

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

		_		FOR OFFICIAL USE ONLY
Report must be legible, typed or printreasurer or designated record keep	nted in ink and signed by the er.		3.This Statement covers From: A	pr 21 2018 _{To} Jul 20 2018
1. Committee I.D. Number C-2018-003			4. Committee's Mailing Address	1318 Hosewood Street Ann Arbor, MI 48104
2. Committee Name Ann Arbor Central Park E	Ballot Committee		Area Code and Phone: If the address in this box is differenthe Statement of Organization, main official.	17-3604 It from the committee mailing address on ill may be sent to this address by the filing
5. Treasurer's Name and Residentia	l Address	•	100	HS A
1318 Rosewood Street, A	Ann Arbor, MI 48104			
Area Code and Phone 734-417	-3604	1		25
13 18 Hosewood Street		7. De (If I	signated Record Keeper's Name an the committee has a Designated Re	nd Mailing Address Card Keeper)
Ann Arbor, MI 48104		Will F	Hathaway, 3424 Stowe S	St., Ann Arbor, MI 48103
Area Code and Phone 734-417-	3604	Area C	Code and Phone 734-649-320	· 関図 の = 07 07
8. TYPE OF STATEMENT:	8b. FEBRUARY STATEMEN	ΙΤ	8d: Post Petition Sample Filing under MCL 168 483a	8f. DISSOLUTION OF COMMITTEE REQUEST
8a. PRE- ELECTION	APRIL STATEMENT		unider MCE 100.403a	Effective Date of Dissolution
OR POST- ELECTION	JULY STATEMENT		(Required of Statewide Ballot Question Committees only after the submission of a sample petitic	ion
Pre-Election or Post-Election Statement relates to:	OCTOBER STATEMENT	•	prior to circulating the petition)	By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of
PRIMARY	8c. ANNUAL STATEMEN	Т	8e. AMENDMENT TO CAMPAIGN STATEMENT	residual funds must be reported on Schedule 4B and the Summary Page.
GENERAL SCHOOL	(18 Coverage Year)		(Complete Item 8a, 8b, 8c 8d, or 8 to indicate which Statement is	Bf .
SPECIAL OTHER:			being amended)	
Date of Election:				
A committee that does not have a Rei Schedules. Direct contributions, in-tiff any of the information listed in items amendment to the Statement of Orga or before the filing deadline of a red	porting Waiver must file all required contributions, loans, expending 5, 6, or 7 has changed sinc nization should accompany this quired campaign statement,	uired Ca ditures a se the ini s Campa that can	Impaign Statements. The Campaign nd outstanding debts count against formation was shown on the comal formation was shown on the comal aign Statement. If a request for a npaign statement can not be waiv	n Statements must include all applicable the \$1,000 Reporting Waiver threshold. itee's Statement of Organization, an Reporting Waiver is not received on yed.
Verification: I certify that all reasonal my knowledge and belief the conte	ble diligence was used in the pents are true, accurate and com	reparation	on of this statement and attached so	chedules (if any) and to the best of
Current Treasurer or Will Ha	athaway	,	MARKARIA.	3 .
Designated Record Reeper	or Print Name	1 //	Signature Signature	reg
.,,,,,			g,	/



SUMMARY PAGE BALLOT QUESTION COMMITTEE

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

Ann Arbor Central Park Ballot 2. Committee Name Committee

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) <u>\$</u> 2,050	Cumulative for Election Cycle
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 2,050	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 4,300	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 6,350	(20.)\$
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.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 750	(21.) \$
EXPENDITURES		
8. Expenditures	4.405	
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.) \$ <u>0</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ 4,195	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 4,195	(24.) \$
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.)\$ 4,300	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 6,350	
15. SUBTOTAL Add lines 13 and 14	(15.) = 6,345.77	
 Amount expended during reporting period (Line 10, Column I, Total Expenditures) 	(16.) - 4,195	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 2,150.77	*

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



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

Ann Arbor Central Park Ballot

2. Committee Name Committee

Pame & Address: Phil Carroll	Please enter contributors name and address. If comiddle initial.	•	r last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Phil Carroll 1006 Lincoln Avenue Ann Arbor, MI 48104 5. If over \$180.00 cumulative, please provide: Citck Here for Memo Itemization Citck Here for Memo Itemizatio		Date of Receipt 6/11/18			
Ann Arbor, MI 48104 5. If ever \$100.00 cumulative, please provide: Cocupation Retifred Cocupation Employer Business Address Type of Contribution: I Direct Loan from a person I Fund Raiser Soo \$650 Ann Arbor, MI 48104 S	Name & Address: Phil Carroll				
S. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Click Here for Memo Itemization	1006 Lincoln Avenue				1,000
S. if over \$100.00 cumulative, please provide: Contribution: Direct Loan from a person Fund Raiser	Ann Arbor, MI 48104			\$. •
Business Address Type of Contribution: Direct				Click Here for Me	mo Itemization
Type of Contribution # 2 4. Date of Receipt 6/28/18 For the Magourney 914 Lincoln Avenue Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Fund Raiser Type of Contribution # 3 A. Date of Receipt 6/28/18 Summer 8/40fess Type of Contribution: For the Magourney 10 Direct Loan from a person Fund Raiser 3. Contribution # 3 A. Date of Receipt 6/28/18 Summer 8/40fess Type of Contribution: Fund Raiser 300 500 500 500 500 500 500 50		not applicable			
3. Contribution # 2 Vame & Address Pose of Contribution Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Cocupation Ann Arbor, MI 48104 6. If over \$100.00 cumulative, please provide: Cocupation Retired Cocupation Ann Arbor, MI 48104 6. If over \$100.00 cumulative, please provide: Retired Cocupation Business Address Type of Contribution: I object Ann Arbor, MI 48104 6. If over \$100.00 cumulative, please provide: Retired Cocupation Retired Cocupation Ann Arbor, MI 48104 6. If over \$100.00 cumulative, please provide: Retired Cocupation Retired Cocupation Fund Raiser 3. Contribution: I object Ann Arbor, MI 48104-6229 S. Contribution: I object Ann Arbor, MI 48104-6229 S. If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization Fund Raiser 3. Contribution: Ann Arbor, MI 48104-6229 S. Cocupation Cocupation Ann Arbor, MI 48104-6229 S. If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Attorney Employer Self Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Fund Raiser Ann Arbor, MI 48104-6229 S. Afoo Simmary Fund Raiser Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Attorney Self Cick Here for Memo Itemization Fund Raiser Cick Here for Memo Itemization Attorney Self Cick Here for Memo Itemization Fund Raiser Ann Arbor, MI 48104-6229 S. Afoo Simmary Fund Raiser Ann Arbor, MI 48104-6229 S. Afoo Simmary Fund Raiser Ann Arbor Alia Schedulus Alia	Business Address				
Page of		<u> </u>	Fund Raiser		
9.14 Lincoln Avenue Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Retired Occupation #3 Name \$Address Type of Contribution: of line and person of applicable Employer of	3. Contribution #2 4.	Date of Receipt 6/28/18			
Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Retired Occupation Retired Occupation #3 1. Direct Loan from a person Fund Raiser 3. Contribution #3 3. Contribution #3 3. Contribution #3 3. Contribution #3 4. Date of Receipt 6/28/18 300 500 Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Retired Occupation Retired Occupation Employer Type of Contribution: Direct 1. Direct Loan from a person Fund Raiser 4. Date of Receipt 7/13/18 First Cupson 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Fund Raiser Page Subtotal Grand Total of Ali Schedules 4A (Complete on last page of Schedule) First His total on line 3 a of Summany					0.50
6. If over \$100.00 cumulative, please provide: Occupation Retired Direct Susiness Address Type of Contribution: Direct					
Business Address Type of Contribution: Direct	Alifi Arbot, ivit 40 to4				
Business Address Type of Contribution:	5. If over \$100.00 cumulative, please provide:	mak amulia alala		Click Here for Mer	no Itemization
Type of Contribution:	Occupation Hetired Employer	not applicable			
3. Contribution # 3	Business Address				
Jame & Address Type of Contribution: If over \$100.00 cumulative, please provide: Retired Occupation Employer Loan from a person Attorney Business Address Type of Contribution: Self Employer Self Grand Total of All Schedules Page of Page of Page of 1016 Olivia Street 300	<u></u>		Fund Raiser		
1016 Olivia Street Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Retired Occupation Employer Type of Contribution: Direct		Date of Receipt 6/28/18			
Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Retired Occupation Business Address Type of Contribution: Direct Loan from a person 13. Contribution # 4 Name Address: Fire Lipson 13.18 Rosewood Street Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Attorney Same Type of Contribution: Self Grand Total of All Schedules Page Subtotal (Complete on last page of Schedule) Enter this total on line 3a of Summary	John & Gwen Nystuen				
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization				300	500
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address: Eric LipSon 1318 Rosewood Street Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of Summary	Ann Arbor, MI 48104			3	\$
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 Name & Address: ETIC Lipson 1318 Rosewood Street Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Type of Contribution: Direct Loan from a person Fund Raiser Click Here for Memo Itemization Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Employer Find Raiser Click Here for Memo Itemization Fund Raiser Page Subtotal S2,050 Enter this total on line 3a of Summary	5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Business Address Type of Contribution:		not applicable			
Type of Contribution:	Сесирации Стр				
3. Contribution #4 Name & Address: Eric Lipson 1318 Rosewood Street Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Attorney Self Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page of of	Business Address	<u> </u>	T		
Name & Address: Eric Lipson 1318 Rosewood Street Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Attorney Same Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page of	<u> </u>	<u> </u>	Fund Raiser		
1318 Rosewood Street Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal (Complete on last page of Schedule) Page of	Name & Address:	Date of Receipt //13/18			
Ann Arbor, MI 48104-6229 5. If over \$100.00 cumulative, please provide: Occupation Attorney					
Occupation Attorney Employer Same Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page of	Ann Arbor, MI 48104-6229			\$ 250	
Occupation Attorney Employer Same Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page of	5. If over \$100.00 cumulative, please provide:			Click Lloro for Man	- Hamilton
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of Summary	. Attorney	Self over		Click Here for Metr	o temzation
Type of Contribution: Direct Loan from a person Fund Raiser	same		 		
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of Summary		Loan from a person	Fund Raiser		
Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of Summary		teres .	Page Subtotal	\$2,050	
(Complete on last page of Schedule) Enter this total on line 3a of Summary		Con-d T	_	\$2.050	
Page of on line 3a of Summary					
Summary	Page of				
				Summary	



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

C-2018-0
1. Committee I. D. Number_____

BALLOT QUESTION COMMITTEE	2. Committee Name Ann Arbor Central Park Ballot Committee
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Name and address of person to whom paid	State purpose Identify the ball Indicate whethers	ot proposal	involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Faye Lapp	4. Purpose: ballot petiti		<u></u>	······································		
1612 N. State Street	5 D-9-1 D			5/7/18	1,395	1,395
Big Rapids, MI 49307	5. Ballot Proposal charter ame		}	Date of	_ \$	<u>\$</u>
			·	Expenditure		
	County: Washte	enaw		Click f	or Memo Itemizati	оп Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support					
Fund Raiser	Statewide		Oppose ✓ Local			
Expenditure # 2	4. Purpose:		Le la cocar			
Name & Address:						ĺ
	5. Ballot Proposal	·				
		•			\$	\$
				Date of Expenditure		
	County:			Expenditure		
Check box if expenditure is payment of debt or obligation				Click fo	r Memo Itemizatio	п Туре
reported on previous statement	Support		Oppose			
Fund Raiser	Statewide		Local	1000		
Expenditure # 3 Name & Address:	4. Purpose:					
Tallo a Maioo.						
	5. Bailot Proposal:				\$	•
				Date of	*	- v
		.,		Expenditure		1
	County:			Click for	r Memo Itemizatio	п Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support		Oppose			į
Fund Raiser	Statewide		Local			ĺ
Expenditure # 4	4. Purpose:		Ш		<u></u>	
Name & Address:	•					
	5. Ballot Proposal:				•	\$
	o. ballot i Toposai.			Date of	Φ	- *
	·····			Expenditure		
	County:			Click fo	r Memo Itemizatio	п Туре
Check box if expenditure is payment of debt or obligation	-					
reported on previous statement	Support		Oppose			İ
Fund Raiser	Statewide		✓ Local			
			Subto	otal this page	1,395	
		Gr	and Total of S	chedules 4B		-
			on last page			
				•	Enter this total on Line 8a of	
age of					the Summary	
					Page	



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B BALLOT QUESTION COMMITTEE

C-2018-0

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

3. Name and address of person to whom paid	State purpose Identify the bal Indicate whether	of expenditure. Not proposal involved. supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: County Clerk/Register of Deeds	4. Purpose: late fees				
Washtenaw County 200 North Main Street	5. Bailot Proposa		7/3/18	2,800	\$2,800
Ann Arbor, MI 48107	charter ame	endment	Date of Expenditure	•	
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washt	enaw	Click t	for Memo Itemizat	ion Type
Fund Raiser	Support Statewide	Oppose ✓ Local			
Expenditure # 2 Name & Address:	4. Purpose:				
	5. Ballot Proposa	sl ;		¢	\$
			Date of Expenditure	- Ψ	Ψ
Check box if expenditure is payment of debt or obligation	County:		Click fo	r Memo Itemizatio	on Type
reported on previous statement	Support Statewide	Oppose			
Fund Raiser Expenditure # 3		Local			
Name & Address:	4. Purpose:				
	5. Ballot Proposal	i:	Date of	\$	\$
	0		Expenditure		
Charle have if avanagiture is poursed of dalid as ablication	County:		Click fo	r Memo Itemizatio	п 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:				
	5. Ballot Proposal:			\$	\$
			Date of Expenditure		
	County:		Click fo	r Memo Itemizatio	оп Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
		Subto	otal this page	2,800	
		Grand Total of S (Complete on last page		4,195	
				Enter this total on Line 8a of	
age of				the Summary Page	



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

Page _____ of ____

1. Committee I. D. Number _____

	Ann Arbo	r Central	Park	Ballot	Committee
2. Committee Name					

Name and Address from whom received If contribution is from an individual, please enter last name first.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN letter re ballot "caption"	750	\$ 750
If over \$100.00 cumulative, please provide: Occupation Attorney Employer Name & Address: Self same address	5 DATE OF RECEIPT: July 2018	Click Here for Memo Iter	nization
Fund Raiser			
Contribution #2 Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide:		\$	\$
Occupation	Description		
Employer Name & Address:	5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:	Click Here for Memo Iter	mization
Fund Raiser			
Contribution #3 Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide:	Description	\$	\$
Occupation	5 DATE OF RECEIPT		
Employer Name & Address:	5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:	Click Here for Memo Iten	nization
Fund Raiser			
	Page Subtotal	750	
	Grand Total of all Schedules 4-lK (Complete on last page of Schedule)	750	
		Enter this total on	

Enter this total on line 6a of Summary Page



Page _____ of ____

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE

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

	Ann Arbor Central	Park Ballo	t Committee
Committee Name			

to" of the Summary Page

This Schedule itemizes:				
		Use only for the purpose ch		
a. Debts and obligations owed by or forgi	ven the committee OR b.	Debts and obligations	owed to or forgiver	n <u>by</u> the comm
3. Name and Mailing Address of person, vendor financial institution to whom debt is owed. If debt is a bank loan, please provide informatio regarding the endorsers or guarantors, if any.	5 Indicate data daht was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstandi Balance at close of this period (Item 6 minu Item 8)
	of debt	1	!	illotti o)
Debt #1	4. Type: loan			
	4. Type: Ioan	<u> </u>	0	4 500
Owed to or by: Mary Hathaway	- B / B / W T		\s ⁰	1,500
1407 Wakefield Ave.	5. Date Debt Was Incurred	\$	ΙΨ	Φ
Ann Arbor, MI 48103	6/7/18	s		
•				
	6. Original Amount of Debt	\$		
	\$	<u> </u>		
	-		•	' _
				FORGIVE
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2	4. Type: loan	\$		
Owed to or by: Mary Hathaway		- 		1
1407 Wakefield Ave.	5. Date Debt Was Incurred	•		
Ann Arbor, MI 48103	7/3/18		0	2,800
Alli Alboi, Wii 40103		\$	\$	\$ =,000
	6. Original Amount of Debt			
	O. Strand Francourt of Bost	\$		
		\$		
	· S		•	•
	\$			' .
	5			FORGIVE
f bank loan, name of endorser or guarantor:	* <u>* </u>		Endorsed: \$	
if bank loan, name of endorser or guarantor: Debt #3	\$		Endorsed: \$	
Debt #3	4. Type:		Endorsed: \$	
Debt #3			Endorsed: \$	
Debt #3				
Debt #3				
Debt #3	4. Туре:			
Debt #3	4. Туре:			
Debt #3	4. Туре:			
Debt #3	4. Type: 5. Date Debt Was Incurred	Amount E		
Debt #3	Date Debt Was Incurred Original Amount of Debt	Amount E		
Debt #3	4. Type: 5. Date Debt Was Incurred	Amount E		
Debt #3	Date Debt Was Incurred Original Amount of Debt	Amount E		
Debt #3 Dwed to or by:	Date Debt Was Incurred Original Amount of Debt	Amount E	\$	\$
Debt #3 Dwed to or by:	Date Debt Was Incurred Original Amount of Debt	Amount E	\$Endorsed: \$	\$FORGIVEN
Debt #3 Dwed to or by:	Date Debt Was Incurred Original Amount of Debt	Amount E	\$Endorsed: \$	\$
Debt #3 Dwed to or by:	Date Debt Was Incurred Original Amount of Debt	Amount E \$ \$ \$ \$ \$ Amount Page Subtotal (O	\$Endorsed: \$utstanding debt)	\$ FORGIVEN \$4,300
Debt #3 Dwed to or by:	Date Debt Was Incurred Original Amount of Debt	Amount E \$ \$ \$ \$ \$ \$ Amount Page Subtotal (O	\$Endorsed: \$utstanding debt)	\$FORGIVEN
Debt #3 Dwed to or by: If bank loan, name of endorser or guarantor: or obligation must be shown on this Schedul	4. Type: 5. <u>Date Debt Was Incurred</u> 6. <u>Original Amount of Debt</u> \$ (Complete on last page of Schedule shoe if there was an outstanding amount ow	Amount E \$ \$ \$ \$ Amount Page Subtotal (O Grand Total of a owing amounts owed by or to	Endorsed: \$utstanding debt)	\$ FORGIVEN \$4,300 \$4,300 Enter this total
Debt #3 Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> 6. <u>Original Amount of Debt</u> \$ (Complete on last page of Schedule shoe if there was an outstanding amount ow	Amount E \$ \$ \$ \$ Amount Page Subtotal (O Grand Total of a owing amounts owed by or to	Endorsed: \$utstanding debt) all Schedules 4E; the committee.)	\$ FORGIVEN \$4,300