### BALLOT QUESTION COMMITTEE COVER PAGE



Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.	3.This Statement covers From: 01/01/07 To 10/21/07				
1. Committee I.D. Number B-2006-0	4. Committee's Mailing Address 309 Oak Street Ypsilanti MI 48197				
2. Committee Name	i pallatti ivit 40197				
Stop City Income Tax  Area Code and Phone (734) 557-4080  If the address in this box is different from the committee mailing address by the Statement of Organization, mail may be sent to this address by the official.					
5. Treasurer's Name and Residential Address Steve Pierce 118 S Washing Ypsilanti, MI 48					
Area Code and Phone (734) 482-9682 6. Treasurer's Business Address					
1013 San Mateo SE Albuquerque, NM 87108	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)				
Area Code and Phone (505) 349-3470	Area Code and Phone				
8a. PRE- ELECTION OR  8b. POST- ELECTION  Pre-Election or Post-Election Statement relates to:  PRIMARY GENERAL	8c. ANNUAL STATEMENT (				
☐ SCHOOL ☑ SPECIAL  Date of Election:  11/06/07	State-wide Ballot Question Committees Only)  By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule				
	4B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.					
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or Designated Record Keeper Steve Pierce Type or Print Name	Signature Date 10/26/07				

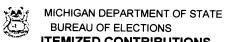
### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B-2006</u>-012

2. Committee Name Stop City Income Tax

	2. Committee Name Stop City ITCO	
RECEIPTS	Column I This Period	Column II
Contributions     a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ 8,312.00	Cumulative for Election Cycle
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 8,312.00	(18.) \$ 8,312.00
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 8,312.00	(20.) \$ 8,312.00
IN-KIND CONTRIBUTIONS		
In-Kind Contributions     a. Itemized In-Kind Contributions     (Schedule 4-IK, Column 7)	(6a.) \$ 2,147.63	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 2,147.63	(21.) \$ _2,147.63
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ 7,894.77	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
<ul> <li>c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)</li> </ul>	(8c.) \$ 0.00	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ 0.00	
e. Subtotal of Expenditures	(8e.) \$ <u>7,894.77</u>	(22.) \$ _7,894.77
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ 0.00	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _7,894.77	(24.) \$ _7,894.77
IN-KIND EXPENDITURES  11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$_0.00	(25.) \$ 0.00
DEBTS AND OBLIGATIONS  12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$ 1,907.63	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> </ol>	(13.) \$ 748.10	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 8,312.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 9,060.10	
<ol> <li>Amount expended during reporting period (Line 10, Column I, Total Expenditures)</li> </ol>	(16.) - 7,894.77	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1,165.33	*

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

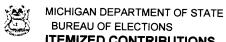


B-2006-012

on line 3 of Summary

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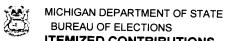
SCHEDULE 4A	1. Committee I.D. Nu	imber		
BALLOT QUESTION COMMITTEE	2. Committee Name	Stop Cit	y Income Ta	ıx
Please enter contributor's name and address. If contribution is from an indiv and middle initial. Check box to indicate if contribution is from a Political Cor Committee (Both are commonly called PACs).	ridual, enter last name, f mmittee or an Independ	first name, ent	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 09/22 Name & Address:	/07			date of receipt)
Keith Agdanowski 105 Babbitt Ypsilanti MI 48198		\$ <u></u>	20	<sub>\$</sub> <u>20</u>
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization Type
OccupationEmployer				
Business Address  Type of Contribution:   Direct  Loan from a person				
2 Contribution # 2	Fund Raise	r		
Is this contribution from a PAC? YES 4. Date of Receipt 08/18  Name & Address:	3/07			
John Bailey 514 Fairview Cir Ypsilanti MI		\$	10	<sub>\$</sub> 10
48197		,		<u> </u>
			Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution:	Fund Rai	iser		
3. Contribution #3				
Is this contribution from a PAC? LJYES 4. Date of Receipt 09/12	707			
Name & Address:		4	10	40
Keith Baker 12 Oak Ypsilanti MI 48198		<u>\$_</u> 1	10	<u>\$10</u>
			Oliver III and A	–
			Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please provide:				
OccupationEmployer				
Business Address				
Type of Contribution:				
3. Contribution # 4 VES 4. Date of Receipt 10/13/03	✓ Fund Raiser			
Is this contribution from a PAC? 4. Date of Receipt 10/12/0				
Robert Barnes 4877 Vorhies Ann Arbor MI		<u>\$_2</u>	50	<sub>\$</sub> 250
48105			Click Here for M	emo Itemization Type
				21-
5. If over \$100.00 cumulative, please provide:				
Occupation retired Employer		<del></del>		
Business Address				
Type of Contribution:	Fund Raise	r		W
		L	\$290.00	
10	Grand Total of All Sc Complete on last page o			_
	Joinpiete of last page 0	i Scriedule) [	Enter this total	



B-2006-012

SCHEDULE 4A	1. Committee I.D. Number	5-2006-012	
BALLOT QUESTION COMMITTEE	2. Committee Name Stop	City Income Ta	ax
Please enter contributor's name and address. If contribution is from an indivi- and middle initial. Check box to indicate if contribution is from a Political Com- Committee (Both are commonly called PACs).	dual, enter last name, first nam nmittee or an Independent	e, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?  YES  4. Date of Receipt 10/09/ Name & Address:	07		date of receipt)
Bicycles in Town 118 W Michigan Ypsilanti MI 48197		<u>\$</u> 20	ş <u>20</u>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
OccupationEmployer			
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.  Name & Address:	/07		
Jason Bing 15 Oak Ypsilanti MI 48198		<u>\$ 10 </u>	<sub>\$</sub> 10
5 M 2400 00		Click Here for M	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Business Address			
Type of Contribution:	√ Fund Raiser		
3. Contribution # 3  Is this contribution from a RAC2  YES  4. Date of Receipt 10/12/0	07		
is this contribution from a PAC?	<u> </u>		
Name & Address:		<sub>s_</sub> 50	50
Michael Bodary 1206 Westmoorland		\$	<sub>\$</sub> 50
Ypsilanti MI 48197		Oliale Hans de Na	
5. If over \$100.00 cumulative, please provide:		Click Here for M	emo Itemization Type
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OccupationEmployer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4  Is this contribution from a BAC2  YES  4. Date of Receipt 09/17/07			
Is this contribution from a PAC? ————————————————————————————————————		0	•
Donald Broersma 711 N River Ypsilanti MI 48198		<u>\$</u> 8	<u>\$</u> 8
40130		Click Here for M	emo 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 Subto	tal \$88.00	
(4)	Grand Total of All Schedules	2A	-
(Co	omplete on last page of Schedu		_
2 21		Enter this total on line 3 of Summary	
<sub></sub> 2 , 31		Page	

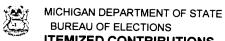
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Enter this total on line 3 of Summary Page

SCHEDULE 4A	1. Committee I.D. Number	<sub>r</sub> <u>B-2006-012</u>	
BALLOT QUESTION COMMITTEE	2. Committee Name St	top City Income Ta	ax
Please enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Co Committee (Both are commonly called PACs).  3. Contribution # 1	idual enter last name first r	name, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Is this contribution from a PAC? YES 4. Date of Receipt 10/06 Name & Address:	/07		gute of receipty
Carole Clare 324 Garland Ypsilanti MI 48197		<sub>\$_</sub> 50	ş <u>50</u>
5. If over \$100.00 cumulative, please provide:		011.11.5	
OccupationEmployer_		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 Name & Address:	2/07		
Linda Clayton 510 N River Ypsilanti MI 48198		<u>\$</u> 20	<u>\$</u> 20
		Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		OHOR FICIO IOI I	wemo itemization Type
OccupationEmployer			
Business Address			
Type of Contribution:	✓ Fund Raiser	-	
3. Contribution # 3			
Is this contribution from a PAC? LJYES 4. Date of Receipt 09/12	/07		
Name & Address:		50	50
Daniel & Patricia Cox Cox 5670 Pineview		<sub>\$</sub> _50	<sub>\$</sub> 50
Ypsilanti MI 48197		Click Horo for M	lamas Nasada at . =
- W		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution:	✓ Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt 08/17/0			
Name & Address:		<sub>\$</sub> 10	<sub>s</sub> 10
Kate De Fuccio 408 E Cross Ypsilanti MI 48198		\$	\$10
40100		Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	-		
Type of Contribution:	Fund Raiser	-	
	Page Su	ıbtotal \$130.00	
	Grand Total of All Schedul	les 2A	-
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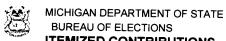
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## ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number <u>B-2006-0</u>12

	MOD OILY HILLMINE	
Please enter contributor's name and address. If contribution is from an individual, enter last name, first and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	otop City Income 6. Amount	7. Cumulative for Calendar Year for Ea Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?  YES  4. Date of Receipt 09/12/07		date of receipt)
Name & Address:		
John Delcamp 309 Oak Ypsilanti MI 48198	<sub>s</sub> 100	<sub>s</sub> 100
, and a permitting to too		
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization Type
Occupation Tinsmith Employer GM		7,4-2
Business Address 2625 Tyler Rd, Ypsilanti MI		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
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	<sub>\$</sub> _50	<sub>\$_</sub> 150
	Click Here f	or Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Tinsmith Employer GM		
Business Address 2625 Tyler Rd, Ypsilanti MI	<del></del>	
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 3		
s this contribution from a PAC? YES 4. Date of Receipt 08/17/07		
a the sentilbation norman Ao:		
Name & Address:		
Name & Address:	<sub>\$_</sub> 10	<sub>s</sub> 10
	<sub>\$_</sub> 10	<sub>\$</sub> 10
Name & Address:	¥	<sub>\$</sub> 10
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198	¥	
Name & Address:	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  . If over \$100.00 cumulative, please provide:	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DeccupationEmployer	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DeccupationEmployer  Business Address  Type of Contribution:	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DecupationEmployer  Business Address  Type of Contribution:	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DeccupationEmployer	Click Here fo	or Memo Itemization Type
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DecupationEmployer	¥	
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DeccupationEmployer	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DeccupationEmployer	Click Here fo	or Memo Itemization Type
Name & Address:  Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DecupationEmployer	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  DeccupationEmployer	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:    Description	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here fo	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here for \$ 100  Click Here for \$ 260.00	or Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here for \$100  Click Here for \$260.00  ules 2A hedule)	\$ 100  r Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here for \$ 100  Click Here for \$ 260.00	s 100 s Memo Itemization Type
Mary Delcamp 309 Oak Ypsilanti MI 48198  If over \$100.00 cumulative, please provide:  Decupation	Click Here for \$100  Click Here for \$260.00  clubtotal \$260.00  ules 2A hedule)  Enter this total	\$ 100  r Memo Itemization Type



B-2006-012

SCHEDULE 4A	1. Committee 1.D. 1	Number	
BALLOT QUESTION COMMITTEE	2. Committee Name	Stop City Income T	ax
Please enter contributor's name and address. If contribution is from an and middle initial. Check box to indicate if contribution is from a Politica Committee (Both are commonly called PACs).	individual, enter last name al Committee or an Indepe	e, first name, ndent 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 10 Name & Address:	0/08/07		date of receipt)
Amy Doyle 210 S Washington Ypsilanti MI 48197		<sub>\$</sub> 25	<sub>\$</sub> 125
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization Type
Occupation Student Employer		N	
Business Address			
Type of Contribution: ✓ Direct Loan from a perso	n Fund Rais	ser	
3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt 0 Name & Address:	09/12/07		
Robert Doyle 210 S Washington Ypsilanti MI 48197		<u>\$</u> 40	<u>\$40</u>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
Occupation Employer			
Business Address			
Type of Contribution:	n 75-45		
3. Contribution # 3 s this contribution from a PAC?  YES  4. Date of Receipt 10		Kalser	
Name & Address:		0.5	
Robert Doyle 210 S Washington Ypsilanti MI 48197		<sub>\$</sub> 25	_ <u>\$</u> 65
. If over \$100.00 cumulative, please provide:		Click Here for M	Memo Itemization Type
OccupationEmployer			
Business Address			
Type of Contribution:			
Contribution # 4	Fund Raise		
s this contribution from a PAC? YES 4. Date of Receipt 10/1 Name & Address:	11/07	<b>5</b> 0	, h
Eagle Management 804 N River Ypsilanti MI 18198		<sub>\$</sub> _50	<u>\$ 30</u>
10100		Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Rais	ser	· · · · · · · · · · · · · · · · · · ·
		Page Subtotal \$140.00	
	Grand Total of All S	Schedules 2A	
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5 . 31		Enter this total on line 3 of Summary Page	

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B-2006-012

Summary Page

SCHEDULE 4A	1. Committee I.D. Number	D-2006-012	
BALLOT QUESTION COMMITTEE	2. Committee Name Sto	p City Income Ta	ax
Please enter contributor's name and address. If contribution is from an indivand middle initial. Check box to indicate if contribution is from a Political Colommittee (Both are commonly called PACs).	ridual, enter last name, first na mmittee or an Independent	ame, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 09/12 Name & Address:	/07	······································	date of receipt)
Daniel & Marilyn Eller 306 Maple Ypsilanti MI 48198		<sub>\$</sub> 25	<sub>\$</sub> <u>25</u>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
OccupationEmployer		_	
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 Name & Address:	2/07		
Michael & Rebecca Eller 708 Carver Ypsilanti		<sub>\$_</sub> 20	<sub>\$</sub> 20
MI 48198			
		Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
		_	
Business Address			
Type of Contribution: ✓ Direct Loan from a person	<b>√</b> Fund Raiser		
3. Contribution #3  Is this contribution from a BAC2  YES  4. Date of Receipt 10/11	/07		
Is this contribution from a PAC?			
Michael & Rebecca Eller 708 Carver Ypsilanti MI 48198		<sub>\$</sub> _50	<sub>\$</sub> 70
100140130		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			,
OccupationEmployer			
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution # 4 YES 4 Date of Receipt 08/17/0			
Is this contribution from a PAC? Sale of Necespt 00/17/0 Name & Address:			
William Engerson 109 N River Ypsilanti MI 48198		<u>\$ 10 </u>	<u>\$ 10</u>
40190		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		_	
Business Address		- <del></del>	
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Sul	ototal \$105.00	
	Grand Total of All Schedule	es 2A	-
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		Enter this total on line 3 of	

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### SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B-2006-012</u>

Committee (Both are commonly called PACs).	If contribution is from an individua tribution is from a Political Commi	ontor lost name. Seet	p City Income Ta	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt 10/15/07			date of receipt)
Phyllis Faunce-Jones 1825 Roos Ypsilanti MI 48197	sevelt		<sub>\$</sub> 25	<sub>\$</sub> 25
5. If over \$100.00 cumulative, please provide	de:		Click Horo for	Mana Bandari
OccupationEn			Click Here for	Memo Itemization Type
Business Address		-		
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser	•	
Contribution # 2     Is this contribution from a PAC? YES  Name & Address:	4. Date of Receipt <u>07/24/07</u>			
James Fink 206 S Washington) 48197	Ypsilanti MI		<sub>\$</sub> 50	<sub>\$</sub> 50
			Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide	<b>):</b>			
OccupationEr	mployer			
Business Address			•	
Type of Contribution: Virect	Loan from a person	Fund Raiser		
B. Contribution # 3 s this contribution from a PAC?  Name & Address:  Elizabeth Fink 206 S Washingtor	4. Date of Receipt 09/12/07  Typsilanti MI		<sub>\$_</sub> 75	<sub>\$</sub> 75
48197			Click Here for M	femo Itemization Type
. If over \$100.00 cumulative, please provide:				
OccupationEmp	oloyer			
Business Address				
Type of Contribution: Virect	Loan from a person	✓ Fund Raiser		
Type of Contribution:  Direct  Contribution # 4 Sthis contribution from a PAC?  YES	Loan from a person  4. Date of Receipt 09/10/07	Fund Raiser		
Type of Contribution:  Direct  Contribution # 4 sthis contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y	4. Date of Receipt 09/10/07	Fund Raiser	<sub>\$</sub> _25	<sub>\$</sub> 25
Type of Contribution:  Direct  Contribution # 4 sthis contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y	4. Date of Receipt 09/10/07	Fund Raiser	Ψ	\$25 lemo Itemization Type
Type of Contribution:  Direct  Contribution # 4 s this contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 18197	4. Date of Receipt 09/10/07	Fund Raiser	Ψ	¥
Type of Contribution: Direct  Contribution # 4 Sthis contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 18197  5. If over \$100.00 cumulative, please provide	4. Date of Receipt 09/10/07	Fund Raiser	Ψ	<u> </u>
Type of Contribution:  Direct  Contribution # 4 sthis contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 18197  5. If over \$100.00 cumulative, please provided Coccupation	4. Date of Receipt 09/10/07  (psilanti MI	Fund Raiser	Ψ	¥
Type of Contribution: Direct  Contribution # 4 sthis contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 18197  5. If over \$100.00 cumulative, please provide Occupation  Business Address	4. Date of Receipt 09/10/07  (psilanti MI	Fund Raiser	Ψ	Ψ
Type of Contribution: Direct  Contribution # 4 s this contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 18197  5. If over \$100.00 cumulative, please provided Coccupation  Business Address	4. Date of Receipt 09/10/07  psilanti MI  e:  Employer	Fund Raiser	Click Here for M	<u> </u>
Type of Contribution:  Direct  Contribution # 4 s this contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 18197  5. If over \$100.00 cumulative, please provide Occupation	4. Date of Receipt 09/10/07  psilanti MI  e:  Employer  Loan from a person		Click Here for M	¥
Type of Contribution:  Direct  Contribution # 4 s this contribution from a PAC?  Name & Address:  Franks Drugs 204 W Michigan Y 48197  5. If over \$100.00 cumulative, please provide Occupation	4. Date of Receipt 09/10/07  psilanti MI  e:  Employer  Loan from a person	Fund Raiser Page Subt	Click Here for M	<u> </u>



B-2006-012

SCHEDULE 4A	1. Committee I.	D. Number 💆 💆	-000-012	
BALLOT QUESTION COMMITTEE	2. Committee Na	ame Stop C	ity Income Ta	ax
Please enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Concommittee (Both are commonly called PACs).	idual, enter last na nmittee or an Inde	C 1	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 09/12/ Name & Address:	/07			date of receipt)
Carole Galante 820 Hemphill Ypsilanti MI 48198		\$_	20	<sub>\$</sub> 20
5. If over \$100.00 cumulative, please provide:			Click Here for	Memo Itemization Type
OccupationEmployer				7,7
Business Address				
Type of Contribution: ✓ Direct Loan from a person	✓ Fund F	Raiser		
3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt 09/12 Name & Address:	/07	-		
Cameron Getto 305 Maple Ypsilanti MI 48198			\$ <u>\$25.00</u>	§\$25.00
			Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				
OccupationEmployer				
Business Address				
Type of Contribution:	<b>√</b> Eun	d Raiser		
3. Contribution # 3		o reaser		
Is this contribution from a PAC? LJYES 4. Date of Receipt 08/19/	07			
Name & Address:				
Andrew Gillman 909 Woods Ypsilanti MI		\$_	10	<sub>s</sub> 10
48197				
			Click Here for Mo	emo Itemization Type
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 Rai	ser		
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		\$ <u>.3</u>	350	<sub>\$</sub> 360
48197			Click Here for Me	emo Itemization Type
5. If over \$100.00 cumulative, please provide:				
Occupation Interpreter Employer self-employed				
Business Address 909 Woods Ypsilanti MI 48197		-		
Type of Contribution:	<b>√</b> Fund R	aiser		
			\$405.00	

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

Enter this total on line 3 of Summary Page

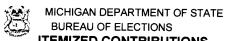


**BALLOT QUESTION COMMITTEE** 

1. Committee I.D. Number <u>B-2006-012</u>

. Committee Name	Stop City	Income Tax
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and middle initial. Check Committee (Both are com 3. Contribution # 1	box to indicate if c	<ul> <li>If contribution is from ontribution is from a Post.</li> </ul>	n an Individual, plitical Committe	enter last name, first n e or an Independent	ame, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Is this contribution from a Name & Address:	PAC? YES	4. Date of Receip	ot 10/13/07			<u> </u>
Andrew Gillman 9 48197	909 Woods \	psilanti MI			<sub>\$</sub> _100	<sub>\$</sub> 460
5. If over \$100.00 cumo Occupation Interpreter		ovide: _Employer_self-emplo	oved		Click Here fo	r Memo Itemization Type
Business Address 909 V	Voods Ypsilanti M	⊑mployei	,,,,		_	
Type of Contribution:		Loan from a p	erson	Fund Raiser		
Contribution # 2     Is this contribution from a Name & Address:	PAC? YES	4. Date of Recei	pt 09/12/07			
Joseph Golder 10 48197	002 Washten	aw Ypsilanti MI			<u>\$</u> 20	<sub>\$</sub> 20
					Click Here for	Memo Itemization Type
5. If over \$100.00 cumul	ative, please prov	ide:				
Occupation		Employer				
Business Address					<del></del>	
Type of Contribution:   ✓	Direct	Loan from a p	person	✓ Fund Raiser	-	
<ol> <li>Contribution # 3</li> <li>this contribution from a  </li> <li>Name &amp; Address:</li> </ol>	PAC? YES	4. Date of Receip	o8/19/07			
Bruce Graham 71 MI 48197	66 La Palom	a Ln Ypsilanti			<sub>\$</sub> _10	<sub>\$</sub> 10
IVII 40 197					Click Here for	Memo Itemization Type
i. If over \$100.00 cumula	itiva nlassa nravi	do:				
. II ovor \$100.00 camala	icive, piease piovi	ue.				
Occupation	E	mployer				
Business Address						
Type of Contribution:	Direct	Loan from a pers	on [	Fund Raiser		
B. Contribution # 4 s this contribution from a F Name & Address:	PAC? YES	4. Date of Receipt		T unu Naisei		
Katrin Graham 71 MI 48197	66 La Palom	a Ln Ypsilanti			<sub>\$_</sub> 100	<sub>\$</sub> 100
VII 40 197					Click Here for I	Memo Itemization Type
5. If over \$100.00 cumu	lative, please pro	vide:				
Occupation		_ Employer				
Business Address	7					
Type of Contribution:	Direct	Loan from a per	son	Fund Raiser		
				Page Su	4200.00	
				nd Total of All Schedul te on last page of Sch	edule)	
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0 21					Summary	
9 of 31					Page	



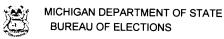
### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A** BALLOT QUESTION COMMITTEE

B-2006-012

1. Committee I.D. Nur	mber
2. Committee Name	Stop City Income Tax

Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	e, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?  YES  4. Date of Receipt 10/12/07  Name & Address:		date of receipt)
Patrick Grimes 802 Dwight Ypsilanti MI 48198	<u>\$</u> 20	ş <u>20</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
OccupationEmployer		21
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 08/18/07  Name & Address:		
Merrill Guerra 35 E Cross Ypsilanti MI 48198	<u>\$_10</u>	<u>\$ 10 </u>
	Click Here for M	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		•
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution # 3		
Is this contribution from a PAC?  4. Date of Receipt 07/15/07  Name & Address:		
Barbara Hale 310 N Hamilton Ypsilanti MI	<sub>\$</sub> _150	<sub>\$</sub> 150
48197	Clink Horn for M	Anna Mandard - T
	Click Here for M	lemo Itemization Type
i. If over \$100.00 cumulative, please provide:		
Occupation retired Employer		
Business Address		
Type of Contribution:		
8. Contribution # 4 s this contribution from a PAC?  YES  4. Date of Receipt 03/10/07  Name & Address:		
Pam Hamblin PO Box 980449 Ypsilanti MI	<u>\$</u> 50	<sub>\$</sub> 50
48198	Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation retired Employer		
Business Address		
Type of Contribution:  V Direct Loan from a person Fund Raiser		
Page Subto	otal \$230.00	
Grand Total of All Schedules	2A	-
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10 01	Enter this total on line 3 of Summary	
10 . 31	Page	

Page of of



## ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

BALLOT QUESTION COMMITTEE 2. Committee Name Sto	op City Income Ta	ax
Please enter contributor's name and address. If contribution is from an individual, enter last name, first na and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ame, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?  YES  4. Date of Receipt 10/17/07  Name & Address:		date of receipt)
Pam Hamblin PO Box 980449 Ypsilanti MI 48198	<sub>\$</sub> 75	<sub>\$</sub> 125
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
Occupation retired Employer	_	
Business Address  Type of Contribution: ✓ Direct Loan from a person Fund Paiser		
3 Contribution # 2		
Is this contribution from a PAC? YES 4. Date of Receipt 10/18/07  Name & Address:		
Robert Hamilton 501 N River Ypsilanti MI 48198	<u>\$</u> 20	
40.100	Click Here for N	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 10/14/07  Name & Address:		
Marcia Harrison 1362 Laurel View Dr. Ann	<sub>\$_</sub> 50	<sub>\$</sub> 50
Arbor MI 48105		
	Click Here for M	emo Itemization Type
i. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
8. Contribution # 4 s this contribution from a PAC?  YES  4. Date of Receipt 08/17/07  Name & Address:		
Kenneth Hays 209 Pearl Suite 202 Ypsilanti	<u>\$</u> 20	<sub>\$</sub> 20
MI 48197	Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
Page Sul	btotal \$165.00	
Grand Total of All Schedul (Complete on last page of Sche	es 2A	
	Enter this total	
	on line 3 of Summary	
ge 31	Page	



1. Committee I.D. Number <u>B-2006-012</u> **BALLOT QUESTION COMMITTEE** Stop City Income Tax 2. Committee Name Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Calendar Year for Each Committee (Both are commonly called PACs). Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt 10/15/07 Is this contribution from a PAC? Name & Address: <sub>\$</sub> 50 Kevin Hill 108 Washtenaw #8 Ypsilanti MI 48197 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 4. Date of Receipt 09/12/07 Is this contribution from a PAC? Name & Address: <sub>\$</sub> 20 <sub>\$</sub> 20 Kim Hoppe 1303 Grant Ypsilanti MI 48197 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Employer Occupation \_\_\_\_ **Business Address** Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser 3. Contribution # 3 4. Date of Receipt 09/12/07 Is this contribution from a PAC? Name & Address: Elaine Hunt 508 N River Ypsilanti MI 48198 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Employer Occupation Business Address Type of Contribution: Direct Loan from a person √ Fund Raiser 3. Contribution # 4 YES 4. Date of Receipt 09/12/07 Is this contribution from a PAC? Name & Address: <sub>s</sub> 20 Daniel Ing 215 Woodward # 4 Ypsilanti MI 48197 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Occupation \_ \_ Employer \_ Business Address \_ **✓** Direct ✓ Fund Raiser Loan from a person Type of Contribution: Page Subtotal \$97.00

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

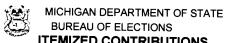
Enter this total on line 3 of Summary Page



B-2006-012

SCHEDULE 4A	1. Committee I.D. Number	D-2000-012	
	2. Committee Name Sto	p City Income Ta	ax
Please enter contributor's name and address. If contribution is from an individual and middle initial. Check box to indicate if contribution is from a Political Committee (Both are commonly called PACs).	tual enter last name first na	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 10/09/0 Name & Address:	07		date of receipt)
Steve & Mary Jentzen 112 S Washington Ypsilanti MI 48197		<sub>\$</sub> _100	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
OccupationEmployer		_	••
Business Address  Type of Contribution:   Direct Loan from a person		_	
Type of Contribution: ✓ Direct Loan from a person  3. Contribution # 2	Fund Raiser		
Is this contribution from a PAC? YES 4. Date of Receipt 05/24/ Name & Address:	07		
Michale Kabat 18 W Michigan Ypsilanti MI 48197		<sub>\$</sub> _50	<u>\$50</u>
		Click Here for M	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC?  YES  4. Date of Receipt 08/23/0	)7		
Name & Address:		<b>,</b> 20	20
Betty Keefe 312 Oak Ypsilanti MI 48198		\$	<sub>\$</sub> 20
		Click Here for M	emo Itemization Type
F 15 \$400.00		Olick Field for IVI	emo itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
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:	- Tario Naisor		
Betty Keefe 312 Oak Ypsilanti MI 48198		<u>\$ 50 </u>	<sub>\$</sub> 70
		Click Here for M	emo 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 Sub	<b>4220.00</b>	
(Co	Grand Total of All Schedule emplete on last page of Schedule	s 2A dule)	

Enter this total on line 3 of Summary Page



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A ALLOT QUESTION COMMITTE

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

BALLOT QUESTION COMMITTEE	i. Committee i.b. Nu		
	2. Committee Name	Stop City Income Ta	nx .
Please enter contributor's name and address. If contribution is from an indi and middle initial. Check box to indicate if contribution is from a Political Committee (Both are commonly called PACs).	ividual, enter last name, f ommittee or an Independe	irst name, ent 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 10/09 Name & Address:	9/07		date of receipt)
Charles & Ann Kettles 1306 W Cross		<sub>\$</sub> 50	<sub>\$</sub> 50
Ypsilanti MI 48197		Φ	\$ <del></del>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
OccupationEmployer			
Business Address  Type of Contribution:   Direct  Loan from a person			
Type of Contribution:     ✓ Direct   Loan from a person	Fund Raiser		
Is this contribution from a PAC? YES 4. Date of Receipt 10/1 Name & Address:	4/07		
Monica King 301 S Washington Ypsilanti MI		<sub>\$</sub> 25	<sub>s</sub> 25
48197			
		Click Here for N	femo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution:   Direct  Loan from a person	Fund Rais		
3. Contribution # 3		561	
Is this contribution from a PAC? Lyes 4. Date of Receipt 10/08	3/07		
Name & Address:		00	
Harvey Krage 504 Pearl St Apt 1 Ypsilanti MI 48197		<u>\$</u> 20	<sub>\$</sub> 20
		Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address		<del></del>	
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt 10/21/0	Fund Raiser		
Name & Address:		250	050
Kurdan, Inc. PO Box 980647 Ypsilanti MI		<u>\$ 250 </u>	<sub>\$</sub> 250
48198		Click Here for Me	emo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
-			
Business Address  Type of Contribution: Direct Loan from a person	7	-	
Type of Contribution: Direct Loan from a person	Fund Raiser	o Subtotal De 17 22	1
	_	e Subtotal \$345.00	_
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## TEMIZED CONTRIBUTIONS SCHEDULE 4A

### **BALLOT QUESTION COMMITTEE**

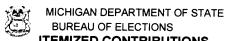
1. Committee I.D. Number <u>B-2006-012</u>

	top City Income T	
Please enter contributor's name and address. If contribution is from an individual, enter last name, first and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	name, 6. Amount	7. Cumulative for Calendar Year for E Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 08/10/07 Name & Address:		date of receipt)
Joseph D Lawrence 212 S Huron St Ypsilanti MI 48197	<sub>\$</sub> 300	<u>\$</u> 300
5. If over \$100.00 cumulative, please provide:		
ratirad		r Memo Itemization Type
Occupation Employer Employer		
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	<u>\$</u> 20	<sub>\$</sub> 20
10.00	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	2 1010 101	
Occupation Employer		
Business Address		
Type of Contribution:   / Direct	_	
3. Contribution # 3		
s this contribution from a PAC? YES 4. Date of Receipt		
Name & Address:		
Rebecca Lewis 416 E Cross Ypsilanti MI	<sub>\$_</sub> 50	<sub>s</sub> 50
48198		-
	Click Here for I	Memo Itemization Type
. If over \$100.00 cumulative, please provide:		
Description.		
OccupationEmployer	-	
Business Address	-	
Business Address	-	
Business Address  Type of Contribution:	-	
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Contribution # 4 s this contribution from a PAC?  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI	<sub>\$</sub> 35	<sub>\$</sub> 35
Business Address  Type of Contribution: Direct Loan from a person  Contribution # 4  Direct Loan from a person  Fund Raiser		<sub>\$</sub> 35 Memo Itemization Type
Susiness Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Contribution # 4 Sthis contribution from a PAC?  4. Date of Receipt 10/11/07  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  88197		<b>Y</b>
Susiness Address  Type of Contribution: Direct Loan from a person  Contribution # 4 It is this contribution from a PAC?  Same & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  8197  5. If over \$100.00 cumulative, please provide:		•
Susiness Address  Type of Contribution: Direct Loan from a person  Contribution # 4 this contribution from a PAC?  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  Superson Superson Variable Pace Provide:  Coccupation Employer  Susiness Address		<b>Y</b>
Susiness Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 Sthis contribution from a PAC?  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  18197  Source \$100.00 cumulative, please provide:  Coccupation Employer  Business Address		•
Susiness Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 It this contribution from a PAC?  Same & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  8197  5. If over \$100.00 cumulative, please provide:  Coccupation Employer  Business Address	Click Here for M	<b>Y</b>
Susiness Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 Sthis contribution from a PAC?  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  8197  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 Multiple Click	<b>Y</b>
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 Statis contribution from a PAC?  VES 4. Date of Receipt 10/11/07  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  18197  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page S  Grand Total of All Schedu	Click Here for Mules 2A nedule)  Enter this total	<u> </u>
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 Statis contribution from a PAC?  VES 4. Date of Receipt 10/11/07  Name & Address:  Liquid Swordz 27 N Washington Ypsilanti MI  18197  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page S  Grand Total of All Schedu	Click Here for Mules 2A nedule)	<u> </u>



B-2006-012

SCHEDULE 4A		1. Committee I.D. Nur	mber	
BALLOT QUESTION COMMIT		2. Committee Name	Stop City Income	Гах
Please enter contributor's name and address and middle initial. Check box to indicate if contribute (Both are commonly called PACs)	ontribution is from a Political Co	ividual, enter last name, fi ommittee or an Independe	rst name, 6. Amount ent	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt 08/1	7/07		date of receipt)
Kenneth Long 951 Sheridan Y 48197	psilanti MI		<sub>\$</sub> _10	<u>\$ 10</u>
5. If over \$100.00 cumulative, please pro	vide:		Click Here fo	or Memo Itemization Type
Occupation	Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC?  YES  Name & Address:	4. Date of Receipt 09/0	09/07		
Lookintheattic & Co. 110 W Mid	chigan		<u>\$ 100</u>	<u>\$_</u> 100
Ypsilanti MI 48197	•			
			Click Here fo	r Memo Itemization Type
5. If over \$100.00 cumulative, please provi	ide:			
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	✓ Fund Rais		
3. Contribution # 3		<b>▼</b> I did Nas	561	
s this contribution from a PAC?	4. Date of Receipt 10/1	4/07		
Name & Address:				
Teresa Maddix 215 N Grove Y	'ncilanti MI		<sub>s</sub> 5	<sub>s</sub> 5
48198	poliariu ivii			
10100			Click Here for	Memo Itemization Type
. If over \$100.00 cumulative, please provid	de:			
OccupationE	mployer		<del></del>	
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
Contribution # 4 s this contribution from a PAC?	4. Date of Receipt 08/31/0			
Name & Address:	.1.11		<sub>\$</sub> 200	<sub>\$</sub> 200
Manchester & Associates 206 I	N Huron		3	_
Ypsilanti MI 48197			Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please prov	vide:			
Occupation	Employer			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
		_	ge Subtotal \$315.00	
		Grand Total of All Sci (Complete on last page of	hedules 2A	
	'	(Complete on last page of	Enter this tota	
16 31			on line 3 of Summary Page	.1
16 . 31			, age	



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

### **BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B-2006-012</u>

2. Committee Name	Stop City	Income Tax
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Please enter contributor's name and address. If contribution is from an individual, enter last nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Indepe Committee (Both are commonly called PACs).	e, first name, 6. Amount endent	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 09/12/07 Name & Address:		date of receipt)
Linda Manick 821 Hemphill Ypsilanti MI 48198	<sub>\$</sub> 5	<u>\$ 5</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization Type
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Rai	iser	
3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt 09/12/07  Name & Address:		
Kenneth & Judy Massinghill 7190 Shamrock	<sub>\$</sub> 25	<sub>\$</sub> 25
Hill Ypsilanti MI 48197		
	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:	Raiser	
3. Contribution # 3	· valour	
Is this contribution from a PAC? LYES 4. Date of Receipt		
Name & Address:	4.0	
William McCarthy 1729 Whittier Ypsilanti MI 48197	<u>\$</u> 40	_ <u>\$40</u>
	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution:	er	
Is this contribution from a PAC?  YES  4. Date of Receipt 08/19/07  Name & Address:	4.0	
Celeste McClellan 314 Maple Ypsilanti MI	<sub>\$_</sub> 10	_ <u>\$</u> 10
48198	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 Ra	iser	
	Page Subtotal \$80.00	
Grand Total of All		
(Complete on last pag		
17 . 31	Enter this total on line 3 of Summary Page	
11 , J		

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



1. Committee I.D. Number <u>B-2006-012</u>

BALLOT QUESTION COMMITTEE	2. C	ommittee Name St	op City Income T	ax
Please enter contributor's name and address. If cont and middle initial. Check box to indicate if contributio Committee (Both are commonly called PACs).	ribution is from an individual	enter last name first n	ame, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. I Name & Address:	Date of Receipt 10/15/07			date of receipt)
Michigan Ladder Co PO Box 981307 Ypsilanti MI 48198			<sub>\$</sub> _200	<sub>\$</sub> 200
5. If over \$100.00 cumulative, please provide:			Click Here for	r Memo Itemization Type
OccupationEmploye	r			
Business Address			-	
	Loan from a person	Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Name & Address:	Date of Receipt 09/12/07			
Andrew Mitchell 211 N Huron Ypsila 48197	nti MI		<sub>\$</sub> 15	<sub>\$</sub> 15
			Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				
Occupation Employe	er			
Business Address			_	
Type of Contribution: ✓ Direct	Loan from a person	√ Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC?  YES  4. E	ate of Receipt 09/14/07			
Name & Address:		<del></del>		
Susan Moeller 1301 Roosevelt Ypsil 48197	anti MI		<u>\$_100</u>	<sub>\$</sub> 100
40197			Click Here for I	Memo Itemization Type
. If over \$100.00 cumulative, please provide:				
	Eastern Michigan			
Business Address 1000 College Place Ypsilar	ti MI 48197			
Type of Contribution:	n from a person	Fund Raiser		
Contribution # 4 s this contribution from a PAC?  YES  4. Da  Name & Address:	e of Receipt 10/12/07			
Susan Moeller 1301 Roosevelt Ypsil	anti MI		<u>\$ 100</u>	<sub>\$</sub> 200
48197			Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				
•	<sub>rer</sub> Eastern Michigan			
Business Address 1000 College Place Ypsilar	ti MI 48197		_	
Type of Contribution: ✓ Direct Lo	an from a person	Fund Raiser		
		Page Su and Total of All Schedu ete on last page of Sch	les 2A	_
18 31			Enter this total on line 3 of Summary Page	

 $_{\text{Page}}$  18  $_{\text{of}}$  31



### **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B-2006-012</u>

2. Committee Name	Stop City	Income	Tax
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and middle initial. Check box to indicate if contribution is from an individual, enter last nar and middle initial. Check box to indicate if contribution is from a Political Committee or an Indep Committee (Both are commonly called PACs).	me, first name, pendent 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 09/12/07 Name & Address:	-	date of receipt)
PJ Moffett 551 Berkley Ypsilanti MI 48197	<u>\$</u> 20	<u>\$ 20 </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization Type
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund R.  3. Contribution # 2	laiser	
Is this contribution from a PAC? YES 4. Date of Receipt 09/12/07  Name & Address:		
Ted & Judy Mull 704 Dwight Ypsilanti MI	<sub>\$</sub> 50	<sub>\$</sub> 50
48198		
	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	d Raiser	
3. Contribution # 3		
and contribution from a FAC?		
Name & Address:	<sub>\$</sub> 100	<sub>s</sub> 100
Rodney & Nanci Nanney 40 S Summit # 1	\$	_ \$100
Ypsilanti MI 48197	Click Here for I	Memo Itemization Type
i. If over \$100.00 cumulative, please provide:	Short Hore for t	wemo itemization Type
The state of the s		
OccupationEmployer		
Business Address		
Type of Contribution:		
3 Contribution #4	ser	
s this contribution from a PAC? YES 4. Date of Receipt 10/12/07		
Name & Address:	<sub>\$</sub> 100	<sub>s</sub> 150
Rodney & Nanci Nanney 40 S Summit # 1	\$ <u></u>	<u> </u>
Ypsilanti MI 48197	Click Here for N	Memo Itemization Type
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 Ra	nings	
Fulld Ki	Page Subtotal \$270.00	
Grand Total of A		_
(Complete on last pa		
	Enter this total on line 3 of	
40 04	Summary	
<u>,</u> 19 , 31	Page	



1. Committee I.D. Number <u>B-2006-012</u>

BALLOT QUESTION COMMIT	TEE	2. Committee Name St	op City Income T	ax
Please enter contributor's name and address and middle initial. Check box to indicate if co Committee (Both are commonly called PACs	intribution is from a Political C	dividual enter last name first	name, 6. Amount	7. Cumulative for Calendar Year for Ea Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?  YES	4. Date of Receipt 10/	15/07		date of receipt)
Name & Address:	4. Date of Receipt 107			
Rodney & Nanci Nanney 40 S	Summit # 1		<sub>s</sub> 50	<sub>s</sub> 250
Ypsilanti MI 48197			Y	
•				
5. If over \$100.00 cumulative, please prov	vide:		Click Here to	r Memo Itemization Type
Occupation Planner	Employer self-employed		Short Hore to	i Memo itemization Type
Business Address 40 S Summit # 1 Ypsila	nti MI 48197		<del></del>	
Type of Contribution:	Loan from a person	Fund Raiser	<del></del>	
3. Contribution # 2 Is this contribution from a PAC?  YES	4. Date of Receipt 07/	20/07		
Name & Address:			<sub>\$</sub> 100	100
Maxe Obermeyer 703 Cambrid MI 48197	ge Ypsilanti		\$_100	<u>\$ 100</u>
IVII 48 197			Clieb Lleve for	Manager to the state of the sta
E 16 avec \$400.00 avec 1-41			Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provi				
	Employer		<del></del>	
Business Address			_	
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser	_	
3. Contribution # 3	4. Date of Receipt 10/0	04/07		
s this contribution from a PAC?	4. Date of Receipt	<del></del>		
Name & Address:			30	00
David Palmer PO Box 980536	Ypsilanti MI		<sub>\$</sub> _30	_ <sub>\$</sub> 30
48198			<b>~</b>	
			Click Here for I	Memo Itemization Type
. If over \$100.00 cumulative, please provid	e:			
Occupation E				
El	mployer			
Business Address				
Type of Contribution: 📝 Direct	Loan from a person	Fund Raiser		
Contribution # 4 YES	4. Date of Receipt 08/10/			
s this contribution from a PAC?	Date of Nescipt 00/10/	<u> </u>		
	Vm = !! = = 4! B 4!		<sub>\$</sub> 150	<sub>\$</sub> 150
Parish House Inn 103 S. Huron 18197	rpsiianti Mi		3	. \$
10191			Click Here for M	Memo Itemization Type
5. If over \$100.00 cumulative, please provi	de:			
Occupation	Employer			
Business Address	Di son from a mana	<u> </u>	-	
Type of Contribution:   ✓ Direct	Loan from a person	Fund Raiser		<del></del>
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		Grand Total of All Schedul (Complete on last page of Sch	les 2A   edule)	
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			on line 3 of	
<sub>e</sub> 20 of 31			Summary Page	
e of 1			90	



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A

B-2006-012

SCHEDULE 4A	1. Committee I.D. Nu	mber	0 0 12	
BALLOT QUESTION COMMITTEE	2. Committee Name	Stop City	Income Ta	ax
Please enter contributor's name and address. If contribution is from an and middle initial. Check box to indicate if contribution is from a Political Committee (Both are commonly called PACs).	individual, enter last name, f al Committee or an Independ	i	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt ON Name & Address:	8/31/07			date of receipt)
Pat Walters & Sons 636 S Mansfield Ypsilanti MI 48197		<u>\$_10</u>	0	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:			Oliale I I amar fa	
OccupationEmployer		,	Click mere for	Memo Itemization Type
Business Address				
Type of Contribution: ✓ Direct Loan from a person	on Fund Raiser			
3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt  Name & Address:	Trana raiser			
Steve Pierce 118 S Washington Ypsilanti MI 48197		<u>\$_1</u>		<u>\$</u> 1.
		C	lick Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				••
Occupation Employer				
Business Address				
Type of Contribution:	on Fund Rais			
3. Contribution # 3	· und red	) CI		
Is this contribution from a PAC? LYES 4. Date of Receipt 0	9/15/07			
Name & Address:				
Preston Plews 302 S Huron St Ypsilanti MI		<sub>\$</sub> _50		<sub>\$</sub> 50
48197				
		CI	ick Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please provide:				
OccupationEmployer				
Business Address				
Type of Contribution:	Fund Raiser			
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt 10/1 Name & Address:	16/07			
Puffer Reds 113 W Michigan Ypsilanti MI		<u>\$_200</u>	)	<sub>\$</sub> 200
48197		Cli	ck Here for Me	emo Itemization Type
5. If over \$100.00 cumulative, please provide:				
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan from a person	Fund Raiser			
<u> </u>		e Subtotal \$3	51.00	
	Grand Total of All Sch	1 + -	<del> </del>	-
	(Complete on last page of	Schedule)		

Page 21 of 31

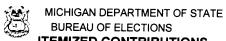
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SCHEDULE 4A	1. Committee I.D. Numbe	<sub>a</sub> B-2006-012	
BALLOT QUESTION COMMITTEE		еі	
Please enter contributor's name and address. If contribution is from an ind and middle initial. Check box to indicate if contribution is from a Political Committee (Both are commonly called PACs).  3. Contribution # 1	ividual optor last name fort	Stop City Income Ta	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Is this contribution from a PAC? YES 4. Date of Receipt 10/0 Name & Address:	5/07		
Patrick Reynolds 505 N River Ypsilanti MI 48198		<u>\$</u> 6	<u>\$</u>
If over \$100.00 cumulative, please provide:  OccupationEmployer		Click Here for N	Memo Itemization Type
Business Address  Type of Contribution:   Direct  Loan from a person	Fund Raiser		
Is this contribution from a PAC? YES 4. Date of Receipt 10/1 Name & Address:  Rex & Sally Richie 1065 Maplewood Ypsilanti MI 48198	0/0/	<sub>\$_</sub> 100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:		Click Here for M	emo Itemization Type
Occupation Employer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution #3  YES 4. Date of Receipt 10/19	0/07		
is this contribution from a PAC?	9/07		
Name & Address:		50	<b>50</b>
June Roberson 221 S Hamilton Ypsilanti MI		<sub>\$</sub> _50	<sub>\$</sub> 50
48197		011 1 11 1 1 1 1	
5. If over \$100.00 cumulative, please provide:		Click Here for Me	emo Itemization Type
OccupationEmployer		_	
Business Address			
Type of Contribution:	Fund Raiser	_	
3. Contribution # 4 Is this contribution from a PAC?  Name & Address:  YES  4. Date of Receipt 09/12/C		_	
Robert Roe 706 Carver Ypsilanti MI 48198		<sub>\$</sub> _5	<sub>\$</sub> 5
		Click Here for Me	mo 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 S	ubtotal \$161.00	
,	Grand Total of All Schedu Complete on last page of Sci	ules 2A	

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Enter this total on line 3 of Summary Page



B-2006-012

Page

SCHEDULE 4A	1. Committee I.D. Nu	imber	
BALLOT QUESTION COMMITTEE	2. Committee Name	Stop City Income Ta	ax
Please enter contributor's name and address. If contribution is and middle initial. Check box to indicate if contribution is from Committee (Both are commonly called PACs).	s from an individual, enter last name, t a Political Committee or an Independ	first name, 6. Amount ent	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of R Name & Address:	eceipt 08/23/07	·	date of receipt)
Elliot Smith 323 Vinewood Ct Ypsilanti MI 48198		<u>\$</u> 5	ş <u>5</u>
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
OccupationEmployer			••
Business Address			
	n a person Fund Raise	r	
Contribution # 2     Is this contribution from a PAC?  VES  4. Date of R Name & Address:	Receipt 10/14/07		
Elliot Smith 323 Vinewood Ct Ypsilanti MI		<sub>\$</sub> 10	<sub>\$</sub> 15
48198		<del> </del>	
		Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
	m a person Fund Rai	inor	
3. Contribution # 3	Tulid Rai	isci	
s this contribution from a PAC?	eceipt 08/25/07		
Name & Address:			
Michel Sneyd 1824 Roosevelt Ypsilanti MI		<sub>\$</sub> _11	<sub>s</sub> 11
48197		· · · · · · · · · · · · · · · · · · ·	-
		Click Here for N	Memo Itemization Type
. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution:		<del></del>	
Contribution # 4	, and raiser		
s this contribution from a PAC? YES 4. Date of Rec Name & Address:	eipt_09/12/07		
Martin Stenzel 514 Osband Ypsilanti MI		<sub>\$</sub> _5	<sub>s</sub> 5
48198			
10100		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution:	a person	<u> </u>	
		ge Subtotal \$31.00	
	Grand Total of All Sc	401.00	-
	(Complete on last page o		
		Enter this total	
		on line 3 of Summary	

Page 23 of 31



1. Committee I.D. Number <u>B-2006-012</u>

BALLOT QUESTION COMMI	_	. Comr	nittee Name Sto	p City Income T	ax
Please enter contributor's name and addres and middle initial. Check box to indicate if a Committee (Both are commonly called PAC	s. If contribution is from an individu	al ent	er last name, first no	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?	4. Date of Receipt 10/12/07	7			date of receipt)
Name & Address:  Martin Stenzel 514 Osband Y 48198				<u>\$</u> 5	<u> \$ 10.</u>
If over \$100.00 cumulative, please pro     Occupation  Business Address	<b>ovide:</b> _Employer			Click Here for	Memo Itemization Type
Type of Contribution:	Loan from a person		Fund Raiser	=	
3. Contribution # 2 Is this contribution from a PAC? Name & Address:	40,000	7	T und Naiser		
David & Paula Strenski 323 O 48198	ak Ypsilanti MI			<u>\$</u> 20	<u>\$</u> 20
5. If over \$100.00 cumulative, please prov	vide:			Click Here for	Memo Itemization Type
Occupation					
Business Address				-	
Type of Contribution:	Loan from a person		Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC?  Name & Address:	4. Date of Receipt 10/09/07	•			
Mark Swanson 119 W Michiga	an Ave			<sub>\$</sub> _50	<sub>\$</sub> 50
Ypsilanti, MI 48197	,				
				Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provi	de:				
Occupation	Employer		-		
Business Address					
Type of Contribution:  Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  Name & Address:	4. Date of Receipt 08/18/07				
Grace Sweeney 504 N River	∕psilanti MI			<u>\$_20</u>	<sub>\$</sub> 20
48198				Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please pro	vide:				
Occupation	_ Employer			_	
Business Address					
Type of Contribution:	Loan from a person		Fund Raiser		-
	,	Jrand .	Page Sub	400.00	_
	(Con	plete o	Total of All Schedule on last page of Sched	s zA   dule)	
24 31				Enter this total on line 3 of Summary Page	

Page 24 of 31



### **BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B-2006-012</u>

BALLOT QUESTION COMMITTEE 2. Committee Name S	top City Income Ta	ax
Please enter contributor's name and address. If contribution is from an individual, enter last name, first rand middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	name, 6. Amount	7. Cumulative for Calendar Year for Eac Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 09/12/07 Name & Address:		date of receipt)
Grace Sweeney 504 N River Ypsilanti MI 48198	<sub>\$</sub> 100	<sub>\$</sub> 120
If over \$100.00 cumulative, please provide:  Occupation retiredEmployer	Click Here for	Memo Itemization Type
Business Address  Type of Contribution:   ✓ Direct  Loan from a person  ✓ Eurod Rainer	-	
Type of Contribution:   ✓ Direct  Loan from a person  ✓ Fund Raiser  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	<sub>\$_</sub> 100	<sub>\$</sub> 100
	Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		<b>21</b>
Occupation Employer		
Business Address		
Type of Contribution:	_	
3. Contribution # 3 s this contribution from a PAC?  YES  4. Date of Receipt  Name & Address:		
Ted's Auto Electric 307 N River Ypsilanti MI	<sub>\$_</sub> 30	<sub>. \$</sub> 130
48198		
	Click Here for M	lemo Itemization Type
i. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
	_	
Business Address	-	
Business Address	-	
Business Address	-	
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Contribution # 4 s this contribution from a PAC?  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI	<sub>\$_</sub> 10	<sub>\$</sub> 10
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Contribution # 4 s this contribution from a PAC?  Name & Address:		\$10 emo Itemization Type
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 s this contribution from a PAC?  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI  18197		<b>*</b>
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 s this contribution from a PAC?  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI  18197  5. If over \$100.00 cumulative, please provide:		<u> </u>
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4  Contribution from a PAC?  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI  18197  5. If over \$100.00 cumulative, please provide:  Occupation Employer		<b>*</b>
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 Statis contribution from a PAC?  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI  18197  Statis Contribution from a PAC?  Statis Contribution from a person Fund Raiser  Statis Contribution from a PAC?  Statis Contribution fr		<b>*</b>
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Contribution # 4 s this contribution from a PAC?  YES  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI  18197  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 M	<b>*</b>
Type of Contribution:	Click Here for M	<b>*</b>
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 s this contribution from a PAC?  Name & Address:  Elizabeth Tilden 320 S Huron Ypsilanti MI  48197  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Su	Click Here for M	<b>*</b>
Type of Contribution:	Click Here for M  ubtotal \$240.00  ules 2A nedule)	<b>*</b>



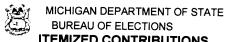
B-2006-012

SCHEDULE 4A	1. Committee I.D. Number	-2006-012	
BALLOT QUESTION COMMITTEE	2. Committee Name Stop	City Income Ta	X
Please enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Concommittee (Both are commonly called PACs).	dual enter last name first name	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, Name & Address:	707		date of receipt)
Gary Turner 227 Miles Ypsilanti MI 48198		<u>\$</u> 2	<u>\$ 2                                   </u>
5. If over \$100.00 cumulative, please provide:		OK-LILL 6	
OccupationEmployer		Click Here for	Memo Itemization Type
Business Address			
Type of Contribution: ✓ Direct Loan from a person			
3 Contribution # 2	Fund Raiser		
Is this contribution from a PAC? YES 4. Date of Receipt 09/12 Name & Address:	/07		
Karen Valvo 1697 Huron River Dr Ypsilanti MI 48197		<sub>\$_</sub> 100	<sub>\$</sub> 100
101107		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			,
Occupation Employer			
Business Address			
Type of Contribution:	✓ Fund Raiser		
3. Contribution # 3			
Is this contribution from a PAC? LJYES 4. Date of Receipt 10/12/	07		
Name & Address:		20	
Fred Veigel 1612 W Cross Ypsilanti MI 48197		<u>\$_20</u>	<sub>\$</sub> 20
		Click Here for M	emo Itemization Type
E 16 prom \$400.00 prom 141		Office Tele IOI W	emo nemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution:	Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  Name & Address:  4. Date of Receipt 09/12/07			
John Wagner 113 N Hamilton Ypsilanti MI		<sub>\$</sub> 25	<sub>\$</sub> 25
48197			<b>*</b>
		Click Here for Me	emo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address —			
Type of Contribution: ✓ Direct Loan from a person	✓ Fund Raiser		
Type of Contribution:      V   Direct	Fund Raiser Page Subtote	al \$147.00	

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

Enter this total on line 3 of Summary Page

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

1. Committee I.D. Number <u>B-2006-012</u>

BALLOT QUESTION COMM	NITTEE	2. Committee Name Sto	op City Income T	av
Please enter contributor's name and addi and middle initial. Check box to indicate Committee (Both are commonly called PA	It contribution is from a Political (	dividual enter last name first na	ame, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? Name & Address:	ES 4. Date of Receipt 09/	12/07		date of receipt)
Phillip Wagner 927 Davis # 2 48198	? Ypsilanti MI		<u>\$</u> 2	<u> 2</u>
5. If over \$100.00 cumulative, please p			Click Here fo	r Memo Itemization Type
Occupation	Employer		_	
Business Address			<del>_</del>	
Type of Contribution:  Direct	Loan from a person	✓ Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC?  Name & Address:	ES 4. Date of Receipt 09/	/12/07		
Ruthann Wagner 113 N Han 48197	nilton Ypsilanti MI		<sub>\$_</sub> 25	<sub>\$</sub> 25
40107			Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please pr	ovide.			meme Remization Type
Occupation				
Business Address			_	
	<u> </u>			
<del></del>	Loan from a person	✓ Fund Raiser		
3. Contribution # 3	S 4. Date of Receipt 10/	19/07		
s this contribution from a PAC?				
Name & Address: Ruthann Wagner 113 N Ham	nilton Ypsilanti MI		<sub>\$_</sub> 50	<sub>\$</sub> 75
48197			OK-table of	–
			Click Here for	Memo Itemization Type
. If over \$100.00 cumulative, please pro	vide:			
Decumpation				
Occupation	Employer			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
Contribution # 4 s this contribution from a PAC?	4. Date of Receipt 10/13			
<sup>Name &amp; Address:</sup> Jason Weems 107 Elm Yps	ilanti MI 48197		<sub>\$</sub> _25	<sub>\$</sub> 25
			Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please p	rovide:			
_				
Occupation	Employer		_	
Business Address				
Type of Contribution:   Direct	Loan from a person	Fund Raiser		
		Page Sub	ototal \$102.00	
		Grand Total of All Schedule	es 2A	
		(Complete on last page of Sche		
			Enter this total on line 3 of	
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2/ 31			Page	

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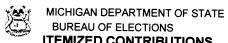


1. Committee I.D. Number <u>B-2006</u>-012

**BALLOT QUESTION COMMITTEE** 2. Committee Name Stop City Income Tax

Please enter contributor's name and ad and middle initial. Check box to indicat Committee (Both are commonly called	e if contribution is from a Political	ndividual, enter last name, first name Committee or an Independent	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? Name & Address:	YES 4. Date of Receipt 10	0/10/07		date of receipt)
White Raven Books PO Bo Ypsilanti MI 48198	x 980469		<sub>\$</sub> _75	<sub>\$</sub> 75
5. If over \$100.00 cumulative, please	e provide:		Click Here for	Memo Itemization Type
Occupation	Employer			,
Business Address  Type of Contribution:   Direct	Loan from a person	1 Fund Daises		
3. Contribution # 2	YES 4. Date of Receipt 1	. and raison		
Esther Williams 325 W Ains 48197	sworth Ypsilanti MI		<u>\$</u> 20	<sub>\$</sub> 20
40197			Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please	provide:			,,
Occupation				
Business Address				
Type of Contribution:	Loan from a perso	n Fund Raiser		
3. Contribution # 3	YES 4. Date of Receipt 09	0/12/07		
Is this contribution from a PAC?  Name & Address:				
R W Williams 514 Jeffersor	n Ypsilanti MI		<u>\$_10</u>	<u>\$</u> 10
48197			Click Here for M	lemo Itemization Type
i. If over \$100.00 cumulative, please p	provide:			
Occupation	Employer			
Business Address				
Type of Contribution:	Loan from a person	✓ Fund Raiser		
B. Contribution # 4 s this contribution from a PAC?  Name & Address:	ES 4. Date of Receipt 10/0			
Darrell & Julie Wilson 2034	Roosevelt		<sub>\$</sub> _50	<sub>\$</sub> 50
Ypsilanti MI 48197			Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please	provide:			,,,,
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
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Page 28 of 31



### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B-2006-012</u>

Committee Name S	top City Income I	ax
Please enter contributor's name and address. If contribution is from an individual, enter last name, first and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).  3. Contribution # 1	name, 6. Amount	7. Cumulative for Calendar Year for Ea Contributor (Through date of receipt)
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	<sub>\$</sub> 250	<sub>\$ 250</sub>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization Type
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		
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	<u>\$</u> 5	<sub>\$</sub> 5
	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
	_	
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser  3. Contribution # 3		
s this contribution from a PAC?  YES  4. Date of Receipt 09/12/07		
Name & Address:		
Frank Wright 968 W Cross Ypsilanti MI	<sub>s</sub> 20	<sub>\$</sub> 20
48197		_
	Click Here for	Memo Itemization Type
. If over \$100.00 cumulative, please provide:		
, some community, process provide.		
OccupationEmployer		
Business Address	_	
Type of Contribution 7	_	
Contribution # 4		
s this contribution from a PAC? 4. Date of Receipt 08/19/07		
Name & Address:	<sub>\$</sub> 10.	<sub>s</sub> 10.
Barbara Zmich 314 Maple Ypsilanti MI 48198	<u>\$_10.</u>	<u>\$ 10.</u>
	Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address	_	
ype of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page S	<u> </u>	
Grand Total of All Schedi (Complete on last page of Sc	ules 2A	
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	on line 3 of	
29 31	Summary Page	
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### **BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B-200</u>6-012

2. Committee Name Stop City Income Tax

Committee (Both are c	ck box to indicate it o	ss. If contribution is from an icontribution is from a Political s).	individual, enter I Committee or a	last name, first name an Independent	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from Name & Address:	ma PAC? YES	4. Date of Receipt 09	9/12/07			date of receipt)
Barbara Zmich	314 Maple Yp	silanti MI 48198			<sub>\$</sub> 25	§ <u>35</u>
5. If over \$100.00 cu	mulative, please pro	ovide:			Click Here for	Memo Itemization Type
Occupation		_Employer				meme normzadom rype
Business Address						
Type of Contribution:  3. Contribution # 2	<b>V</b> Direct	Loan from a persor	7	Fund Raiser		
Is this contribution from Name & Address:	m a PAC? YES	4. Date of Receipt 10	0/08/07	<del></del>		
Barbara Zmich (	314 Maple Yp	silanti MI 48198			<u>\$</u> 25	<u>\$ 60 </u>
					Click Here for M	Memo Itemization Type
5. If over \$100.00 cum		vide:				
Occupation		Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a persor		Fund Raiser		
3. Contribution # 3	YES	4. Date of Receipt				
s this contribution from	a PAC?	4. Date of Neceipt				
Name & Address:						
					\$	\$
					Click Hors for M	
16					Click Here for Ma	emo Itemization Type
. If over \$100.00 cumเ	ılative, please provi	de:				
Occupation	E	Employer				
Business Address  Type of Contribution:	<del></del>					
Contribution # 4	Direct	Loan from a person	Fu	nd Raiser	_	
this contribution from a	a PAC? YES	Date of Receipt				
Name & Address:				_		
				\$	<u> </u>	\$
					Olivia I I I I I I I I I I I I I I I I I I I	
					Click Here for Me	emo Itemization Type
5. If over \$100.00 cun	ulative, please prov	vide:				
•		_ Employer				
Business Address	П	П.				
Type of Contribution:	Direct	Loan from a person	<u> </u> F	und Raiser		
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### **BALLOT QUESTION COMMITTEE**

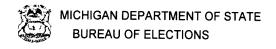
1. Committee I.D. Number <u>B-2006-012</u>

2. Committee Name	Stop C	ity Income	Tax
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Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through	
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 05/17/07 Name & Address:		date of receipt)	
Peter B. Fletcher 25 S Huron St Ypsilanti MI 48197	<sub>\$</sub> 500	<sub>\$</sub> 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:  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	<u>\$ 1000</u>	<u>\$ 1000</u>	
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			
S. Contribution # 3 s 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	<u>\$</u> 250	<sub>\$</sub> 250	
19101	Click Here for M	lemo Itemization Type	
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			
Contribution # 4 sthis contribution from a PAC?  YES  4. Date of Receipt 10/02/07  Name & Address:			
Robert M Barnes 3637 Briarlee Ann Arbor MI 8103	<sub>\$_</sub> 250	<u>\$</u> 250	
	Click Here for Me	emo 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	•		
ype of Contribution: V Direct Loan from a person Fund Raiser			
Page Subto	Ψ=,000.00		
Grand Total of All Schedules (Complete on last page of Schedu	<sup>2A</sup> <sub>ile)</sub> \$8,312.00		

Enter this total on line 3 of Summary

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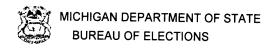


# ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE

1. Committee I. D. Number\_\_\_\_\_B2006012

2. Committee Name Stop City	y Income Tax
-----------------------------	--------------

2 Nome and address of a second state of the se			<del></del>		
Name and address of person to whom paid	State purpose of expenditure.     Identify the ballot proposal involved.     Indicate whether supported or opposed.		6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:	or opposed.		<u> </u>	
VG Kids 815 W. Michigan Ave.	Printing				
Ypsilanti, MI 48197			01/11/07	<sub>s</sub> 75	<sub>s</sub> 75
,	5. Ballot Proposal: City Income Tax		Date of	\$ <u>70</u>	_ \$ 10
	City income rax		Expenditure		
Check box if expenditure is payment of debt or obligation	n County:Washtenaw		Click for Memo Itemization Type		
reported on previous statement	Support	<b>✓</b> Oppose			
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 2 Name & Address:	4. Purpose:				
Standard Printing 120 E Cross,	Printing				
Ypsilanti, MI 48197	5. Ballot Proposal:		03/03/07	<sup>°</sup> 349.80	<b>.</b> 424.80
•	City Income Tax		Date of	\$ 0 + 0.00	_ \$
	o Mochtonou		Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click for	r Memo Itemization	Type
reported on previous statement	Support	✓ Oppose	o non ro	Momo Remization	туре
Fund Raiser	Statewide	Local			
Expenditure # 3 Name & Address:	4. Purpose:				
	Bank Fees				
Complete Campaigns 610 Gateway Center Way, Suite K San Diego, CA	5. Ballot Proposal:		03/16/07	.08	424.88
92102	City Income Tax		Date of	\$	. \$
			Expenditure		
Charle have if a various distance is a second of the terminal	County: Washtenaw		Click for Memo Itemization Type		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 4 Name & Address:	4. Purpose:				
Standard Printing 120 E Cross,	Printing			40.00	
Ypsilanti, MI 48197	5. Ballot Proposal:		07/11/07	<sub>\$</sub> 40.28	<sub>\$</sub> 465.16
	City Income Tax		Date of Expenditure		
	County Manham		•	r Memo Itemization	a Turno
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Onor io	Wellie Remization	Туре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	✓ Local			
		Subt	otal this page	\$465.16	
	Grand Total of Schedules 4B (Complete on last page of Schedule)				1
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1 7				Enter this total on Line 8a of	
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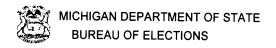


### ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

1. Committee I. D. Number\_\_\_\_B2006012

the Summary Page

3. Name and address of person to whom paid	Committee Name Stop Cit  4. State purpose of expend	6. Date			
_	Identify the ballot proposal involved.  Indicate whether supported or opposed.		0. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:				
Ypsilanti Heritage Festival 226 N Huron	Advertising				
St Ypsilanti MI 48197	5. Ballot Proposal:		07/12/07	<sub>s</sub> 85	<sub>s</sub> 550.16
	City Income Tax		Date of	. \$	- \$
	Only moonic Tax		Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click fo	or Memo Itemization	туре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	<b>√</b> Local			
Expenditure # 2 Name & Address:	4. Purpose:				
Express Signs 2239 W Liberty Ann	Signs	· · · · · · · · · · · · · · · · · · ·			
Arbor, MI 48103	5. Ballot Proposal:		07/17/07	<sub>s</sub> 42.40	<sub>s</sub> 592.56
	City Income Tax		Date of	\$	\$
			Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click for	Mana kandani	_
reported on previous statement	Support	<b>✓</b> Oppose	Click los	Memo Itemization	туре
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 3	4. Purpose:				
Name & Address:	Signs				
Sawicki & Sons 1521 W. Lafayette Detroit, MI 48216	5. Ballot Proposal:		08/09/07	<sub>\$</sub> _1233.78	1826.34
2 3 3 3 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5	City Income Tax		Date of	\$	\$
			Expenditure		
¬	County: Washtenaw		Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address:	4. Purpose:				
USPS 1606 South Huron Street,	Postage				
Ypsilanti, MI 48197	5. Ballot Proposal:		09/04/07	<sub>s</sub> 145	\$ 1971.34
, , , , , , , , , , , , , , , , , , , ,	City Income Tax		Date of		
			Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click fo	r Memo Itemization	Туре
reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	<b>✓</b> Local			
		Subt	otal this page	\$1,506.18	
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### ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

1. Committee I. D. Number\_B2006012

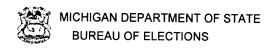
BALLOT QUESTION COMMITTEE 2.0	Committee Name Stop City	/ Income T	ax		
Name and address of person to whom paid	State purpose of expenditure.     Identify the ballot proposal involved.     Indicate whether supported or opposed.		6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:		<del></del>		<u> </u>
Standard Printing 120 E Cross,	Printing				
Ypsilanti, MI 48197	5. Ballot Proposal:		09/06/07 Date of	<sub>\$</sub> 630.70	<sub>\$</sub> 2602.04
	City Income Tax		Expenditure		
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	County: Washtenaw		Click fo	or Memo Itemizatio	п Туре
	Support Statewide	✓Oppose ✓Local			
Expenditure # 2 Name & Address:	4. Purpose:				
	Filing				
Washtenaw County Clerk 200 N Main St Ann Arbor, MI 48107	5. Ballot Proposal:		00/07/07	450	
OTAIII AIDOI, IVII 40 107	City Income Tax		09/27/07	<sub>\$</sub> _150	<sub>_ \$_</sub> 2752.04
			Date of Expenditure		
	County: Washtenaw				
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	<b>✓</b> Oppose	Click for	Memo Itemization	Туре
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 3 Name & Address:	4. Purpose:				
	Printing				
Print-tech 6800 Jackson Rd Ann Arbor, MI 48103-9565	5. Ballot Proposal:		10/03/07	<sub>s</sub> 145.47	s 2897.51
10 100 0000	City Income Tax		Date of	\$	. \$
			Expenditure		
¬	County: Washtenaw		Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address:	4. Purpose:				
Print-tech 6800 Jackson Rd Ann Arbor,	Printing				
MI 48103-9565	5. Ballot Proposal:		10/03/07	<sub>\$</sub> 8.73	\$ 2906.24
	City Income Tax		Date of Expenditure		
	County Manhaman			r Memo Itemization	Typo
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Olick to	i Weino Reinizatioi	туре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
		Subto	otal this page	\$934.90	
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age 3 of 7				Enter this total on Line 8a of the Summary	_
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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 expend	liture	6. Date	T	1
· ·	5. Identify the ballot propos		0. Date	7. Amount	8. Cumulative for election
Finandih in #4	Indicate whether supported	or opposed.			ior election
Expenditure # 1 Name & Address:	4. Purpose:				
USPS 1606 South Huron Street,	Postage				
Ypsilanti, MI 48197	5. Ballot Proposal:		10/03/07	<sub>s</sub> 422.92	<sub>s</sub> 3329.16
	City Income Tax		Date of	. Ф	_ •
	City income rax		Expenditure		
Catalan is	County: Washtenaw		Click fo	or Memo Itemization	n Type
Check box if expenditure is payment of debt or obligation reported on previous statement					, , , ,
Fund Raiser	Support	Oppose			
Expenditure # 2	Statewide 4. Purpose:	Local			· · · · · · · · · · · · · · · · · · ·
Name & Address:	Bank Fees				
Complete Campaigns 610 Gateway	Dalik Fees				
Center Way, Suite K San Diego, CA	5. Ballot Proposal:		10/04/07	<sub>s</sub> 2.25	3331.41
92102	City Income Tax			\$ 2.20	\$
			Date of Expenditure		
	County: Washtenaw		,		
Check box if expenditure is payment of debt or obligation				Memo Itemization	Туре
reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	✓ Local			
Expenditure # 3 Name & Address:	4. Purpose:				
Traine a / Idal edo.					
	5. Ballot Proposal:				
	City Income Tax		Date of	\$	\$
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	County: Washtenaw		Click for	Memo Itemization	Type
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reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	✓ Local	<u></u>		
Expenditure # 4 Name & Address:	4. Purpose:				
Traine di Addiess.					
	5. Ballot Proposal:			\$	\$
	City Income Tax		Date of	¥	
	City income rax		Expenditure		
_	County: Washtenaw		Click fo	r Memo Itemizatior	Туре
Check box if expenditure is payment of debt or obligation					
reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	✓ Local			
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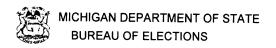
1. Committee I. D. Number\_B2006012

2. Committee Name Stop City Income Tax

	Terranie Glop City	y income i	ах		
Name and address of person to whom paid	State purpose of expend     Identify the ballot propos     Indicate whether supported	al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:		<u> </u>		
Name & Address.	Postage				
LICEC 4000 O. H. I.I.	rostage		10/00/07	05.40	
USPS 1606 South Huron Street,	5. Ballot Proposal:		10/08/07	<sub>\$</sub> 65.43	<sub>\$</sub> 3396.84
Ypsilanti, MI 48197	City Income Tax		Date of Expenditure		
			Experientale		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click fo	or Memo Itemizatio	n Type
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 2 Name & Address:	4. Purpose:				
	Postage				
USPS 1606 South Huron Street,	5. Ballot Proposal:				
Ypsilanti, MI 48197	City Income Tax		10/08/07	<sub>s</sub> 98.57	<sub>\$</sub> 2495.41
	Oity income rax		Date of		
	County: Washtenaw		Expenditure		
Check box if expenditure is payment of debt or obligation			Click for	r Memo Itemization	Type
reported on previous statement	Support	✓ Oppose			<b>7</b> F
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:				
Name & Address:	Signs				
Sawicki & Sons 1521 W. Lafayette	5. Ballot Proposal:		10/11/07	665 15	4160 FG
Detroit, MI 48216	_			<sub>\$</sub> 665.15	_ \$ <u></u>
	City Income Tax		Date of Expenditure		
	County: Washtenaw		Cliak fa	m <b>3 d</b> omeo - Jás maio - 41 - 1	<b></b>
Check box if expenditure is payment of debt or obligation			CIICK 10	r Memo Itemization	і Гуре
reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	✓ Local			
Expenditure # 4 Name & Address:	4. Purpose:				
USPS 1606 South Huron Street,	Postage				
Ypsilanti, MI 48197	5. Ballot Proposal:		10/15/07	<sub>\$</sub> 328	<sub>\$</sub> 4488.56
Policina, Wil 40107	City Income Tax		Date of		
	- City moonto rax		Expenditure		
	County: Washtenaw		Click fo	or Memo Itemizatio	n Type
Check box if expenditure is payment of debt or obligation	Support				
reported on previous statement		Oppose			
Fund Raiser	Statewide	✓ Local			
		Subt	otal this page	\$1,157.15	
		Grand Total of	Schedules 4B	,	-
		ete on last page			
_			'	Enter this total	_
$_{\text{lage}} 5  _{\text{of}} 7$				on Line 8a of the Summary	
age or				Page	



2. Name and address (	committee Name Stop City		ax		
3. Name and address of person to whom paid	<ul><li>4. State purpose of expend</li><li>5. Identify the ballot propose</li><li>Indicate whether supported</li></ul>	al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:		<del></del>	-	<u> </u>
USPS 1606 South Huron Street,	Postage				
Ypsilanti, MI 48197	5. Ballot Proposal: City Income Tax		10/15/07  Date of Expenditure	<sub>\$</sub> 1099.12	<sub>\$</sub> 5587.68
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click fo	or Memo Itemization	Туре
reported on previous statement  Fund Raiser	Support	Oppose			
Expenditure # 2	Statewide 4. Purpose:	<b>√</b> Local			
Name & Address:	Signs				
Sawicki & Sons 1521 W. Lafayette Detroit, MI 48216	5. Ballot Proposal: City Income Tax		10/18/07 Date of	<sub>\$</sub> 665.15	\$_6252.83
	County: Washtenaw		Expenditure		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	<b>✓</b> Oppose	Click for	r Memo Itemization <sup>-</sup>	Туре
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 3 Name & Address:	4. Purpose: Printing				
Standard Printing 120 E Cross, Ypsilanti, MI 48197	5. Ballot Proposal:		10/19/07	<sub>s</sub> 243.8	6496.63
r psilariti, ivii 40 197	City Income Tax		Date of Expenditure	\$	\$
	County: Washtenaw		Click for	r Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			.,,,,,
Fund Raiser Expenditure # 4	Statewide	✓ Local			
Name & Address:	4. Purpose: Printing				
Standard Printing 120 E Cross,	5. Ballot Proposal:		10/21/07	<sup>°</sup> 771.68	<sub>\$</sub> 7268.31
Ypsilanti, MI 48197	City Income Tax		Date of Expenditure	\$	Φ
	County: Washtenaw		Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	<b>✓</b> Oppose			
Fund Raiser	Statewide	Local			
		Subt	otal this page	\$2,779.75	
	(Compl	Grand Total of sete on last page	Schedules 4B of Schedule)	Ψ2,770.70	
age 6 of 7			· ·	Enter this total on Line 8a of the Summary Page	ı



1. Committee I. D. Number\_B2006012

BALLOT QUESTION COMMITTEE 2. C	Committee Name Stop City	y Income T	ax		
Name and address of person to whom paid	State purpose of expend     Identify the ballot propos     Indicate whether supported	diture. al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:				<u>_</u>
Standard Printing 120 E Cross,	Printing				
Ypsilanti, MI 48197	5. Ballot Proposal:		10/21/07	<sub>s</sub> 626.46	<sub>\$</sub> 7894.77
	City Income Tax		Date of Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click fo	or Memo Itemization	туре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 2 Name & Address:	4. Purpose:				
	5. Ballot Proposal:				
	City Income Tax		Date of	\$	. \$
	County: Washtenaw		Expenditure		
Check box if expenditure is payment of debt or obligation	·		Click for	Memo Itemization	Туре
reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	✓ Local			
Expenditure # 3 Name & Address:	4. Purpose:				
	5. Ballot Proposal:				
	•		Date of	\$	\$
	City Income Tax		Date of Expenditure		
_	County:		Click for	Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			71-
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 4 Name & Address:	4. Purpose:				<del>-</del> :
	5. Ballot Proposal:			\$	\$
	City Income Tax		Date of Expenditure		
	County:		Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	<b>✓</b> Oppose			i
Fund Raiser	Statewide	Local			
		Subt	otal this page	\$2,534.09	
		Grand Total of			-
	(Compl	ete on last page	of Schedule)	\$9,802.40	
7 7				on Line 8a of	
age of				the Summary Page	



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

1. Committee I.D. Number B2006012

BALLOT QUESTION COMMITTEE	2. Committee Name	Stop City Income	Tax	
This Schedule itemizes:	(Check either a or b. l	Jse only for the purpose che		
a. $\boxed{m{\psi}}$ Debts and obligations owed $\underline{m{by}}$ or forgiven the	committee OR b.	Debts and obligations of	wed to or forgive	n by the committe
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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type)  5. Indicate date debt was incurred 6. Indicate original amount	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:	of debt  4. Type: debt	\$		
Maggie Brandt 118 S Washington St Ypsilanti, MI 48197	5. <u>Date Debt Was Incurred</u> 03/15/07 6.Original Amount of Debt	\$ \$	\$	<sub>\$</sub> 175.00
	\$ 175.00	\$		
			1	FORGIVEN
If bank loan, name of endorser or guarantor:  Debt #2		Amou	unt Endorsed: \$	
Owed to or by:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St Ypsilanti, MI 48197	5. <u>Date Debt Was Incurred</u> 08/01/07 6. <u>Original Amount of Debt</u>	\$ \$ \$	\$	<sub>\$</sub> 242.93
	\$ 67.93	\$		
f bank loan, name of endorser or guarantor:				FORGIVEN
Debt #3		Amount E	indorsed: \$	
Owed to or by: Maggie Brandt	4. Type: debt	\$		
118 S Washington St Ypsilanti, MI 48197	5. <u>Date Debt Was Incurred</u> 08/01/07	\$ \$	\$	<sub>\$</sub> 305.02
	6. Original Amount of Debt	\$		
	\$ <u>62.09</u>	<u> </u>	' '	
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	FORGIVEN
		Page Subtotal (O	utstanding debt)	\$305.02
	ete on last page of Schedule showing	amounts owed by or to the		
or obligation must be shown on this Schedule if thei mpaign Statement or it was forgiven during the perio	re was an outstanding amount ow od covered by this Campaign State	ed on it at the closing date ment.	of	Enter this total on line 12a "owed by", or line 12b "owed

to" of the



Page 2 of 5

#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### DEBTS AND OBLIGATIONS SCHEDULE 4E

1. Committee I.D. Number B2006012

BALLOT QUESTION COMMITTE	E 2. Committee Name	Stop City Income	Гах	
This Schedule itemizes:	(Check either a or b.	Use only for the purpose che		
a. $\boxed{m{\checkmark}}$ Debts and obligations owed $\underline{\text{by}}$ or forgiven the	e committee OR b.	Debts and obligations of		n by the committe
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 endorsers 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:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St Ypsilanti, MI 48197	5. <u>Date Debt Was Incurred</u> 08/10/07 6. Original Amount of Debt	\$ \$	\$	<sub>\$</sub> 422.68
	\$ <u>117.66</u>	\$ \$		
If bank loan, name of endorser or guarantor:			_	FORGIVEN
Debt #2		Amou	int Endorsed: \$	
Owed to or by: Maggie Brandt	4. Type: debt	\$	i	
118 S Washington St	5. Date Debt Was Incurred	\$	   <b>\$</b>	s 494.50
Ypsilanti, MI 48197	08/10/07 6. Original Amount of Debt	\$	Φ	\$
	<sub>\$</sub> _71.82	\$		 
f bank loan, name of endorser or guarantor:				FORGIVEN
Debt #3		Amount E	indorsed: \$	
Dwed to or by: Maggie Brandt	4. Type: debt	\$		
118 S Washington St Ypsilanti, MI 48197	5. Date Debt Was Incurred	\$	\$	<sub>\$</sub> 669.40
, , , , , , , , , , , , , , , , , , , ,	08/13/07	<u> </u>		
	6. Original Amount of Debt	\$		
	\$ <u>174.90</u>	<b>.</b>	'	
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	FORGIVEN
		Page Subtotal (O		\$364.38
(Compi	lete on last page of Schedule showing	Grand Total of a	III Schedules 4E	
or obligation must be shown on this Schedule if the mpaign Statement or it was forgiven during the peri	ere was an outstanding amount ow	ed on it at the closing date		Enter this total on line 12a "owed by", or line 12b "owed to" of the



#### DEBTS AND OBLIGATIONS SCHEDULE 4E RALL OF CUESTION COMMITTEE

1. Committee I.D. Number B2006012

BALLOT QUESTION COMMITTEE	E 2. Committee Name	Stop City Income	 Гах	
This Schedule itemizes:	(Check either a or b.	Use only for the purpose che		
a. Debts and obligations owed by or forgiven the		Debts and obligations of	wed to or forgive	n by the committe
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 endorsers 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	4. Type: debt	•		
Owed to or by: Maggie Brandt 118 S Washington St Ypsilanti, MI 48197	5. <u>Date Debt Was Incurred</u> 08/13/07	\$ \$	\$	\$ 711.80
i panariu, ivii 40197	6. Original Amount of Debt	\$		
	\$ 42.40	\$		
			1	FORGIVEN
If bank loan, name of endorser or guarantor:  Debt #2		Amou	unt Endorsed: \$	
Owed to or by:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St	5. <u>Date Debt Was Incurred</u>	\$		
Ypsilanti, MI 48197	08/17/07	\$	\$	\$_1,116.00
	6. Original Amount of Debt	\$		
	 <sub>\$_</sub> 404.20	\$		1
				FORGIVEN
f bank loan, name of endorser or guarantor:		Amount F	indorsed: \$	
Debt #3 Owed to or by:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St Ypsilanti, MI 48197	5. Date Debt Was Incurred	\$	\$	<sub>\$</sub> 1,133.50
1 panarin, wii 40 197	09/05/07	\$		
	6. Original Amount of Debt	\$		
	s 17.50	\$		
	\$			FORGIVEN
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	
		Page Subtotal (O		\$464.10
(Comple	ete on last page of Schedule showing	Grand Total of a	ill Schedules 4E	
or obligation must be shown on this Schedule if the				Enter this total
anaim Cinternant on it found to the state of		r it at the closing date		

Page 3 of 5

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



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#### DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTE

1. Committee I.D. Number B2006012

BALLOT QUESTION COMMITTE	EE 2. Committee Name	Stop City Income <sup>-</sup>	Гах	
This Schedule itemizes:	(Check either a or b.	Use only for the purpose che		
a. $\boxed{\checkmark}$ Debts and obligations owed $\underline{by}$ or forgiven th	e committee OR b.	Debts and obligations of		n by the committe
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 endorsers 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:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St	5. Date Debt Was Incurred 09/12/07	\$	\$	\$ 1,602.35
Ypsilanti, MI 48197	6. Original Amount of Debt	\$ \$		
	\$ <u>468.85</u>	\$		_
				FORGIVEN
If bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$ _	
Owed to or by:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St	5. Date Debt Was Incurred	\$		s 1,622.35
Ypsilanti, MI 48197	10/04/07 6. Original Amount of Debt	\$	\$	\$_1,022.55
	20.00	\$ \$		
	\$ 20.00			
f bank loan, name of endorser or guarantor:		Amount E	ndorsed: \$	FORGIVEN
Debt #3	dobt			
Owed to or by:	4. Type: debt	\$		
Maggie Brandt 118 S Washington St	5. Date Debt Was Incurred	\$	\$	<sub>\$</sub> <u>1,680.63</u>
Ypsilanti, MI 48197	10/18/07	\$		
	6. Original Amount of Debt	\$		
	\$ <u>58.28</u>	\$	I	П
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	FORGIVEN
		Page Subtotal (O		\$547.13
(Comp	olete on last page of Schedule showing	Grand Total of a	Il Schedules 4E	
or obligation must be shown on this Schedule if th mpaign Statement or it was forgiven during the per	ere was an outstanding amount ow	ed on it at the closing date		Enter this total on line 12a "owed by", or line 12b "owed to" of the



Page <u>5</u> of <u>5</u>

#### DEBTS AND OBLIGATIONS SCHEDULE 4E

1. Committee I.D. Number B2006012

BALLOT QUESTION COMMITTE	E 2. Committee Name	Stop City Income	Гах	
This Schedule itemizes:	(Check either a or b.	Use only for the purpose che		
a. $\boxed{\checkmark}$ Debts and obligations owed $\underline{by}$ or forgiven the	e committee OR b.	Debts and obligations of		n by the committee
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 endorsers or guarantors, if any.	4. Type of Obligation (Indicate type)  5. Indicate date debt was incurred 6. Indicate original amount	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	of debt			,
Owed to or by:	4. Type: debt	\$		
Maggie Brandt	5. Date Debt Was Incurred	\$	\$	\$ 1,747.68
118 S Washington St	10/21/07			
Ypsilanti, MI 48197				
	6. Original Amount of Debt	\$		
	\$ 67.05	\$		
			1	' _
				FORGIVEN
f bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$	
Debt #2 Owed to or by:	4. Type: debt	s		
Maggie Brandt				
118 S Washington St	5. Date Debt Was Incurred	\$		
/psilanti, MI 48197	10/21/07	<b>\$</b>	\$	\$ 1,907.63
	6. Original Amount of Debt	<del></del>		
		\$		
	150.05	\$		l
	<sub>\$</sub> _159.95			
				LJ FORGIVEN
f bank loan, name of endorser or guarantor:		A		
Debt #3		Amount E	ndorsed: \$	
Owed to or by:	4. Type: <b>debt</b>	\$		
Maggie Brandt				
18 S Washington St	5. Date Debt Was Incurred	\$	\$	\$
psilanti, MI 48197		œ.		
	6. Original Amount of Debt	\$		
		\$		
	\$			
				FORGIVEN
f bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	
		Page Subtotal (Ou		\$227.00
(Comple	ete on last name of Schodulo showing	Grand Total of a	I Schedules 4E	
or obligation must be shown on this Schedule if the	ete on last page of Schedule showing	amounts owed by or to the	committee.)	Enter this total
npaign Statement or it was forgiven during the peri	od covered by this Campaign State	on it at the closing date ment.	от	Enter this total on line 12a "owed by", or line 12b "owed to" of the



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

1. Committee I. D. Number <u>B-2006-012</u>

2 Committee Name Stop City Income Tax

	2. Committee Name		
Name and Address from whom received  If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address:  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	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description Phone  5. DATE OF RECEIPT: 10/21/07  6. VENDOR NAME & ADDRESS: Accessline Department LA 22266, Pasadena, CA 91185-2266	d \$_67.05 Click Here for Memo Ite	<sub>\$</sub> 1747.68
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Website  5. DATE OF RECEIPT: 10/21/07  6. VENDOR NAME & ADDRESS: HDL 1013 San Mateo SE, Albuquerque NM 87108	\$_159.95  Click Here for Memo Ite	<sub>\$</sub> 1907.63
Contribution #3 Name & Address:  Cameron Getto 305 Maple St Ypsilanti, MI 48198  If over \$100.00 cumulative, please provide:  Occupation  Employer Name & Address:	4.  □ Loan endorsement or guarantee	\$ 40 Click Here for Memo Ite	\$ 40 mization Type
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)		



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

BALLOT QUESTION COMMITTEE	2. Committee Name Stop City Income Tax		
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Postage  5. DATE OF RECEIPT: 03/15/07  6. VENDOR NAME & ADDRESS: USPS 1606 South Huron Street, Ypsilanti, MI 48197	4	<sub>\$</sub> 175
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Advertising  5. DATE OF RECEIPT: 08/01/07  6. VENDOR NAME & ADDRESS: Four Eyes Joke PO Box 208 Fiskdal MA 01518	\$ 67.93  Click Here for Memo Ite	\$242.93 mization Type
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Signs  5. DATE OF RECEIPT: 08/01/07  6. VENDOR NAME & ADDRESS: American Button 2609 Westridge Drive Plano, TX 75075	\$ 62.09  Click Here for Memo Itel	\$305.02
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule	(	

Page 2 of 6



1. Committee I. D. Number <u>B-2006-012</u>

2. Committee Name Stop	City Income Tax	

	2. Committee Name		
Name and Address from whom received  If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: 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	4.  Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Advertising  5. DATE OF RECEIPT: 08/10/07  6. VENDOR NAME & ADDRESS: Fantasy Attic 3010 Packard Rd Ann Arbor, MI 48108	\$ 117.66  Click Here for Memo Ite	<sub>\$</sub> 422.68
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  Fund Raiser	4.  □Loan endorsement or guarantee □ Goods Donated or loaned □ Services Donated □ Goods or Services Purchased by Others □ Goods or Services Purchased by Others - LOAN Description Printing  5. DATE OF RECEIPT: 08/10/07  6. VENDOR NAME & ADDRESS: Buy.com 85 Enterprise, Aliso Viejo CA 92656	\$_71.82  Click Here for Memo Ite	\$494.50 emization Type
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  Fund Raiser	4.  □Loan endorsement or guarantee □Goods Donated or loaned □ Services Donated □Goods or Services Purchased by Others □Goods or Services Purchased by Others - LOAN Description Signs  5. DATE OF RECEIPT: 08/13/07 6. VENDOR NAME & ADDRESS: Express Sign 2239 W Liberty Ann Arbor MI 48103	\$_174.90  Click Here for Memo Ite	§ 669.40 mization Type
	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

Page 3 of 6



1. Committee I. D. Number <u>B-2006-012</u>

BALLOT QUESTION COMMITTEE	2. Committee Name Stop City Income Tax		
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
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donate Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Signs 5. DATE OF RECEIPT: 08/13/07	\$ 42.40 Click Here for Memo Ite	\$ 711.80
Fund Raiser  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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Printing  5. DATE OF RECEIPT: 08/17/07  6. VENDOR NAME & ADDRESS: VG Kids 815 W. Michigan Ave. Ypsilanti, MI 48197	\$\frac{404.20}{\text{Click Here for Memo Ite}}	\$ 1116.00 emization Type
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	4.  □ Loan endorsement or guarantee   □ Goods Donated or loaned □ Services Donated □ Goods or Services Purchased by Others   □ Goods or Services Purchased by Others - LOAN Description FOOd  5. DATE OF RECEIPT: 09/05/07  6. VENDOR NAME & ADDRESS:  Pub13 13 N Washington St Ypsilanti, MI 48197	\$ 17.50  Click Here for Memo Ite	\$ 1133.50 emization Type
	Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)		

Enter this total on line 6a of Summary Page

Page 4 of 6



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

2. Committee Name	Ston	City	Income	Tav
2. Committee Name	Stop	City	income	ıax

	2. Committee Name		
Name and Address from whom received  If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: 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	4.  □ Loan endorsement or guarantee   □ Goods Donated or loaned □ Services Donate   □ Goods or Services Purchased by Others   □ Goods or Services Purchased by Others - LOAN   □ Description Printing  5. DATE OF RECEIPT: 09/12/07  6. VENDOR NAME & ADDRESS:   □ Buy.com 85 Enterprise, Aliso Viejo CA 92656	d \$_468.85 Click Here for Memo Ite	<sub>\$</sub> 1602.35
Fund Raiser			
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  Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Filing  5. DATE OF RECEIPT: 10/04/07  6. VENDOR NAME & ADDRESS: Washtenaw County Clerk 200 N Mai St Ann Arbor, MI 48107	\$Click Here for Memo Ite	\$ 1622.35 emization Type
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  Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description Printing  5. DATE OF RECEIPT: 10/18/07 6. VENDOR NAME & ADDRESS: Costco 20000 Haggerty Rd Livonia, MI 48152 58.28	\$ 58.28  Click Here for Memo Ite	\$ 1680.63 emization Type
	Page Subtotal	\$547.13	
	Grand Total of all Schedules 4-IK (Complete on last page of Schedule	· ·	

Page <u>5</u> of <u>6</u>



1. Committee I. D. Number <u>B-200</u>6-012

2. Committee Name	Stop City In	come Tax	
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	2. Committee Name		
3. Name and Address from whom received	Type of In-Kind Contribution (Check applicable box)     Date of Receipt	7. Amount or Fair	8. Cumulative
If contribution is from an individual, please enter last name first.	Name & Address of Vendor from whom goods or services were purchased	Market Value	for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address:	4. Loan endorsement or guarantee		, , , , , , , , , , , , , , , , , , , ,
Robert Kilpatrick	Goods Donated or loaned Services Donated	1	
1458 Collegewood	Goods or Services Purchased by Others		
Ypsilanti, MI 48197	Goods or Services Purchased by Others - LOAN	<b>,</b> 200	s 200
If over \$100.00 cumulative, please provide:	Description Food	\$	\$ 200
Occupation retired			
Employer Name & Address:	5. DATE OF RECEIPT: 09/12/07 6. VENDOR NAME & ADDRESS:	Click Here for Memo Ite	mization Type
	Frenchies		
	54 E Cross St		
✓ Fund Raiser	Ypsilanti, MI 48198		
Contribution #2 Name & Address:	Loan endorsement or guarantee		
Name & Address.	Goods Donated or loaned Services Donated		
	Goods or Services Purchased by Others		
	Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide:	_	\$	\$
Occupation	Description		
Employer Name & Address:	5. DATE OF RECEIPT:	Click Here for Memo Ite	mization Type
Employer Name a Address.	6. VENDOR NAME & ADDRESS:		
Fund Raiser			
Contribution #3	Loan endorsement or guarantee		
Name & Address:	Goods Donated or loaned Services Donated		
	Goods or Services Purchased by Others		
	Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide:	Description	\$	¢
Occupation			9
Employer Name & Address:	5. DATE OF RECEIPT:	Click Here for Memo Ite	mization Type
Employer Name & Address.	6. VENDOR NAME & ADDRESS:	SHORT TOTAL TOTAL METHORIES	mzation Type
Fund Raiser			
	Page Subtotal	\$200.00	
	Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	\$2,147.63	
	( Prese on the page of Softedule)	L	



#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### FUND RAISER SCHEDULE 4F BALLOT QUESTION COMMITTEE

Committee I D. Number

B-2006-0

١.	Committee I.D. Number
2.	Committee Name Stop City Income Tax

	- USE A S	SEPARATE SHE	ET FOR EA	ACH EVENT -	
3. Date Event Was Held	4. Number of Incor Participating greater)	dividuals Attending (whichever is	5. Type of Fund Raising Activity		6. Address and Name (If any) of the place where the activity was held
09/12/07			Reception		Frenchies 54 E Cross St Ypsilanti, MI 48198
			<u> </u>		Private Residence
7. Total Contributions	\$_1,399.00				
8. Other Receipts	\$ 0.00			_	
9. Gross Receipts (Add lines 7 and 8)	\$_1,399.00			-	
10. Total Cost of Event	\$ 200.00				d Contributions and All ade For the Event
Check if event was	a joint fund raiser a	and complete the	e followina:		
Co-Sponsor(s)	,	Contribution (%)	_	E	Expenditure Split (%)
				_	
			···	_	
				_	
The committee is required covered by the Campaign	to file a separate F	und Raiser Sch	edule for ea	ch fund raising ev	ent held during the period

- 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.

Page	of	
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