BALLOT QUESTION COMMITTEE COVER PAGE

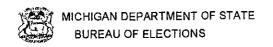
FOR OFFICIAL USE ONLY

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 Add	ress 524 MARION ST YPSILANTI, MI 48197		
2. Committee Name				
SAVE YPSILANTI YES	Area Code and Phone (734) If the address in this box is the Statement of Organization	4) 481-1661 different from the committee mailing address on on, mail may be sent to this address by the filing		
5. Treasurer's Name and Residential Address FRED DAVIS 524 MARION SYPSILANTI, M	-			
Area Code and Phone (734) 481-1661	7 8-1-6-28			
6. Treasurer's Business Address 524 MARION ST	7. Designated Record Keeper's (If the committee has a Designated Record Keeper's	s Name and Mailing Address gnated Record Keeper)		
YPSILANTI, MI 48197	N/A			
		er e		
Area Code and Phone (734) 481-1661	Area Code and Phone			
8. TYPE OF STATEMENT:	8c. ANNUAL STATEMENT	89. VAMENDMENT TO CAMPAIGN		
8a. PRE- ELECTION	(Coverage Year)	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)		
OR	8d. QUALIFICATION	indicate which Statement is being amended)		
8b. POST- ELECTION	OR	8f. DISSOLUTION OF COMMITTEE		
Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL SCHOOL SPECIAL	NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)	Effective Date of Dissolution		
Date of Election: 05/08/12	Date of Qualification or Non- Qualification:	By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. <u>Note</u> : 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 re Schedules. Direct contributions, in-kind contributions, loans, exper				
If any of the information listed in items 4, 5, 6, or 7 has changed sin amendment to the Statement of Organization should accompany th or before the filing deadline of a required campaign statement,	ice the information was shown on the is Campaign Statement. If a reque that campaign statement can no the campaign statement can no the campaign statement can no the campaign statement can no the campaign statement can be the campaign statement of the campaign statement	ne committee's Statement of Organization, an est for a Reporting Waiver is not received on the waived.		
Verification: I certify that all reasonable diligence was used in the my knowledge and belief the contents are true, accurate and contents are true.		attached schedules (if any) and to the best of		
Current Treasurer or Designated Record Keeper FRED DAVIS Type or Print Name	Signatura	Date 05/07/12		
Type of this range	Olginator			

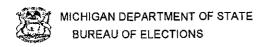
1. Committee I. D. Number_B-2012-01

	BALLOT QUESTION COMMITTEE 2.	Committee Name SAVE	YPSILANTI YES			
	3. Name and address of person to whom paid	State purpose of ex Identify the ballot pre- Indicate whether support	oposal involved.	6. Date	7. Amount	8. Cumulative for election
	Expenditure # 1 Name & Address:	4. Purpose:		<u>- </u>	<u></u>	
	ERIKA NELSON	CELL PHON	<u>E</u> .			
	528 FAIRVIEW CIR	5. Bailot Proposal:	· · · · · · · · · · · · · · · · · · ·	02/14/12	_s 58.29	, 58,2
	YPSILANTI, MI 48197	INCOME TAX	MILLAGE	Date of Expenditure		<u>*/</u>
	Check box if expenditure is payment of debt or obligation		AW	Click fo	or Memo Itemizatio	п Туре
	reported on previous statement Fund Raiser	Support Statewide	Oppose			
	Expenditure # 2	4. Purpose:	Local			
	Name & Address: U S POSTMASTER	POSTAGE				
	ADAMS ST	5. Ballet Proposal:		00/00/40	405.00	_
	YPSILANTI, MI 48197	INCOME TAX/	MILLAGE	02/23/12	_{\$} 195.00	s253, 29
		County: WASHTEN	ΔΛΛ	Date of Expenditure		
	Check box if expenditure is payment of debt or obligation			Click for	Memo Itemization	Туре
	reported on previous statement Fund Raiser	Support	Oppose			
<u></u>	Expenditure # 3	Statewide	✓ Local			
	Name & Address:	4. Purpose: REIMBURSE F	LIEDO			
	RICK LEYSHOCK					<i>-</i>
	1008 CONGRESS ST YPSILANTI, MI 48197	5. Ballot Proposal:		02/27/12 \$ 49.23 Date of Expenditure		, 387.52
		INCOME TAX/	MILLAGE			Ψ
	· · · · · · · · · · · · · · · · · · ·	County: WASHTEN	<u>AW</u>	Click for Memo Itemization Type		
	Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support	Oppose			
	Fund Raiser Expenditure # 4	Statewide	Local			İ
	Name & Address:	4. Purpose:		Ÿ		······································
	CAROL LEYSHOCK	REIMBURSE BROCHURES				
	1008 CONGRESS ST YPSILANTI, MI 48197	5. Ballot Proposal:		02/27/12 \$58.30		\$630.32
		INCOME TAX/	MILLAGE	Date of Expenditure		
	Check box if expenditure is payment of debt or obligation	County: WASHTENA	<u>w</u>	Click for	Memo Itemization	Туре
	reported on previous statement	Support	Oppose			
	Fund Raiser	Statewide	✓ Local			
			Subto	tal this page	360.82	
		/Caw	Grand Total of So	chedules 4B		
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	Page of 6			O	nter this total n Line 8a of	
·- F	rage / of <u>W</u>			ti C	ne Summary	

the Summary Page



\	BALLOT QUESTION COMMITTEE 2. Co	ommittee Name SAVE YPSILANTI YES				
	3. Name and address of person to whom paid	State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election	
	Expenditure # 1	4. Purpose:				
	Name & Address:	POSTER				
	JENNIFER BEYER		02/27/12	_s 99.98	\$ 730.30	
		5. Ballot Proposal: INCOME TAX/MILLAGE	Date of	. J	. •	
		INCOME TAXMILLAGE	Expenditure			
		County: WASHTENAW	Click fo	or Memo Itemization	Туре	
	Check box if expenditure is payment of debt or obligation reported on previous statement	Support Oppose				
	Fund Raiser	Statewide Local				
	Expenditure # 2	4. Purpose:		·····		
	Name & Address:	FLIERS AND ENVELOPES				
	CITY PRINTING CO	5. Ballot Proposal:	02/28/12	813.02	271227	
	411 W CROSS ST	INCOME TAX/MILLAGE		_{\$} 813.02	s/543 32	
	YPSILANTI, MI 48198		Date of Expenditure			
		County: WASHTENAW	00.1.5		.	
	Check box if expenditure is payment of debt or obligation	✓ Support Oppos		r Memo Itemization	1ype	
	reported on previous statement	Statewide Local	_			
(Fund Raiser Expenditure # 3	4. Purpose:				
	Name & Address:	REIMBURSE WEBSITE				
	BETH BASHERT	S. Dellas December	02/20/12	¸82.14	. 1625.46	
	909 GRANT ST	5. Ballot Proposal:	Date of	\$ 02.17	\$	
	YPSILANTI, MI 48197	INCOME TAX/MILLAGE	- Expenditure			
		County: WASHTENAW	Click fo	Click for Memo Itemization Type		
	Check box if expenditure is payment of debt or obligation	✓ Support Oppos	se.		•	
	reported on previous statement	·				
	Fund Raiser	Statewide Local				
	Expenditure # 4 Name & Address:	4. Purpose: REIMBURSE POSTAGE				
	CAROL LEYSHOCK		03/07/12	_s 180.00	\$ 1805.46	
	1008 CONGRESS ST	5. Ballot Proposal:	Date of	. \$	- 4	
	YPSILANTI, MI 48197	INCOME TAX/MILLAGE	Expenditure			
		County: WASHTENAW	Click fo	or Memo Itemization	Туре	
	Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support Oppos	e			
	Fund Raiser	Statewide Local				
	Tana Nation	Su	ibtotal this page	1175.14	/	
		Grand Total	of Schedules 4B		4	
		(Complete on last pa				
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(Page 2 of 6			the Summary		
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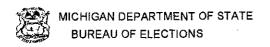


1. Committee 1. D. Number B-2012-01

SCHEDULE 4B	Onanities 1. B. Humps			
BALLOT QUESTION COMMITTEE 2. C.	ommittee 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:	4. Purpose:			
STANDARD PRINTING CO	PRINTING FLIERS	03/10/12	00.06	
120 E CROSS ST	5. Ballot Proposal:	Date of	_{\$} 99.06	\$1904.5
YPSILANTI, MI 48198	INCOME TAX/MILLAGE	Expenditure		
Check box if expenditure is payment of debt or obligation	County: WASHTENAW	Click fo	or Memo Itemization	Туре
reported on previous statement	V Support □Oppose			
Fund Raiser	Statewide Local			
Expenditure # 2 Name & Address:	4. Purpose: POSTAGE			
U S POSTMASTER				
ADAMS ST YPSILANTI, MI 48197	5. Ballot Proposal: INCOME TAX/MILLAGE	03/20/12	_{\$} 576.00	\$2480.50
TESILANTI, MI 40187		Date of Expenditure		
	County: WASHTENAW	Click for	Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support	Ollok Tol	Williams Hollingunsi	. , , , ,
Fund Raiser	Statewide			
Expenditure # 3 Name & Address:	4. Purpose: BANK SERVICE FEES			
TCF BANK	5. Ballot Proposal:	03/20/12	ູ 19.90	, 2500.42
PACKARD RD YPSILANTI, MI 48197	INCOME TAX/MILLAGE	Date of	\$	\$
1 FSILANTI, WII 40191		Expenditure		
	County: WASHTENAW	Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support Oppose			
Fund Raiser	Statewide Local			
Expenditure # 4 Name & Address:	4. Purpose:			
ERIKA NELSON	REIMB POSTCARDS	03/21/12	360 04	m (*== == z
528 FAIRVIEW CIR	5. Ballot Proposal:		_{\$} 369.94	\$ 2870.36
YPSILANTI, MI 48197	INCOME TAX/MILLAGE	Date of Expenditure		
	County: WASHTENAW	Click for Memo Itemization Type		
Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support Oppose			
Fund Raiser	Statewide			
	Sub	total this page	1064.90	
	Grand Total of (Complete on last pag			
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Enter this total on Line 8a of the Summary Page

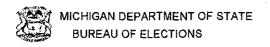


1 Committee L.D. Number B-2012-01

SCHEDULE 4B	ommittee I. D. Number				
BALLOT QUESTION COMMITTEE 2. C	ommittee Name SAVE YPSI	LANTI YES			
3. Name and address of person to whom paid	State purpose of expend identify the ballot propose indicate whether supported	al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:				
Name & Address:	SUPPLIES				
ERIKA NELSON			03/27/12	, 46.63	211740
528 FAIRVIEW CIR	5. Ballot Proposal:		Date of	\$ 70.03	\$ 3147.49
YPSILANTI, MI 48197	INCOME TAX/MI	LLAGE	Expenditure		
Check box if expenditure is payment of debt or obligation	County: WASHTENAW		Click fo	r Memo Itemization	Туре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 2	4. Purpose:				
Name & Address:	SUPPLIES				
BETH BASHERT	E Dallat Canacal			40.00	_
909 909 GRANT ST	5. Bailot Proposal:	LLACE	04/04/12	_{\$} 40.02	\$3187.51
YPSILANTI, MI 48197	INCOME TAX/MI	LLAGE	Date of	`	
	County: WASHTENAV	vi	Expenditure		
	County: VYASTIENAV	Y	Click for	Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			.,,,,
<u> </u>	Statewide	Local			
Fund Raiser Expenditure # 3	4. Purpose:	V Local	<u></u>		•
Name & Address:	POSTAGE				
U S POSTMASTER	. 001/102			40.00	11
ADAMS ST	5. Ballot Proposal:		04/05/12	_{\$} 18.00	\$ 3205.51
YPSILANTI, MI 48197	INCOME TAX/MI	LLAGE	Date of		
		Expenditure			
	County: WASHTENAW		Click for Memo Itemization Type		
Check box if expenditure is payment of debt or obligation	Support	Oppose			
reported on previous statement	Statewide	Local			
Fund Raiser Expenditure # 4		▼ rocal			
Name & Address:	4. Purpose:				
LADIES LITERARY CLUB	HALL RENTAL		04/10/12	ູ85.00	s 3290.51
218 N WASHINGTON	5. Ballot Proposal:			\$	\$ 20,70,4/
YPSILANTI, MI 48197	INCOME TAX/M	ILLAGE	Date of		
THE WATER TO TO.			Expenditure		
	County: WASHTENAW		Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation	Compart				
reported on previous statement	✓ Support	Oppose			
Fund Raiser	Statewide	✓ Local			
		Subt	otal this page	189.65	
		Grand Total of	Schedules 4R	10 7.00	1
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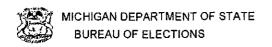
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Enter this total on Line 8a of the Summary Page



1. Committee I. D. Number_B-2012-01

	BALLOT QUESTION COMMITTEE 2. C	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. Curnulative for election
	Expenditure # 1 Name & Address:	4. Purpose: SUPPLIES	<u> </u>		
	ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197	5. Ballot Proposal: INCOME TAX/MILLAGE	04/11/12 Date of Expenditure	_{\$} 58.30	\$ 3348.8
	Check box if expenditure is payment of debt or obligation	County: WASHTENAW	•	or Memo Itemization	туре
	reported on previous statement Fund Raiser	✓ Support Oppose Statewide ✓ Local			<u> </u>
	Expenditure # 2 Name & Address: CAROL LEYSHOCK	4. Purpose: REIMB POSTAGE			
	1008 CONGRESS ST YPSILANTI, MI 48197 Check box if expenditure is payment of debt or obligation	5. Ballot Proposal: INCOME TAX/MILLAGE	04/15/12 Date of	_{\$} 625.00	\$ 39 73 81
		County: WASHTENAW	Expenditure Click for Memo Itemization Type		
	reported on previous statement Fund Raiser	✓ Support Oppose Statewide ✓ Local	•		
C	Expenditure # 3 Name & Address:	4. Purpose: REIMB POSTAGE, YARD SIGNS			
	ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197	5. Ballot Proposal: INCOME TAX/MILLAGE	04/18/12 Date of	_{\$} 1663.99	\$ <u>\$637.80</u>
		County: WASHTENAW	Expenditure Click for Memo Itemization Type		
	Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser	✓ Support Oppose Statewide ✓ Local	ı		
	Expenditure # 4 Name & Address:	4. Purpose: POSTAGE			
	U S POSTMASTER ADAMS ST YPSILANTI, MI 48197	5. Ballot Proposal: INCOME TAX/MILLAGE	04/18/12 Date of	_{\$} 589.00	\$ 6226.80
		County: WASHTENAW	Expenditure Click fo	or Memo Itemization	Туре
	Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support Oppose Statewide ✓ Local	•		
	Fund Raiser		total this page	2936.29	7
		Grand Total of (Complete on last pag			
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3. Name and address of person to whom paid		f expenditure. t proposal involved. ipported or opposed.	6. Date	7. Amount	8. Cumulative for election
xpenditure # 1 Name & Address:	4. Purpose:				····
WE PAY.COM	ON LINE F	EES			
ONLINE			04/07/12	_{\$} 10.20	s 6237.
	5. Ballot Proposal:	V/MH LACE	Date of	. Ъ	3007.
	INCOME 17	X/MILLAGE	Expenditure		
 1	County: WASHTE	-NAW	Click fo	or Memo Itemizatio	п Туре
Check box if expenditure is payment of debt or obligation reported on previous statement					
	Support Statewide	Oppose ✓ Local			
Fund Raiser Expenditure # 2	4. Purpose:	[▼]£0cai			······································
Name & Address:					
	5. Ballot Proposal:				
	5. ballot Proposat:			. \$	\$
	-		Date of		
•	County:		Expenditure		
Check box if expenditure is payment of debt or obligation			Click fo	r Memo Itemization	Туре
reported on previous statement	Support	Oppos	e		
Fund Raiser	Statewide	Local			
xpenditure # 3	4. Purpose:				
Name & Address:					
	5. Bailot Proposal:				
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			Expenditure		
	County:		Click fo	r Memo Itemization	1 Туре
Check box if expenditure is payment of debt or obligation	Support	ПОрроз	e		
reported on previous statement	_				
Fund Raiser	Statewide	Local			
xpenditure # 4 Name & Address:	4. Purpose:				
	5. Ballot Proposal:		Data of	. \$	_ \$
			Date of Expenditure		
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	County:		Chok II	s, Memo Remizallo	ii i yp o
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppos	е		
Tour Bainer	Statewide	✓ Local			
Fund Raiser			h h . 4 - 1 42 1		
			btotal this page	10.20	
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