



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

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

2. Committee Name SAVE YPSILANTI YES

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>910.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>910.00</u>	(18.) \$ <u>9,370.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>910.00</u>	(20.) \$ <u>9,370.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>8.65</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>8.65</u>	(21.) \$ <u>508.65</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>3,633.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>-</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>-</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>-</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>3,633.00</u>	(22.) \$ <u>3,633.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>-</u>	(23.) \$ <u>-</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>3,633.00</u>	(24.) \$ <u>3,633.00</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>-</u>	(25.) \$ <u>-</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>-</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,723.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>910.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>3,633.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3,633.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</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-2012-01

2. Committee Name SAVE YPSILANTI YES

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: LISA WALTERS 12 W MICHIGAN AVE YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>50.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: ROBERT LEVY 2504 EAGLES CIR #3 YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>30</u></p>	<p>\$ <u>30.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: GARY CLARK 309 E CROSS ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>04/26/12</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>50.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: KATHLEEN DVORAK 904 PLEASANT DR YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>50.00</u></p> <p>Click Here for Memo Itemization</p>

Page Subtotal

180.00

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-2012-01
2. Committee Name SAVE YPSILANTI YES

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: PAM AND JEFFREY LIEDERBACH 14 N WALLACE BLVD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>Click Here for Memo Itemization</p>	<p>\$ <u>50.00</u></p>
<p>3. Contribution # 2 Name & Address: SCOTT AND KRISTYN THOBE 1010 N CONGRESS YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>10</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>10.00</u></p>
<p>3. Contribution # 3 Name & Address: PENNY BLODGETT 1424 ROOSEVELT YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>20</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>20.00</u></p>
<p>3. Contribution # 4 Name & Address: JIM BLODGETT 1424 ROOSEVELT YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>5</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>5.00</u></p>

Page Subtotal

85.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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

2. Committee Name SAVE YPSILANTI YES

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: NANCY WHEELER 825 CORNELL ST YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/26/12</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>10</u></p>	<p>\$ <u>10.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: JANET WRIGHT 6312 HARLEQUIN LN YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>05/07/12</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>30</u></p>	<p>\$ <u>30.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: MARIA COTERA 908 E CROSS ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>05/07/12</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>50.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: BILL KINLEY 8473 ASA GRAY DR ANN ARBOR, MI 48105</p> <p>4. Date of Receipt <u>05/07/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>PHOENIX CONTRACTORS</u> Business Address <u>2111 GOLFSIDE YPSILANTI, MI 48197</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>200.00</u></p> <p>Click Here for Memo Itemization</p>

Page Subtotal 290.00

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-2012-01
2. Committee Name SAVE YPSILANTI YES

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: MARY GARBODEN 1123 PEARL ST YPSILANTI, MI 48197 4. Date of Receipt <u>05/07/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARIAN</u> Employer <u>YPSILANTI DISTRIC LIBRARY</u> Business Address <u>WHITTAKER RD, YPSILANTI, MI 48198</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>200.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: DON PEARSON 713 OXFORD YPSILANTI, MI 48197 4. Date of Receipt <u>05/07/12</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>50.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: HOLLY SMITH 931 SHERMAN CT YPSILANTI, MI 48197 4. Date of Receipt <u>05/07/12</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>50.00</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

200.00

Grand Total of All Schedules 4A
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910.00

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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-2012-01
2. Committee Name SAVE YPSILANTI YES

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: FRED AND MARIA DAVIS 524 MARION ST YPSILANTI, MI 48197 If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" 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 <u>PHOTO COPIES</u> 5. DATE OF RECEIPT: <u>04/28/12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: OFFICE MAX ARBORLAND MALL ANN ARBOR, MI 48105	\$ <u>8.65</u>	\$ <u>387.18</u>
Contribution #2 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:	\$ _____	\$ _____
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 8.65
 Grand Total of all Schedules 4-IK
 (Complete on last page of Schedule) 8.65

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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>POSTCARDS AND FLOWERS</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>04/25/12</u> Date of Expenditure	<u>\$ 688.68</u>	<u>\$ 6925.68</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>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>04/25/12</u> Date of Expenditure	<u>\$ 45.00</u>	<u>\$ 6970.68</u>
Expenditure # 3 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>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	<u>04/25/12</u> Date of Expenditure	<u>\$ 120.00</u>	<u>\$ 7090.68</u>
Expenditure # 4 Name & Address: USPS ADAMS STREET 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>04/26/12</u> Date of Expenditure	<u>\$ 170.00</u>	<u>\$ 7260.68</u>

Subtotal this page

1023.68

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: TCF BANK PACKARD RD 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>BANK FEES</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>04/26/12</u> Date of Expenditure	<u>\$ 1.95</u>	<u>\$ 7262.63</u> Click for Memo Itemization Type
Expenditure # 2 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>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	<u>05/04/12</u> Date of Expenditure	<u>\$ 503.50</u>	<u>\$ 7774.78</u> Click for Memo Itemization Type
Expenditure # 3 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>POSTAGE AND 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>05/04/12</u> Date of Expenditure	<u>\$ 189.69</u>	<u>\$ 7964.47</u> Click for Memo Itemization Type
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>POSTCARDS</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>05/05/12</u> Date of Expenditure	<u>\$ 180.00</u>	<u>\$ 8144.47</u> Click for Memo Itemization Type

Subtotal this page 875.14
 Grand Total of Schedules 4B
 (Complete on last page of Schedule)

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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: STANDARD PRINTING 120 E 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>PRINTING</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	05/05/12 Date of Expenditure	\$ <u>530.00</u>	<u>\$8674.47</u> Click for Memo Itemization Type
Expenditure # 2 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>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	05/12/12 Date of Expenditure	\$ <u>107.58</u>	<u>\$8782.05</u> Click for Memo Itemization Type
Expenditure # 3 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>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	05/12/12 Date of Expenditure	\$ <u>43.04</u>	<u>\$8825.09</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: <u>WE PAY.COM</u> <u>ON LINE</u> <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>ON LINE FEES</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	5/12/12 Date of Expenditure	\$ <u>27.00</u>	<u>\$8852.09</u> Click for Memo Itemization Type

Subtotal this page 707.62
 Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: TCF BANK PACKARD RD 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>BANK FEES</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	05/14/12 Date of Expenditure	\$ <u>1.95</u>	\$ <u>8854.04</u>
Expenditure # 2 Name & Address: JENNIFER BEYER 1301 S 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>GRAPHIC DESIGN</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	05/17/12 Date of Expenditure	\$ <u>400.00</u>	\$ <u>9254.04</u>
Expenditure # 3 Name & Address: FRIENDS OF RUTHERFORD POOL C/O JOHN WEISS 1206 PEARL 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>FINAL DISTRIBUTION OF FUNDS</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	05/17/12 Date of Expenditure	\$ <u>500.00</u>	\$ <u>9754.04</u>
Expenditure # 4 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>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	05/17/12 Date of Expenditure	\$ <u>124.61</u>	\$ <u>9878.65</u>

Subtotal this page

1026.56

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

3633.00

Enter this total on Line 8a of the Summary Page