



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: Apr 21 2018 To Jul 20 2018

1. Committee I.D. Number C-2018-003

2. Committee Name
Ann Arbor Central Park Ballot Committee

4. Committee's Mailing Address
1318 Rosewood Street
Ann Arbor, MI 48104

Area Code and Phone: 734-417-3604
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
1318 Rosewood Street, Ann Arbor, MI 48104

Area Code and Phone 734-417-3604

6. Treasurer's Business Address
1318 Rosewood Street
Ann Arbor, MI 48104

Area Code and Phone 734-417-3604

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
Will Hathaway, 3424 Stowe St., Ann Arbor, MI 48103

Area Code and Phone 734-649-3207

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: _____

8b. FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(18 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 Will Hathaway
Type or Print Name

Will Hathaway
Signature

FILED
MICHIGAN COUNTY CLERK
2018 JUL 25 P 4:15



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number C-2018-003
Ann Arbor Central Park Ballot
2. Committee Name Committee

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2,050</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2,050</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>4,300</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>6,350</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>750</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>750</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>4,195</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>4,195</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>4,195</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>750</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>4,300</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>-4.23</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>6,350</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>6,345.77</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>4,195</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,150.77</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number C-2018-003
2. Committee Name Ann Arbor Central Park Ballot

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Phil Carroll 1006 Lincoln Avenue Ann Arbor, MI 48104 4. Date of Receipt <u>6/11/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>not applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,000</u>	\$ <u>1,000</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Peter Nagourney 914 Lincoln Avenue Ann Arbor, MI 48104 4. Date of Receipt <u>6/28/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>not applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>650</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: John & Gwen Nystuen 1016 Olivia Street Ann Arbor, MI 48104 4. Date of Receipt <u>6/28/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>not applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>500</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Eric Lipson 1318 Rosewood Street Ann Arbor, MI 48104-6229 4. Date of Receipt <u>7/13/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>450</u> Click Here for Memo Itemization

Page Subtotal **\$2,050**
Grand Total of All Schedules 4A (Complete on last page of Schedule) **\$2,050**

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

C-2018-0

1. Committee I. D. Number _____

2. Committee Name Ann Arbor Central Park Ballot Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Faye Lapp 1612 N. State Street Big Rapids, MI 49307 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: ballot petitioning 5. Ballot Proposal: charter amendment County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	5/7/18 Date of Expenditure	1,395 \$ _____	1,395 \$ _____
Expenditure # 2 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Date of Expenditure \$ _____	\$ _____	\$ _____
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Date of Expenditure \$ _____	\$ _____	\$ _____
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Date of Expenditure \$ _____	\$ _____	\$ _____

Subtotal this page **1,395**

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

Enter this total on Line 8a of the Summary Page



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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

C-2018-0

1. Committee I. D. Number _____

2. Committee Name Ann Arbor Central Park Ballot Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: County Clerk/Register of Deeds Washtenaw County 200 North Main Street Ann Arbor, MI 48107 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: late fees 5. Ballot Proposal: charter amendment County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7/3/18	\$ 2,800	\$ 2,800
Expenditure # 2 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____	\$ _____	\$ _____	
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____	\$ _____	\$ _____	
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____	\$ _____	\$ _____	

Subtotal this page **2,800**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **4,195**

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

C-2018-003

1. Committee I. D. Number _____
Ann Arbor Central Park Ballot Committee
2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Thomas F. Wieder 2445 Newport Road Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Attorney Employer Name & Address: self same address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description letter re ballot "caption" 5. DATE OF RECEIPT: July 2018 6. VENDOR NAME & ADDRESS: _____ Click Here for Memo Itemization	\$ 750	\$ 750
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **750**
 Grand Total of all Schedules 4-IK (Complete on last page of Schedule) **750**

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number **C-2018-003**
2. Committee Name **Ann Arbor Central Park Ballot Committee**

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 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: Mary Hathaway 1407 Wakefield Ave. Ann Arbor, MI 48103	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>6/7/18</u> 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1,500</u>
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #2 Owed to or by: Mary Hathaway 1407 Wakefield Ave. Ann Arbor, MI 48103	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>7/3/18</u> 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>2,800</u>
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$4,300**
Grand Total of all Schedules 4E **\$4,300**
(Complete on last page of Schedule showing amounts owed by or to the committee.)

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

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