




BALLOT QUESTION COMMITTEE COVER PAGE



Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

| | | | |
|---|---|---|--|
| Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper. | | 3. This Statement covers From: <u>01/01/07</u> To <u>10/21/07</u> | |
| 1. Committee I.D. Number B-2006-0 | 4. Committee's Mailing Address 309 Oak Street Ypsilanti MI 48197 Area Code and Phone (734) 557-4080 <small>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.</small> | | |
| 2. Committee Name Stop City Income Tax | | | |
| 5. Treasurer's Name and Residential Address Steve Pierce 118 S Washington St Ypsilanti, MI 48197 Area Code and Phone (734) 482-9682 | | | |
| 6. Treasurer's Business Address 1013 San Mateo SE Albuquerque, NM 87108 Area Code and Phone (505) 349-3470 | 7. Designated Record Keeper's Name and Mailing Address <small>(If the committee has a Designated Record Keeper)</small> Area Code and Phone | | |
| 8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE- ELECTION OR 8b. <input type="checkbox"/> POST- ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SPECIAL Date of Election: <u>11/06/07</u> | 8c. <input type="checkbox"/> ANNUAL STATEMENT (____ Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non- Qualification: _____ | 8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ <small>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.</small> | |
| 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. | | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> Current Treasurer or Designated Record Keeper Steve Pierce <small>Type or Print Name</small> </div> <div style="width: 40%; text-align: center;">  <small>Signature</small> </div> <div style="width: 15%; text-align: right;"> Date 10/26/07 </div> </div> | | | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

| | | Column I This Period | Column II Cumulative for Election Cycle |
|---|-----------|-------------------------|--|
| RECEIPTS | | | |
| 3. Contributions | | | |
| a. Itemized Contributions (Schedule 4A, Column 6) | (3a.) \$ | <u>8,312.00</u> | |
| b. Unitemized Contributions (less than \$20.01 - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of Contributions | (3c.) \$ | <u>8,312.00</u> | (18.) \$ <u>8,312.00</u> |
| 4. Other Receipts (Schedule 4A-1, Column 6) | (4.) \$ | <u>0.00</u> | (19.) \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4) | (5.) \$ | <u>8,312.00</u> | (20.) \$ <u>8,312.00</u> |
| IN-KIND CONTRIBUTIONS | | | |
| 6. In-Kind Contributions | | | |
| a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7) | (6a.) \$ | <u>2,147.63</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>2,147.63</u> | (21.) \$ <u>2,147.63</u> |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized Direct Expenditures (Schedule 4B, Column 7) | (8a.) \$ | <u>7,894.77</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>0.00</u> | |
| d. Unitemized Expenditures (\$50.00 or less-no Schedule) | (8d.) \$ | <u>0.00</u> | |
| e. Subtotal of Expenditures | (8e.) \$ | <u>7,894.77</u> | (22.) \$ <u>7,894.77</u> |
| 9. Independent Expenditures (Schedule 4B-1, Column 7) | (9.) \$ | <u>0.00</u> | (23.) \$ <u></u> |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) | (10.) \$ | <u>7,894.77</u> | (24.) \$ <u>7,894.77</u> |
| IN-KIND EXPENDITURES | | | |
| 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) | (11.) \$ | <u>0.00</u> | (25.) \$ <u>0.00</u> |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 4E) | (12a.) \$ | <u>1,907.63</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>748.10</u> | |
| 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) | (14.) + | <u>8,312.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | <u>9,060.10</u> | |
| 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) | (16.) - | <u>7,894.77</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>1,165.33</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-2006-012

2. Committee Name Stop City Income Tax

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|--|--|---------------|--|
| 3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Keith Agdanowski 105 Babbitt Ypsilanti MI 48198 | | \$ <u>20</u> | \$ <u>20</u> |
| 4. Date of Receipt <u>09/22/07</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 | | | |
| 3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: John Bailey 514 Fairview Cir Ypsilanti MI 48197 | | \$ <u>10</u> | \$ <u>10</u> |
| 4. Date of Receipt <u>08/18/07</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 | | | |
| 3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Keith Baker 12 Oak Ypsilanti MI 48198 | | \$ <u>10</u> | \$ <u>10</u> |
| 4. Date of Receipt <u>09/12/07</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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Robert Barnes 4877 Vorhies Ann Arbor MI 48105 | | \$ <u>250</u> | \$ <u>250</u> |
| 4. Date of Receipt <u>10/12/07</u> | | | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal **\$290.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/09/07

Name & Address:

Bicycles in Town 118 W Michigan Ypsilanti
MI 48197

\$ 20

\$ 20

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Jason Bing 15 Oak Ypsilanti MI 48198

\$ 10

\$ 10

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/12/07

Name & Address:

Michael Bodary 1206 Westmoorland
Ypsilanti MI 48197

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/17/07

Name & Address:

Donald Broersma 711 N River Ypsilanti MI
48198

\$ 8

\$ 8

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$88.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/06/07

Name & Address:

Carole Clare 324 Garland Ypsilanti MI 48197

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Linda Clayton 510 N River Ypsilanti MI 48198

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Daniel & Patricia Cox Cox 5670 Pineview
Ypsilanti MI 48197

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/17/07

Name & Address:

Kate De Fuccio 408 E Cross Ypsilanti MI
48198

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

\$ 130.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

John Delcamp 309 Oak Ypsilanti MI 48198

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation Tinsmith Employer GM

[Click Here for Memo Itemization Type](#)

Business Address 2625 Tyler Rd, Ypsilanti MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/08/07

Name & Address:

John Delcamp 309 Oak Ypsilanti MI 48198

\$ 50

\$ 150

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Tinsmith Employer GM

Business Address 2625 Tyler Rd, Ypsilanti MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/17/07

Name & Address:

Mary Delcamp 309 Oak Ypsilanti MI 48198

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/18/07

Name & Address:

Amy Doyle 210 S Washington Ypsilanti MI 48197

\$ 100

\$ 100

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation teacher Employer none

Business Address Student

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$260.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/08/07

Name & Address:

Amy Doyle 210 S Washington Ypsilanti MI
48197

\$ 25

\$ 125

5. If over \$100.00 cumulative, please provide:

Occupation Student Employer _____

[Click Here for Memo Itemization Type](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Robert Doyle 210 S Washington Ypsilanti MI
48197

\$ 40

\$ 40

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/08/07

Name & Address:

Robert Doyle 210 S Washington Ypsilanti MI
48197

\$ 25

\$ 65

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/11/07

Name & Address:

Eagle Management 804 N River Ypsilanti MI
48198

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$140.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Daniel & Marilyn Eller 306 Maple Ypsilanti MI
48198

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Michael & Rebecca Eller 708 Carver Ypsilanti
MI 48198

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/11/07

Name & Address:

Michael & Rebecca Eller 708 Carver Ypsilanti
MI 48198

\$ 50

\$ 70

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/17/07

Name & Address:

William Engerson 109 N River Ypsilanti MI
48198

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$105.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/15/07

Name & Address:

Phyllis Faunce-Jones 1825 Roosevelt
Ypsilanti MI 48197

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 07/24/07

Name & Address:

James Fink 206 S Washington Ypsilanti MI
48197

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Elizabeth Fink 206 S Washington Ypsilanti MI
48197

\$ 75

\$ 75

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/10/07

Name & Address:

Franks Drugs 204 W Michigan Ypsilanti MI
48197

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal

\$175.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Carole Galante 820 Hemphill Ypsilanti MI
48198

\$ 20

\$ 20

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Cameron Getto 305 Maple Ypsilanti MI
48198

\$ \$25.00

\$ \$25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/19/07

Name & Address:

Andrew Gillman 909 Woods Ypsilanti MI
48197

\$ 10

\$ 10

5. If over \$100.00 cumulative, please provide:

Occupation Interpreter Employer self-employed

Business Address 909 Woods Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Andrew Gillman 909 Woods Ypsilanti MI
48197

\$ 350

\$ 360

5. If over \$100.00 cumulative, please provide:

Occupation Interpreter Employer self-employed

Business Address 909 Woods Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal \$405.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/13/07

Name & Address:

**Andrew Gillman 909 Woods Ypsilanti MI
48197**

\$ 100

\$ 460

5. If over \$100.00 cumulative, please provide:

Occupation Interpreter Employer self-employed

[Click Here for Memo Itemization Type](#)

Business Address 909 Woods Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

**Joseph Golder 1002 Washtenaw Ypsilanti MI
48197**

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/19/07

Name & Address:

**Bruce Graham 7166 La Paloma Ln Ypsilanti
MI 48197**

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/07/07

Name & Address:

**Katrin Graham 7166 La Paloma Ln Ypsilanti
MI 48197**

\$ 100

\$ 100

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$230.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/12/07

Name & Address:

Patrick Grimes 802 Dwight Ypsilanti MI
48198

\$ 20

\$ 20

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 08/18/07

Name & Address:

Merrill Guerra 35 E Cross Ypsilanti MI 48198

\$ 10

\$ 10

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 07/15/07

Name & Address:

Barbara Hale 310 N Hamilton Ypsilanti MI
48197

\$ 150

\$ 150

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 03/10/07

Name & Address:

Pam Hamblin PO Box 980449 Ypsilanti MI
48198

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal **\$230.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|--|--|--------------|--|
| 3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Pam Hamblin PO Box 980449 Ypsilanti MI 48198 | | \$ <u>75</u> | \$ <u>125</u> |
| 4. Date of Receipt <u>10/17/07</u> | | | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Robert Hamilton 501 N River Ypsilanti MI 48198 | | \$ <u>20</u> | \$ <u>20</u> |
| 4. Date of Receipt <u>10/18/07</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 | | | |
| 3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Marcia Harrison 1362 Laurel View Dr Ann Arbor MI 48105 | | \$ <u>50</u> | \$ <u>50</u> |
| 4. Date of Receipt <u>10/14/07</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 | | | |
| 3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: Kenneth Hays 209 Pearl Suite 202 Ypsilanti MI 48197 | | \$ <u>20</u> | \$ <u>20</u> |
| 4. Date of Receipt <u>08/17/07</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 | | | |

Page Subtotal **\$165.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/15/07

Name & Address:

**Kevin Hill 108 Washtenaw # 8 Ypsilanti MI
48197**

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07

Name & Address:

Kim Hoppe 1303 Grant Ypsilanti MI 48197

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07

Name & Address:

Elaine Hunt 508 N River Ypsilanti MI 48198

\$ 7

\$ 7

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07

Name & Address:

**Daniel Ing 215 Woodward # 4 Ypsilanti MI
48197**

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

\$ 97.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/09/07

Name & Address:

Steve & Mary Jentzen 112 S Washington
Ypsilanti MI 48197

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 05/24/07

Name & Address:

Michale Kabat 18 W Michigan Ypsilanti MI
48197

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/23/07

Name & Address:

Betty Keefe 312 Oak Ypsilanti MI 48198

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/17/07

Name & Address:

Betty Keefe 312 Oak Ypsilanti MI 48198

\$ 50

\$ 70

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

\$220.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/09/07

Name & Address:

Charles & Ann Kettles 1306 W Cross
Ypsilanti MI 48197

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/14/07

Name & Address:

Monica King 301 S Washington Ypsilanti MI
48197

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/08/07

Name & Address:

Harvey Krage 504 Pearl St Apt 1 Ypsilanti MI
48197

\$ 20

\$ 20

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/21/07

Name & Address:

Kurdan, Inc. PO Box 980647 Ypsilanti MI
48198

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal **\$345.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/10/07

Name & Address:

Joseph D Lawrence 212 S Huron St Ypsilanti
MI 48197

\$ 300

\$ 300

5. If over \$100.00 cumulative, please provide:

Occupation retired

Employer _____

[Click Here for Memo Itemization Type](#)

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/17/07

Name & Address:

Michaela Lazarski 725 Charles Ypsilanti MI
48198

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Rebecca Lewis 416 E Cross Ypsilanti MI
48198

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____

Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/11/07

Name & Address:

Liquid Swordz 27 N Washington Ypsilanti MI
48197

\$ 35

\$ 35

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____

Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal **\$405.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/17/07

Name & Address:

Kenneth Long 951 Sheridan Ypsilanti MI
48197

\$ 10

\$ 10

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/09/07

Name & Address:

Lookintheattic & Co. 110 W Michigan
Ypsilanti MI 48197

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/14/07

Name & Address:

Teresa Maddix 215 N Grove Ypsilanti MI
48198

\$ 5

\$ 5

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/31/07

Name & Address:

Manchester & Associates 206 N Huron
Ypsilanti MI 48197

\$ 200

\$ 200

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal **\$315.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Linda Manick 821 Hemphill Ypsilanti MI
48198

\$ 5

\$ 5

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Kenneth & Judy Massinghill 7190 Shamrock
Hill Ypsilanti MI 48197

\$ 25

\$ 25

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/14/07

Name & Address:

William McCarthy 1729 Whittier Ypsilanti MI
48197

\$ 40

\$ 40

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/19/07

Name & Address:

Celeste McClellan 314 Maple Ypsilanti MI
48198

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$80.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|--|---------------|--|
| 3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>Michigan Ladder Co PO Box 981307</u> <u>Ypsilanti MI 48198</u> | | \$ <u>200</u> | \$ <u>200</u> |
| 4. Date of Receipt <u>10/15/07</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 Click Here for Memo Itemization Type | | | |
| 3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>Andrew Mitchell 211 N Huron Ypsilanti MI</u> <u>48197</u> | | \$ <u>15</u> | \$ <u>15</u> |
| 4. Date of Receipt <u>09/12/07</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 checked="" type="checkbox"/> Fund Raiser Click Here for Memo Itemization Type | | | |
| 3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>Susan Moeller 1301 Roosevelt Ypsilanti MI</u> <u>48197</u> | | \$ <u>100</u> | \$ <u>100</u> |
| 4. Date of Receipt <u>09/14/07</u> | | | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Eastern Michigan</u> Business Address <u>1000 College Place Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser Click Here for Memo Itemization Type | | | |
| 3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <u>Susan Moeller 1301 Roosevelt Ypsilanti MI</u> <u>48197</u> | | \$ <u>100</u> | \$ <u>200</u> |
| 4. Date of Receipt <u>10/12/07</u> | | | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Eastern Michigan</u> Business Address <u>1000 College Place Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser Click Here for Memo Itemization Type | | | |

Page Subtotal

415

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

PJ Moffett 551 Berkley Ypsilanti MI 48197

\$ 20

\$ 20

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Ted & Judy Mull 704 Dwight Ypsilanti MI 48198

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/24/07

Name & Address:

Rodney & Nanci Nanney 40 S Summit # 1 Ypsilanti MI 48197

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/12/07

Name & Address:

Rodney & Nanci Nanney 40 S Summit # 1 Ypsilanti MI 48197

\$ 100

\$ 150

5. If over \$100.00 cumulative, please provide:

Occupation Planner Employer self-employed

Business Address 40 S Summit # 1 Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal **\$270.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/15/07

Name & Address:

Rodney & Nanci Nanney 40 S Summit # 1
Ypsilanti MI 48197

\$ 50

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Planner Employer self-employed

[Click Here for Memo Itemization Type](#)

Business Address 40 S Summit # 1 Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 07/20/07

Name & Address:

Maxe Obermeyer 703 Cambridge Ypsilanti
MI 48197

\$ 100

\$ 100

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/04/07

Name & Address:

David Palmer PO Box 980536 Ypsilanti MI
48198

\$ 30

\$ 30

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/10/07

Name & Address:

Parish House Inn 103 S. Huron Ypsilanti MI
48197

\$ 150

\$ 150

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$330.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/31/07

Name & Address:

Pat Walters & Sons 636 S Mansfield Ypsilanti
MI 48197

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 03/16/07

Name & Address:

Steve Pierce 118 S Washington Ypsilanti MI
48197

\$ 1

\$ 1

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/15/07

Name & Address:

Preston Plews 302 S Huron St Ypsilanti MI
48197

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/16/07

Name & Address:

Puffer Reds 113 W Michigan Ypsilanti MI
48197

\$ 200

\$ 200

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$351.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/05/07

Name & Address:

**Patrick Reynolds 505 N River Ypsilanti MI
48198**

\$ 6

\$ 6

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/16/07

Name & Address:

**Rex & Sally Richie 1065 Maplewood Ypsilanti
MI 48198**

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/19/07

Name & Address:

**June Roberson 221 S Hamilton Ypsilanti MI
48197**

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Robert Roe 706 Carver Ypsilanti MI 48198

\$ 5

\$ 5

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal **\$161.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 08/23/07
Name & Address:

Elliot Smith 323 Vinewood Ct Ypsilanti MI
48198

\$ 5

\$ 5

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/14/07
Name & Address:

Elliot Smith 323 Vinewood Ct Ypsilanti MI
48198

\$ 10

\$ 15

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 08/25/07
Name & Address:

Michel Sneyd 1824 Roosevelt Ypsilanti MI
48197

\$ 11

\$ 11

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07
Name & Address:

Martin Stenzel 514 Osband Ypsilanti MI
48198

\$ 5

\$ 5

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal **\$31.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/12/07

Name & Address:

**Martin Stenzel 514 Osband Ypsilanti MI
48198**

\$ 5

\$ 10.

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/09/07

Name & Address:

**David & Paula Strenski 323 Oak Ypsilanti MI
48198**

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/09/07

Name & Address:

**Mark Swanson 119 W Michigan Ave
Ypsilanti, MI 48197**

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/18/07

Name & Address:

**Grace Sweeney 504 N River Ypsilanti MI
48198**

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$95.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Grace Sweeney 504 N River Ypsilanti MI
48198

\$ 100

\$ 120

5. If over \$100.00 cumulative, please provide:

Occupation retired Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 03/25/07

Name & Address:

Ted's Auto Electric 307 N River Ypsilanti MI
48198

\$ 100

\$ 100

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

Ted's Auto Electric 307 N River Ypsilanti MI
48198

\$ 30

\$ 130

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Elizabeth Tilden 320 S Huron Ypsilanti MI
48197

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$240.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/14/07

Name & Address:

Gary Turner 227 Miles Ypsilanti MI 48198

\$ 2

\$ 2

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07

Name & Address:

Karen Valvo 1697 Huron River Dr Ypsilanti
MI 48197

\$ 100

\$ 100

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/12/07

Name & Address:

Fred Veigel 1612 W Cross Ypsilanti MI 48197

\$ 20

\$ 20

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07

Name & Address:

John Wagner 113 N Hamilton Ypsilanti MI
48197

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal

\$147.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07
Name & Address:

Phillip Wagner 927 Davis # 2 Ypsilanti MI
48198

\$ 2

\$ 2

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 09/12/07
Name & Address:

Ruthann Wagner 113 N Hamilton Ypsilanti MI
48197

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 3

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/19/07
Name & Address:

Ruthann Wagner 113 N Hamilton Ypsilanti MI
48197

\$ 50

\$ 75

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 4

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/13/07
Name & Address:

Jason Weems 107 Elm Ypsilanti MI 48197

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

Page Subtotal

\$102.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/10/07

Name & Address:

**White Raven Books PO Box 980469
Ypsilanti MI 48198**

\$ 75

\$ 75

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/05/07

Name & Address:

**Esther Williams 325 W Ainsworth Ypsilanti MI
48197**

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

**R W Williams 514 Jefferson Ypsilanti MI
48197**

\$ 10

\$ 10

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/02/07

Name & Address:

**Darrell & Julie Wilson 2034 Roosevelt
Ypsilanti MI 48197**

\$ 50

\$ 50

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$155.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 04/17/07

Name & Address:

Douglas Winters 130 N Huron St Ypsilanti MI
48197

\$ 250

\$ 250

5. If over \$100.00 cumulative, please provide:

Occupation Attorney Employer McLain and Winters

Business Address 61 N Huron St Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Bernedia Word 133 W Michigan Ypsilanti MI
48197

\$ 5

\$ 5

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/12/07

Name & Address:

Frank Wright 968 W Cross Ypsilanti MI
48197

\$ 20

\$ 20

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 08/19/07

Name & Address:

Barbara Zmich 314 Maple Ypsilanti MI 48198

\$ 10.

\$ 10.

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$285.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt **09/12/07**

Name & Address:

Barbara Zmich 314 Maple Ypsilanti MI 48198

\$ **25**

\$ **35**

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization Type](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt **10/08/07**

Name & Address:

Barbara Zmich 314 Maple Ypsilanti MI 48198

\$ **25**

\$ **60**

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$50.00**

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B-2006-012**

2. Committee Name **Stop City Income Tax**

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 05/17/07

Name & Address:

**Peter B. Fletcher 25 S Huron St Ypsilanti MI
48197**

\$ 500

\$ 500

5. If over \$100.00 cumulative, please provide:

Occupation Business Owner Employer Ypsilanti Credit Bureau

[Click Here for Memo Itemization Type](#)

Business Address 25 S Huron St Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/11/07

Name & Address:

**AF Smith Electric 624 S Mansfield Ypsilanti
MI 49197**

\$ 1000

\$ 1000

[Click Here for Memo Itemization Type](#)

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

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/02/07

Name & Address:

**James C Barnes 616 3rd Street Ann arbor
MI 48104**

\$ 250

\$ 250

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Property Mgt Employer Barnes and Barnes

Business Address 520 W Cross St Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES 4. Date of Receipt 10/02/07

Name & Address:

**Robert M Barnes 3637 Briarlee Ann Arbor MI
48103**

\$ 250

\$ 250

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Property Mgt Employer Barnes and Barnes

Business Address 520 W Cross St Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$2,000.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

\$8,312.00

Enter this total
on line 3 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012

2. Committee Name Stop City Income Tax

| 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: VG Kids 815 W. Michigan Ave. Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | <u>01/11/07</u> Date of Expenditure | \$ <u>75</u> | \$ <u>75</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |
| Expenditure # 2 Name & Address: Standard Printing 120 E Cross, Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | <u>03/03/07</u> Date of Expenditure | \$ <u>349.80</u> | \$ <u>424.80</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |
| Expenditure # 3 Name & Address: Complete Campaigns 610 Gateway Center Way, Suite K San Diego, CA 92102 | 4. Purpose: <u>Bank Fees</u> 5. Ballot Proposal: <u>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | <u>03/16/07</u> Date of Expenditure | \$ <u>.08</u> | \$ <u>424.88</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |
| Expenditure # 4 Name & Address: Standard Printing 120 E Cross, Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | <u>07/11/07</u> Date of Expenditure | \$ <u>40.28</u> | \$ <u>465.16</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |

Subtotal this page

\$465.16

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012

2. Committee Name Stop City Income Tax

| 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: Ypsilanti Heritage Festival 226 N Huron St Ypsilanti MI 48197 | 4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>City Income Tax</u> | 07/12/07 Date of Expenditure | \$ 85 | \$ 550.16 |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 2 Name & Address: Express Signs 2239 W Liberty Ann Arbor, MI 48103 | 4. Purpose: <u>Signs</u> 5. Ballot Proposal: <u>City Income Tax</u> | 07/17/07 Date of Expenditure | \$ 42.40 | \$ 592.56 |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 3 Name & Address: Sawicki & Sons 1521 W. Lafayette Detroit, MI 48216 | 4. Purpose: <u>Signs</u> 5. Ballot Proposal: <u>City Income Tax</u> | 08/09/07 Date of Expenditure | \$ 1233.78 | \$ 1826.34 |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 4 Name & Address: USPS 1606 South Huron Street, Ypsilanti, MI 48197 | 4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>City Income Tax</u> | 09/04/07 Date of Expenditure | \$ 145 | \$ 1971.34 |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |

Subtotal this page

\$1,506.18

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012

2. Committee Name Stop City Income Tax

| 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, Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 09/06/07 Date of Expenditure | \$ <u>630.70</u> | \$ <u>2602.04</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 2 Name & Address: Washtenaw County Clerk 200 N Main St Ann Arbor, MI 48107 | 4. Purpose: <u>Filing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 09/27/07 Date of Expenditure | \$ <u>150</u> | \$ <u>2752.04</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 3 Name & Address: Print-tech 6800 Jackson Rd Ann Arbor, MI 48103-9565 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/03/07 Date of Expenditure | \$ <u>145.47</u> | \$ <u>2897.51</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 4 Name & Address: Print-tech 6800 Jackson Rd Ann Arbor, MI 48103-9565 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/03/07 Date of Expenditure | \$ <u>8.73</u> | \$ <u>2906.24</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |

Subtotal this page

\$934.90

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012
2. Committee Name Stop City Income Tax

| 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: USPS 1606 South Huron Street, Ypsilanti, MI 48197 | 4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/03/07 Date of Expenditure | \$ <u>422.92</u> | \$ <u>3329.16</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 2 Name & Address: Complete Campaigns 610 Gateway Center Way, Suite K San Diego, CA 92102 | 4. Purpose: <u>Bank Fees</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/04/07 Date of Expenditure | \$ <u>2.25</u> | \$ <u>3331.41</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 3 Name & Address: | 4. Purpose: | 5. Ballot Proposal: | \$ _____ | \$ _____ |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 4 Name & Address: | 4. Purpose: | 5. Ballot Proposal: | \$ _____ | \$ _____ |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |

Subtotal this page

\$425.17

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012

2. Committee Name Stop City Income Tax

| 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: USPS 1606 South Huron 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>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 10/08/07 Date of Expenditure | \$ <u>65.43</u> | \$ <u>3396.84</u> |
| Expenditure # 2 Name & Address: USPS 1606 South Huron 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>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 10/08/07 Date of Expenditure | \$ <u>98.57</u> | \$ <u>2495.41</u> |
| Expenditure # 3 Name & Address: Sawicki & Sons 1521 W. Lafayette Detroit, MI 48216 <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>Signs</u> 5. Ballot Proposal: <u>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 10/11/07 Date of Expenditure | \$ <u>665.15</u> | \$ <u>4160.56</u> |
| Expenditure # 4 Name & Address: USPS 1606 South Huron 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>City Income Tax</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 10/15/07 Date of Expenditure | \$ <u>328</u> | \$ <u>4488.56</u> |

Subtotal this page

\$1,157.15

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012

2. Committee Name Stop City Income Tax

| 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: USPS 1606 South Huron Street, Ypsilanti, MI 48197 | 4. Purpose: <u>Postage</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/15/07 Date of Expenditure | \$ <u>1099.12</u> | \$ <u>5587.68</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 2 Name & Address: Sawicki & Sons 1521 W. Lafayette Detroit, MI 48216 | 4. Purpose: <u>Signs</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/18/07 Date of Expenditure | \$ <u>665.15</u> | \$ <u>6252.83</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 3 Name & Address: Standard Printing 120 E Cross, Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/19/07 Date of Expenditure | \$ <u>243.8</u> | \$ <u>6496.63</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 4 Name & Address: Standard Printing 120 E Cross, Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/21/07 Date of Expenditure | \$ <u>771.68</u> | \$ <u>7268.31</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |

Subtotal this page

\$2,779.75

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2006012

2. Committee Name Stop City Income Tax

| 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, Ypsilanti, MI 48197 | 4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>City Income Tax</u> | 10/21/07 Date of Expenditure | \$ 626.46 | \$ 7894.77 |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| <input type="checkbox"/> Fund Raiser | | | | |
| Expenditure # 2 Name & Address: | 4. Purpose: 5. Ballot Proposal: <u>City Income Tax</u> | Date of Expenditure | \$ \$ | |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| <input type="checkbox"/> Fund Raiser | | | | |
| Expenditure # 3 Name & Address: | 4. Purpose: 5. Ballot Proposal: <u>City Income Tax</u> | Date of Expenditure | \$ \$ | |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement | County: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| <input type="checkbox"/> Fund Raiser | | | | |
| Expenditure # 4 Name & Address: | 4. Purpose: 5. Ballot Proposal: <u>City Income Tax</u> | Date of Expenditure | \$ \$ | |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement | County: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| <input type="checkbox"/> Fund Raiser | | | | |

Subtotal this page

\$2,534.09

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

\$9,802.40

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **B2006012**
2. Committee Name **Stop City Income Tax**

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|---|---------------------------------------|--|
| Debt #1 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>03/15/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 175.00</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 175.00</u> |
| <input type="checkbox"/> FORGIVEN | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>08/01/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 67.93</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 242.93</u> |
| <input type="checkbox"/> FORGIVEN | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>08/01/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 62.09</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 305.02</u> |
| <input type="checkbox"/> FORGIVEN | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$305.02

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **B2006012**

2. Committee Name **Stop City Income Tax**

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. ☒ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

4. Type of Obligation (Indicate type)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1

Owed to or by:

Maggie Brandt
118 S Washington St
Ypsilanti, MI 48197

4. Type: debt

5. Date Debt Was Incurred

08/10/07

6. Original Amount of Debt

\$ 117.66

\$

\$

\$

\$

\$

\$

\$ 422.68

☐
FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2

Owed to or by:

Maggie Brandt
118 S Washington St
Ypsilanti, MI 48197

4. Type: debt

5. Date Debt Was Incurred

08/10/07

6. Original Amount of Debt

\$ 71.82

\$

\$

\$

\$

\$

\$

\$ 494.50

☐
FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3

Owed to or by:

Maggie Brandt
118 S Washington St
Ypsilanti, MI 48197

4. Type: debt

5. Date Debt Was Incurred

08/13/07

6. Original Amount of Debt

\$ 174.90

\$

\$

\$

\$

\$

\$

\$ 669.40

☐
FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$364.38

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number **B2006012**

2. Committee Name **Stop City Income Tax**

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|------------------------------------|---------------------------------------|--|
| Debt #1 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>08/13/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 42.40</u> | \$ \$ \$ \$ \$ | \$ | \$ 711.80 |
| <input type="checkbox"/> FORGIVEN | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>08/17/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 404.20</u> | \$ \$ \$ \$ \$ | \$ | \$ 1,116.00 |
| <input type="checkbox"/> FORGIVEN | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>09/05/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 17.50</u> | \$ \$ \$ \$ \$ | \$ | \$ 1,133.50 |
| <input type="checkbox"/> FORGIVEN | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$464.10

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **B2006012**

2. Committee Name **Stop City Income Tax**

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|---|---------------------------------------|--|
| Debt #1 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>09/12/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 468.85</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 1,602.35</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>10/04/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 20.00</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 1,622.35</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>10/18/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 58.28</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 1,680.63</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$547.13

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **B2006012**
2. Committee Name **Stop City Income Tax**

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|---|---------------------------------------|--|
| Debt #1 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>10/21/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 67.05</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 1,747.68</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> <u>10/21/07</u> 6. <u>Original Amount of Debt</u> <u>\$ 159.95</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 1,907.63</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197 | 4. Type: <u>debt</u> 5. <u>Date Debt Was Incurred</u> 6. <u>Original Amount of Debt</u> <u>\$</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$227.00

Grand Total of all Schedules 4E
(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small> | 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: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Phone</u> 5. DATE OF RECEIPT: <u>10/21/07</u> 6. VENDOR NAME & ADDRESS: Accessline Department LA 22266, Pasadena, CA 91185-2266 | \$ <u>67.05</u> | \$ <u>1747.68</u> |
| Contribution #2 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Website</u> 5. DATE OF RECEIPT: <u>10/21/07</u> 6. VENDOR NAME & ADDRESS: HDL 1013 San Mateo SE, Albuquerque NM 87108 | \$ <u>159.95</u> | \$ <u>1907.63</u> |
| Contribution #3 Name & Address: Cameron Getto 305 Maple St Ypsilanti, MI 48198 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: | 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>Printing</u> 5. DATE OF RECEIPT: <u>09/30/07</u> 6. VENDOR NAME & ADDRESS: Staples 3120 Carpenter Rd Ypsilanti, MI 48197 | \$ <u>40</u> | \$ <u>40</u> |

Page Subtotal

\$267.00

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 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: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Postage</u> 5. DATE OF RECEIPT: <u>03/15/07</u> 6. VENDOR NAME & ADDRESS: USPS 1606 South Huron Street, Ypsilanti, MI 48197 | \$ <u>175</u> | \$ <u>175</u> |
| Contribution #2 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Advertising</u> 5. DATE OF RECEIPT: <u>08/01/07</u> 6. VENDOR NAME & ADDRESS: Four Eyes Joke PO Box 208 Fiskdale, MA 01518 | \$ <u>67.93</u> | \$ <u>242.93</u> |
| Contribution #3 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signs</u> 5. DATE OF RECEIPT: <u>08/01/07</u> 6. VENDOR NAME & ADDRESS: American Button 2609 Westridge Drive Plano, TX 75075 | \$ <u>62.09</u> | \$ <u>305.02</u> |

Page Subtotal

\$305.02

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 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: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description Advertising 5. DATE OF RECEIPT: <u>08/10/07</u> 6. VENDOR NAME & ADDRESS: Fantasy Attic 3010 Packard Rd Ann Arbor, MI 48108 | \$ <u>117.66</u> | \$ <u>422.68</u> |
| Contribution #2 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description Printing 5. DATE OF RECEIPT: <u>08/10/07</u> 6. VENDOR NAME & ADDRESS: Buy.com 85 Enterprise, Aliso Viejo CA 92656 | \$ <u>71.82</u> | \$ <u>494.50</u> |
| Contribution #3 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description Signs 5. DATE OF RECEIPT: <u>08/13/07</u> 6. VENDOR NAME & ADDRESS: Express Sign 2239 W Liberty Ann Arbor MI 48103 | \$ <u>174.90</u> | \$ <u>669.40</u> |

Page Subtotal

\$364.38

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 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: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signs</u> 5. DATE OF RECEIPT: <u>08/13/07</u> 6. VENDOR NAME & ADDRESS: Express Sign 2239 W Liberty Ann Arbor MI 48103 | \$ <u>42.40</u> | \$ <u>711.80</u> |
| Contribution #2 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u> 5. DATE OF RECEIPT: <u>08/17/07</u> 6. VENDOR NAME & ADDRESS: VG Kids 815 W. Michigan Ave. Ypsilanti, MI 48197 | \$ <u>404.20</u> | \$ <u>1116.00</u> |
| Contribution #3 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Food</u> 5. DATE OF RECEIPT: <u>09/05/07</u> 6. VENDOR NAME & ADDRESS: Pub13 13 N Washington St Ypsilanti, MI 48197 | \$ <u>17.50</u> | \$ <u>1133.50</u> |

Page Subtotal

\$464.10

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 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) |
|---|---|--------------------------------|---|
| <p>Contribution #1 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI</p> <p><input type="checkbox"/> Fund Raiser</p> | <p>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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u> 5. DATE OF RECEIPT: <u>09/12/07</u> 6. VENDOR NAME & ADDRESS: Buy.com 85 Enterprise, Aliso Viejo CA 92656</p> | <p>\$ <u>468.85</u></p> | <p>\$ <u>1602.35</u></p> |
| <p>Contribution #2 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI</p> <p><input type="checkbox"/> Fund Raiser</p> | <p>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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Filing</u> 5. DATE OF RECEIPT: <u>10/04/07</u> 6. VENDOR NAME & ADDRESS: Washtenaw County Clerk 200 N Main St Ann Arbor, MI 48107</p> | <p>\$ <u>20</u></p> | <p>\$ <u>1622.35</u></p> |
| <p>Contribution #3 Name & Address: Brandt, Maggie 118 S Washington St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Physician Employer Name & Address: Henry Ford Hospital 2799 W Grand Blvd, Detroit MI</p> <p><input type="checkbox"/> Fund Raiser</p> | <p>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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u> 5. DATE OF RECEIPT: <u>10/18/07</u> 6. VENDOR NAME & ADDRESS: Costco 20000 Haggerty Rd Livonia, MI 48152 58.28</p> | <p>\$ <u>58.28</u></p> | <p>\$ <u>1680.63</u></p> |

Page Subtotal

\$547.13

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small> | 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: Robert Kilpatrick 1458 Collegewood Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: <input checked="" 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 Food 5. DATE OF RECEIPT: 09/12/07 Click Here for Memo Itemization Type 6. VENDOR NAME & ADDRESS: Frenchies 54 E Cross St Ypsilanti, MI 48198 | \$ 200 | \$ 200 |
| 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 Type 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 Type 6. VENDOR NAME & ADDRESS: | \$ | \$ |

Page Subtotal

\$200.00

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$2,147.63

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **B-2006-0**
2. Committee Name **Stop City Income Tax**

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|--|---|
| 3. Date Event Was Held 09/12/07 | 4. Number of Individuals Attending or Participating (whichever is greater) 70 | 5. Type of Fund Raising Activity Reception | 6. Address and Name (If any) of the place where the activity was held Frenchies 54 E Cross St Ypsilanti, MI 48198 <input type="checkbox"/> Private Residence |
|---|---|--|---|

7. Total Contributions \$ **1,399.00**
8. Other Receipts \$ **0.00**
9. Gross Receipts \$ **1,399.00**
(Add lines 7 and 8)
10. Total Cost of Event \$ **200.00** *Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|---------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.