#### 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 Fro	3.This Statement covers From: 04/23/12 To 05/28/12				
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 of the Statement of Organization official.	l) 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 S YPSILANTI, M						
Area Code and Phone (734) 481-1661		승생 본 병				
6. Treasurer's Business Address	7. Designated Record Keeper's (if the committee has a Designated Record Keeper's	Name and Mailing Address				
524 MARION ST YPSILANTI, MI 458197	N/A					
Area Code and Phone (734) 481-1661	Area Code and Phone					
8. TYPE OF STATEMENT:	8c. ANNUAL STATEMENT	89. DAMENDMENT TO CAMPAIGN STATEMENT				
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 05/28/12				
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 filling 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 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 FRED DAVIS  Type or Print Name	Signature	Date 05/29/12				



### SUMMARY PAGE BALLOT QUESTION COMMITTEE

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

2. Committee Name SAVE YPSILANTI YES

RECEIPTS Column II Column I Cumulative for Election Cycle This Period 3. Contributions (3a.) <u>\$\_\_\_\_</u> 910.00 a. Itemized Contributions(Schedule 4A, Column 6) b. Unitemized Contributions (3b.) \$ NOT APPLICABLE (less than \$20.01 - no Schedule) (18)\$ 9370,00 (3c.) \$ \_\_\_\_ c. Subtotal of Contributions (19.) \$ 4. Other Receipts (Schedule 4A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS 910,00 (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized in-Kind Contributions (6a.) \$\_\_\_\_ (Schedule 4-IK, Column 7) (6b.) \$ NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) 7. TOTAL IN-KIND CONTRIBUTIONS (21.)\$ 508.65 (Add Line 6a + Line 6b) EXPENDITURES 8. Expenditures (8a.) \$\_\_\_\_ 3.633.00 a. Itemized Direct Expenditures ( Schedule 4B, Column 7) (8b.) \$ \_\_\_\_\_ b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services (8c.) \$ \_\_\_\_ (Schedule 4B-2, Column 7) d. Uniternized Expenditures (\$50.00 or less-no Schedule) (22.)\$ 3,633.00 (8e.) \$\_\_\_\_ e. Subtotal of Expenditures (23.) \$ \_\_\_ 9. Independent Expenditures (Schedule 4B-1, Column 7) (10.) \$ 3,633,00 3,633.00 (24.) \$\_\_ 10, TOTAL EXPENDITURES (Add Line 8e + Line 9) **IN-KIND EXPENDITURES** 11. Total in-Kind Expenditures-Endorsements, Donations or (11.) \$\_\_\_\_\_ Loans of Goods or Services (Schedule 4B-2, Column 8) (25.) \$\_ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.)\$ \_\_\_\_ a. Owed by the Committee (Schedule 4E) (12b.) \$\_\_\_\_ b. Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** 13. Ending Balance of last report filed 2723.00 (13.) \$ \_\_\_\_\_ (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period 910.00 (14.) + \_\_\_\_\_ (Line 5, Column I, Total Contributions & Other Receipts) (15.) = \_\_\_\_ 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) (16.) - \_\_\_\_\_ 3633,00 17. ENDING BALANCE (17.)\$\_\_\_\_\_\* (Subtract line 16 from line 15)

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



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A**

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

### **BALLOT QUESTION COMMITTEE**

2. Committee Name SAVE YPSILANTI YES

7. Cumulative for
<b>Election Cycle for Each</b>
Contributor (Through

Please enter contributors na middle Initial.	me and address. If con	ribution is from an Individual, en	ter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4. Da	ite of Receipt 04/26/12			
DAVID BATES 1208 PEARL ST				<sub>\$</sub> 35	\$ 35,00
YPSILANTI, MI 481	97			Click Here for Me	amo Itemization
5. If over \$100.00 cumulati	ve, please provide:			Onch Plate 101 Mic	TO TOTAL CALOT
Occupation	Employ	er			
Business Address	<u></u>				
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. D	ate of Receipt <u>04/26/12</u>			·
STANLEY AND JAI 1206 ROOSEVELT	•			<sub>\$</sub> _50	\$ 50.00
YPSILANTI, MI 481	97				
5. If over \$100.00 cumulativ	ve, please provide:			Click Here for Me	mo Itemization
Occupation	Employ	er			
Business Address		<u>-</u>			
Type of Contribution: 🗸 🛭	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	4. D	ate of Receipt 04/26/12			·
LISA WOSNIAK AN	ID ORLANDO SI	MON			
1018 CONGRESS				<sub>\$</sub> 50	\$ 50.00
YPSILANTI, MI 481	97	•			
5. If over \$100.00 cumulat	ive, please provide:			Click Here for Mer	no Itemization
Occupation	Emplo	yer			
Business Address —	<u>p-i</u>				
Type of Contribution: 🗸 🛭	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4. Da	te of Receipt <u>04/26/12</u>	<u> </u>		
DAWN AND TERRY	Y RIDDLE				
525 FAIRVIEW CIR				<sub>\$</sub> 20	\$ 20.00
YPSILANTI, MI 481				· · · · · · · · · · · · · · · · · · ·	-
6. If over \$100.00 cumulativ				Click Here for Me	mo Itemization
Occupation	Employ	rer			
Business Address		7			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		-
			Page Subtota	al 155.00	
			d Total of All Schedules 4		]
		(Comple	te on last page of Schedu	le) [ Enter this total	J
Page/ of				on line 3a of Summary	
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### ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

### BALLOT QUESTION COMMITTEE 2. Committee Name SAVE YPSILANTI YES

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount **Election Cycle for Each** middle initial. Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt 04/26/12 Name & Address: LISA WALTERS <sub>\$</sub> 50 50.00 12 W MICHIGAN AVE YPSILANTI, MI 48197 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Occupation Business Address ... Fund Raiser Type of Contribution: Direct Loan from a person 4. Date of Receipt 04/26/12 3. Contribution # 2 Name & Address: **ROBERT LEVY** <sub>\$</sub> 30 30.00 2504 EAGLES CIR #3 YPSILANTI, MI 48197 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 4. Date of Receipt 04/26/12 Name & Address: **GARY CLARK** <sub>s</sub> 50 50.00 309 E CROSS ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation... \_ Employer\_ Business Address -**Fund Raiser** Type of Contribution: Direct Loan from a person Contribution # 4 Name & Address: 4. Date of Receipt 04/26/12 KATHLEEN DVORAK 904 PLEASANT DR \$ 50.00 YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_ Employer \_ Business Address \_ Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 180,00 Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total Page  $Q_{\text{of}} 5$ on line 3a of Summary Page



# ITEMIZED CONTRIBUTIONS

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

Page

S	CHEDULE 4A						
BALLOT	QUESTION COMM	/IITT	EE 2. Committe	ee Nai	me SAVE YPSIL	ANTI YES	
Please enter contributors n middle initial.	name and address. If co	ntrib	ution is from an Individual, er	nter las	t name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	4. [	Date	of Receipt 04/26/12			*****	
PAM AND JEFFRI 14 N WALLACE B	LVD	Н				ş <u>50</u>	\$ 50.00
YPSILANTI, MI 48 5. If over \$100.00 cumula						Click Here for Mer	no Itemization
Occupation	Emplo	Jyei _					
Business Address  Type of Contribution:	Direct	П	Loan from a person		Fund Raiser		
3. Contribution # 2		Date	of Receipt 04/26/12		<u></u>		
Name & Address:					<del></del>		
SCOTT AND KRIS 1010 N CONGRES	SS					<u>\$_10</u>	\$ 10.00
YPSILANTI, MI 48 5. If over \$100,00 cumula						Click Here for Mem	o Itemization
Occupation		over					
Business Address							
	Direct	L	oan from a person	П	Fund Raiser		
3. Contribution # 3 Name & Address:	4.	Date	of Receipt 04/26/12				
PENNY BLODGET						20	<b>~</b>
1424 ROOSEVEL						<sub>\$</sub> _20	\$ 20.00
YPSILANTI, MI 48						Click Here for Mem	n Itemization
5. If over \$100.00 cumul:	•					Gliok : for die for Monte	5 Norsileadori
Occupation	Emp	ioyer					
Business Address  Type of Contribution:	Direct	L	oan from a person		Fund Raiser		
3. Contribution # 4	4. [	Date	of Receipt 04/26/12	<del>  </del>			
Name & Address: JIM BLODGETT			-				
1424 ROOSEVEL YPSILANTI, MI 48						<sub>\$</sub> _5	\$ 5.00
5. If over \$100.00 cumula						Click Here for Men	io Itemization
Occupation	Empl	oyer					
Business Address			<u>, , ,,, ,, , , , , , , , , , , , , , ,</u>				
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtota	85,00	
					al of All Schedules 4A	ž i	
Page 3 of 5			(Comple	ete on	last page of Schedule	Enter this total	
Page of						on line 3a of Summary	



#### ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

BALLOT QUESTION COMMITTEE 2. Committee Name SAVE YPSIL	ANTIYES	4
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		
NANCY WHEELER 825 CORNELL ST YPSILANTI, MI 48197	<sub>\$</sub> <u>10</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Me	mo Itemization
Occupation Employer		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 2  4. Date of Receipt 05/07/12  Name & Address:		
JANET WRIGHT 6312 HARLEQUIN LN YPSILANTI, MI 48197	\$ <u>30</u>	\$ 30.00
5. If over \$100.00 cumulative, please provide:	Click Here for Men	no Itemization
Occupation Employer		,
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution #3 4. Date of Receipt 05/07/12  Name & Address:		
MARIA COTERA 908 E CROSS ST YPSILANTI, MI 48198	<sub>\$</sub> _50	\$ 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for Mem	o Itemization
Occupation Employer		
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 05/07/12 Name & Address:		
BILL KINLEY 8473 ASA GRAY DR ANN ARBOR, MI 48105	<sub>\$</sub> _200	\$ 200.00
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
Occupation BUSINESS OWNER Employer PHOENIX CONTRACTORS		
Business Address 2111 GOLFSIDE YPSILANTI, MI 48197		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 4A (Complete on last page of Schedule)  Page	Enter this total on line 3a of Summary Page	



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A**

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

**BALLOT QUESTION COMMITTEE** 

2. Committee Name SAVE YPSILANTI YES

Please enter contributors nan middle initial.	ne and address. If cont	ribution is from an individual, enter l	ast name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4. Da	te of Receipt 05/07/12			
MARY GARBODEN 1123 PEARL ST YPSILANTI, MI 4819				s <u>100</u>	\$ 200,00
5. If over \$100.00 cumulativ				Click Here for Mer	no Itemization
Occupation LIBRARIAN	l Employe	YPSILANTI DISTRIC	LIBRARY		
•		ILANTI, MI 48198			
	Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. Da	te of Receipt 05/07/12			
DON PEARSON 713 OXFORD				<sub>\$</sub> _50	\$ 50.00
YPSILANTI, MI 4819					
5. If over \$100.00 cumulative	e, please provide:			Click Here for Mem	no Itemization
Occupation	Employ	er			
Business Address		T	<del></del>		
Type of Contribution: 🗸 Di	irect	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	4. Da	te of Receipt <u>05/07/12</u>	<u>.</u>		
HOLLY SMITH					
931 SHERMAN CT	_			<sub>\$</sub> 50	\$ 50.00
YPSILANTI, MI 4819	97				
5. If over \$100.00 cumulativ	ve, please provide:			Click Here for Mem	o Itemization
Occupation	Employ	er			
Business Address		Name of the last o	<del></del>		
Type of Contribution: 🗸 Di	rect	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4. Da	te of Receipt	<u> </u>		
				\$	\$
5. If over \$100.00 cumulative	e, please provide:			Click Here for Men	no Itemization
Occupation	Employ	er .		Onox Horo for mon	io nomean
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Page of J			Page Subtotal otal of All Schedules 4A n last page of Schedule)	Enter this total	
Page of				on line 3a of Summary Page	



### ITEMIZED IN-KIND CONTRIBUTIONS **SCHEDULE 4-IK**

**BALLOT QUESTION COMMITTEE** 

Page \_\_\_\_/ of \_\_\_/

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

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	4.  □ Loan endorsement or guarantee	\$ 8.65	\$ 387.18
Employer Name & Address:	6. VENDOR NAME & ADDRESS:  OFFICE MAX  ARBORLAND MALL  ANN ARBOR, MI 48105	AIGH FIGH OF HIGH HIGH	
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description	\$	\$
Occupation Employer Name & Address:	5. DATE OF RECEIPT:  6. VENDOR NAME & ADDRESS:	Click Here for Memo Ite	emization
Fund Raiser			
Contribution #3 Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation	Description  5. DATE OF RECEIPT:	\$	<b>\$</b>
Employer Name & Address:	6. VENDOR NAME & ADDRESS:	Click Here for Memo Ite	emization
Fund Raiser			
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	8.65 8.65	

Enter this Summary Page



## ITEMIZED DIRECT EXPENDITURES

B-2012-01

SCHEDULE 4D	ommittee I. D. Number	ANTI YES			<del>.</del>
3. Name and address of person to whom paid	State purpose of expending 5. Identify the ballot proposa indicate whether supported of the supported o	ture. I involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:			·	
	POSTCARDS AND F	LOWERS		•	
ERIKA NELSON 528 FAIRVIEW CIR	4	<u> </u>	04/25/12	<sub>s</sub> 688.68	\$ 6925,68
YPSILANTI, MI 48197	5. Ballot Proposal:		Date of	\$ 000.00	\$67207
THE GLEATINI, WILLIAM TO TO T	INCOME TAX/MIL	LAGE	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	ı	•	
Fund Raiser Expenditure # 2	Statewide 4. Purpose:	✓ Local			
Name & Address:	POSTAGE				
CAROL LEYSHOCK		·			
1008 CONGRESS ST	5. Ballot Proposal:		04/25/12	<sub>s</sub> 45.00	\$ 6970.68
YPSILANTI, MI 48197	INCOME TAX/MIL	LAGE	Date of	φ	Ψ
	County: WASHTENAW	<u> </u>	Expenditure		_
Check box if expenditure is payment of debt or obligation	<b>✓</b> Support	Oppose	Click for	Memo Itemization	Туре
reported on previous statement	Statewide	Local			
Fund Raiser Expenditure # 3	4. Purpose;	Local			
Name & Address:	FLIERS				
UNIT PACKAGING			0.4105140	400.00	
119 ENTERPRISE DR	5. Ballot Proposal:		04/25/12	<sub>\$</sub> 120.00	\$ 7090.68
ANN ARBOR, MI 48103	INCOME TAX/MI	LLAGE	Date of Expenditure		
	County: WASHTENAW		Click for	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	4. Purpose:				
Name & Address:	POSTAGE	•			
USPS	5. Ballot Proposal:	······································	04/26/12	<sub>s</sub> 170.00	\$7260.6
ADAMS STREET	INCOME TAX/MI	LLAGE	Date of	******	
YPSILANTI, MI 48197	INCOME TAXABI	LLAGL	Expenditure		
	County: WASHTENAW		Click fo	or Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	<b>✓</b> Support	Oppose			

Statewide

Subtotal this page

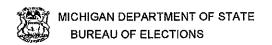
1023,68

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

Local

Enter this total on Line 8a of the Summary Page

Fund Raiser



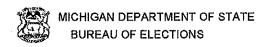
# ITEMIZED DIRECT EXPENDITURES

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

laura and addessa of nassanda colorus rald	4.01.1	0.0-4-	T
BALLOT QUESTION COMMITTEE 2.	Committee Name SAVE YPSILANTI YES		
SCHEDULE 4B	Committee I. D. Numper		

3. Name and address of person to whom paid	State purpose of expe     Identify the ballot prop     Indicate whether support	osal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:	од от орровод.	<u>L</u>		
Name & Address:	BANK FEES				
TCF BANK	DAINTILLO		04/26/12	1 05	
PACKARD RD	5. Ballot Proposal:		Date of	<sub>\$</sub> 1.95	<u>\$ 7262.63</u>
YPSILANTI, MI 48197	INCOME TAX/N	/ILLAGE	Expenditure		
Cheek how if averagilities in may ment of debt as abiligation	County: WASHTENA	N	Click fo	or Memo Itemizatio	n Type
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				
ERIKA NELSON	5. Ballot Proposal:			<b>500 50</b>	
528 FAIRVIEW CIR	INCOME TAX/N	MILAGE	05/04/12	<sub>\$</sub> 503.50	\$7774.78
YPSILANTI, MI 48197	HICOME TAXA	MILLAGE	Date of		
	County: WASHTEN	Expenditure			
Check box if expenditure is payment of debt or obligation reported on previous statement	<b>✓</b> Support	Oppose	Click for	r Memo Itemization	ı Туре
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:				
Name & Address:	POSTAGE AND	SUPPLIES			
CAROL LEYSHOCK 1008 CONGRESS ST	5. Ballot Proposal:	<del></del>	05/04/12	. 189.69	\$ 7964.47
YPSILANTI, MI 48197	INCOME TAX/MILLAGE		Date of	\$ <u> </u>	
	County: WASHTEN	Expenditure Click fo	r Memo Itemizatio	т Туре	
Check box if expenditure is payment of debt or obligation	Support	Oppose	7,1,1,1		
reported on previous statement Fund Raiser	Statewide	Local			
Expenditure # 4	4. Purpose:	······································			
Name & Address:	POSTCARDS				
UNIT PACKAGING 119 ENTERPRISE DR	5. Ballot Proposal:		05/05/12	<sub>\$</sub> 180.00	\$ 8) 44.47
ANN ARBOR, MI 48103	INCOME TAX/	MILLAGE	Date of Expenditure		
	County: WASHTENA	w	Click fo	or Memo Itemizatio	п Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
		Subt	otal this page	875.14	/
		Grand Total of	Schedules 4R	<u> </u>	$\exists$
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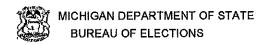


#### ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

2. Committee Name SAVE YPSILANTI YES

2. 0.	Althumas Maille OVAF 11 O	EMILIT I EO				
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	4. Purpose:					
Name & Address:	PRINTING					
STANDARD PRINTING	FINING		05/05/42	E20.00		
120 E CROSS ST	5. Ballot Proposal:	05/05/12	05/05/12 <sub>\$</sub> 530.00 <sub>\$8674.</sub>			
YPSILANTI, MI 48198	INCOME TAX/MILLAGE		Date of Expenditure			
			Expenditure			
Check box if expenditure is payment of debt or obligation reported on previous statement	County: WASHTENAW		Click for Memo Itemization Type			
<del>  </del>	Support	Oppose			•	
Fund Raiser Expenditure # 2	Statewide 4. Purpose:	Local				
Name & Address:	SUPPLIES					
BETH BASHERT	SUFFLIES					
909 GRANT ST	5. Ballot Proposal:		05/12/12	<sub>2</sub> 107.58	0780 0	
YPSILANTI, MI 48197	INCOME TAX/M	ILLAGE	Date of	\$_107.00	\$8782.05	
TI OILI MATTI		<del></del>	Expenditure			
	County: WASHTENA	V	•			
Check box if expenditure is payment of debt or obligation			Click for Memo Itemization Type			
reported on previous statement	✓Support	Oppose		•		
Fund Raiser	Statewide	<b>√</b> Local				
Expenditure # 3	4. Purpose:			<u> </u>		
Name & Address:	SUPPLIES					
CAROL LEYSHOCK			05/40/40	42.04		
1008 CONGRESS ST	5. Ballot Proposal:		05/12/12	<sub>\$</sub> 43.04	\$ 8825.09	
YPSILANTI, MI 48197	INCOME TAX/M	ILLAGE	Date of			
			Expenditure			
<del></del>	County: WASHTENAW		Click for Memo Itemization Type			
Check box if expenditure is payment of debt or obligation	Support	Oppose				
reported on previous statement						
Fund Raiser	Statewide	✓ Local				
Expenditure # 4 Name & Address:	4. Purpose:					
WEPAY. COM	ON LINE	FEES	111		,	
,	5. Ballot Proposal:		1/2/12	\$ 27.00	\$8852.09	
ONCINE	INDONE TAV	/xur no	Date of			
	INCOME TAX	MILLHOL	≈Expenditure			
	County: WASUTO	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				
		Subt	otal this page	70-117		
				707.62	-	
	(Com	Schedules 4B of Schedule)				
	(			Enter this total	J	
an I				on Line 8a of		
2 1/				the Summary		

Page



# ITEMIZED DIRECT EXPENDITURES

Page 4 of 4

B-2	01	2-	01	

SCHEDULE 4B	ommittee I. D. Numbe				<del></del> -	
BALLOT QUESTION COMMITTEE 2. Co	ommittee Name SAVE	YPSILANTI YES				
3. Name and address of person to whom paid	State purpose of     Identify the ballot     Indicate whether sup	proposal involved.	6. Date	7. Amount	8. Cumulative for election	
Expenditure # 1	4. Purpose:					
Name & Address:	BANK FEES	3				
TCF BANK PACKARD RD			05/14/12	<b>.</b> 1.95	\$ 8854.04	
YPSILANTI, MI 48197	5. Ballot Proposal:	V/MILLACE	Date of	\$	. 30247.07	
77 0127 11 11 10 10 1	INCOME TAX/MILLAGE		Expenditure			
	County: WASHTENAW		Click for Memo Itemization Type			
Check box if expenditure is payment of debt or obligation reported on previous statement	<b>✓</b> Support Oppose					
Fund Raiser	Statewide	V Local				
Expenditure # 2	4. Purpose:					
Name & Address:	GRAPHIC D	ESIGN				
JENNIFER BEYER	5. Ballot Proposal:		05/17/12	400.00	notes as	
1301 S CONGRESS ST   YPSILANTI, MI 48197	INCOME TA	X/MILLAGE		\$ 400.00	\$ 9254.04	
1 F 3 LANTI, WII 40 197			Date of Expenditure			
	County: WASHT	ENAW				
Check box if expenditure is payment of debt or obligation	<b>✓</b> Support Oppose		Click for	Memo Itemization	Туре	
reported on previous statement	<del></del>					
Fund Raiser  Expenditure # 3	Statewide 4. Purpose:	✓ Local				
Name & Address:	FINAL DISTRIBUTION OF FUNDS			·		
FRIENDS OF RUTHERFORD POOL	5. Ballot Proposal: INCOME TAX/MILLAGE		05147140	500.00	۷	
C/O JOHN WEISS			05/17/12	\$ 500.00	\$ 9754.04	
1206 PEARL ST			Date of Expenditure			
YPSILANTI, MI 48197		ounty: WASHTENAW		Click for Memo Itemization Type		
Check box if expenditure is payment of debt or obligation	Support	Oppose				
reported on previous statement						
Fund Raiser	Statewide	✓ Local				
Expenditure # 4 Name & Address:	4. Purpose:					
BETH BASHERT	SUPPLIES		05/17/12	<sub>2</sub> 124.61	10000 1	
909 GRANT ST	5. Ballot Proposal:		Date of	\$	\$ <u>9878.65</u>	
YPSILANTI, MI 48197	INCOME TA	X/MILLAGE	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	✓ Local				
		Sub	total this page	1026.56		
		Grand Total of (Complete on last page		3633,00	1	
			,	Enter this total on Line 8a of	<b>J</b>	

the Summary Page