

Fox 222-6528



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 07/18/16 To 08/22/16

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

4. Committee's Mailing Address **PO Box 980689, Ypsilanti, MI 48198**

2. Committee Name

STOP CITY INCREASING TAXES

Area Code and Phone: _____
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
Steve Pierce 118 S Washington St, Ypsilanti, MI 48197

Area Code and Phone **(734) 252-9774**

6. Treasurer's Business Address
118 S Washington St, Ypsilanti, MI 48197

Area Code and Phone **(734) 252-9774**

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone

FILED
 WASHINGTON COUNTY, MI
 2016 SEP - 1 P 1:21
 LAWRENCE H. HETTERBAUM
 COUNTY CLERK/REGISTRAR

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR
 POST-ELECTION

Pre-Election or Post-Election Statement relates to:

- PRIMARY
- GENERAL
- SCHOOL
- SPECIAL
- OTHER: _____

Date of Election:
08/02/16

- 8b.
- FEBRUARY STATEMENT
 - APRIL STATEMENT
 - JULY STATEMENT
 - OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(____ Coverage Year)

8d:
 Post Petition Sample Filing under MCL 168.483a

(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)

8e. AMENDMENT TO CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE REQUEST

Effective Date of Dissolution

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

Steve Pierce

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

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

2. Committee Name STOP CITY INCREASING TAXES

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>1,400.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,400.00</u>	(18.) \$ <u>10,509.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1,400.00</u>	(20.) \$ <u>10,509.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ <u>1,342.93</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ _____	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ <u>677.96</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ <u>677.96</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>1,145.93</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>8,431.04</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1,400.00</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>9,831.04</u>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,831.04</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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

2. Committee Name STOP CITY INCREASING TAXES

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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1. Contribution # 1
Name & Address: _____
4. Date of Receipt 08/05/16

Ed Walters 59 Ecorse Rd Ypsilanti MI 48198

\$ 200 \$ 200

[Click Here for Memo Itemization](#)

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

Occupation Business Owner Employer Al Waters Heating

Business Address 59 Ecorse Rd Ypsilanti MI 48198

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: _____
4. Date of Receipt 08/05/16

Tyler Weston 302 N Grove St Ypsilanti MI 48198

\$ 100 \$ 100

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: _____
4. Date of Receipt 08/05/16

Claudia Gustafson 967 Washtenaw Ypsilanti MI 48197

\$ 100 \$ 100

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

1. Contribution # 4
Name & Address: _____
4. Date of Receipt 08/05/16

Jim Fink 206 S Washington Ypsilanti MI 48197

\$ 50 \$ 75

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

\$450.00

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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

2. Committee Name STOP CITY INCREASING TAXES

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

i. Contribution # 1
Name & Address: Beth Fink 206 S Washington Ypsilanti MI 48197
4. Date of Receipt 08/05/16
6. Amount \$ 50
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 75

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

ii. Contribution # 2
Name & Address: Robert Grams 317 Oak St Ypsilanti MI 48198
4. Date of Receipt 08/05/16
6. Amount \$ 50
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

iii. Contribution # 3
Name & Address: David Barowski 906 Grant St Ypsilanti MI 48197
4. Date of Receipt 08/05/16
6. Amount \$ 100
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

iv. Contribution # 4
Name & Address: Marvin Gerber 121 Perrin St Ypsilanti MI 48197
4. Date of Receipt 08/05/16
6. Amount \$ 350
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 350

5. If over \$100.00 cumulative, please provide:
Occupation Business Owner Employer Flo-Mar
Business Address 121 Perrin St Ypsilanti MI 48197
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$550.00**
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

