POSTMASTER ADAMS 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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/23/12 Date of Expenditure	\$ <u>195.00</u>	\$ <u>253.29</u>
Expenditure # 3 Name & Address: RICK LEYSHOCK 1008 CONGRESS 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>REIMBURSE FLIERS</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/27/12 Date of Expenditure	\$ <u>49.23</u>	\$ <u>387.52</u>
Expenditure # 4 Name & Address: CAROL LEYSHOCK 1008 CONGRESS 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>REIMBURSE BROCHURES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/27/12 Date of Expenditure	\$ <u>58.30</u>	\$ <u>630.32</u>

Subtotal this page

360.82

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

Enter this total
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the Summary
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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: JENNIFER BEYER <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>POSTER</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/27/12</u> Date of Expenditure	<u>\$ 99.98</u> Amount	<u>\$ 730.30</u> Cumulative
Expenditure # 2 Name & Address: CITY PRINTING CO 411 W CROSS ST YPSILANTI, MI 48198 <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>FLIERS AND ENVELOPES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/28/12</u> Date of Expenditure	<u>\$ 813.02</u> Amount	<u>\$ 1543.32</u> Cumulative
Expenditure # 3 Name & Address: BETH BASHERT 909 GRANT 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>REIMBURSE WEBSITE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/29/12</u> Date of Expenditure	<u>\$ 82.14</u> Amount	<u>\$ 1625.46</u> Cumulative
Expenditure # 4 Name & Address: CAROL LEYSHOCK 1008 CONGRESS 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>REIMBURSE POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/07/12</u> Date of Expenditure	<u>\$ 180.00</u> Amount	<u>\$ 1805.46</u> Cumulative

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1175.14

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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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
<p>Expenditure # 1 Name & Address: STANDARD PRINTING CO 120 E CROSS ST YPSILANTI, MI 48198</p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>PRINTING FLIERS</u></p> <p>5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u></p> <p>County: <u>WASHTENAW</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>	<p>03/10/12</p> <p>Date of Expenditure</p>	<p>\$ <u>99.06</u></p>	<p><u>\$1904.52</u></p>
<p>Expenditure # 2 Name & Address: U S POSTMASTER ADAMS ST YPSILANTI, MI 48197</p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>POSTAGE</u></p> <p>5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u></p> <p>County: <u>WASHTENAW</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>	<p>03/20/12</p> <p>Date of Expenditure</p>	<p>\$ <u>576.00</u></p>	<p><u>\$2480.52</u></p>
<p>Expenditure # 3 Name & Address: TCF BANK PACKARD RD YPSILANTI, MI 48197</p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>BANK SERVICE FEES</u></p> <p>5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u></p> <p>County: <u>WASHTENAW</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>	<p>03/20/12</p> <p>Date of Expenditure</p>	<p>\$ <u>19.90</u></p>	<p><u>\$2500.42</u></p>
<p>Expenditure # 4 Name & Address: ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197</p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>REIMB POSTCARDS</u></p> <p>5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u></p> <p>County: <u>WASHTENAW</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>	<p>03/21/12</p> <p>Date of Expenditure</p>	<p>\$ <u>369.94</u></p>	<p><u>\$2870.36</u></p>

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1064.90

Grand Total of Schedules 4B
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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ERIKA NELSON 528 FAIRVIEW CIR 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>SUPPLIES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/27/12</u> Date of Expenditure	<u>\$ 46.63</u>	<u>\$ 3177.49</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: BETH BASHERT 909 909 GRANT 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>SUPPLIES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/04/12</u> Date of Expenditure	<u>\$ 40.02</u>	<u>\$ 3187.51</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: U S POSTMASTER ADAMS 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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/05/12</u> Date of Expenditure	<u>\$ 18.00</u>	<u>\$ 3205.51</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: LADIES LITERARY CLUB 218 N WASHINGTON 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>HALL RENTAL</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/10/12</u> Date of Expenditure	<u>\$ 85.00</u>	<u>\$ 3290.51</u> Click for Memo Itemization Type

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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ERIKA NELSON 528 FAIRVIEW CIR 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>SUPPLIES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/11/12 Date of Expenditure	\$ <u>58.30</u>	\$ <u>3378.81</u>
Expenditure # 2 Name & Address: CAROL LEYSHOCK 1008 CONGRESS 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>REIMB POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/15/12 Date of Expenditure	\$ <u>625.00</u>	\$ <u>3973.81</u>
Expenditure # 3 Name & Address: ERIKA NELSON 528 FAIRVIEW CIR 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>REIMB POSTAGE, YARD SIGNS</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/18/12 Date of Expenditure	\$ <u>1663.99</u>	\$ <u>5637.80</u>
Expenditure # 4 Name & Address: U S POSTMASTER ADAMS 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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/18/12 Date of Expenditure	\$ <u>589.00</u>	\$ <u>6226.80</u>

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2936.29

Grand Total of Schedules 4B
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2012-01
2. Committee Name SAVE YPSILANTI YES

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: WE PAY.COM ONLINE	4. Purpose: ON LINE FEES 5. Ballot Proposal: INCOME TAX/MILLAGE County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/07/12 Date of Expenditure	\$ 10.20	\$ <u>6237.00</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: 	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 # 3 Name & Address: 	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: 	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

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Grand Total of Schedules 4B
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