



**BALLOT QUESTION COMMITTEE
COVER PAGE**

2018 DEC -6 A 10:46

FOR OFFICIAL USE ONLY

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

LAWRENCE WESTERBAUM
3. This Statement covers From Feb 11 2018 To Apr 20 2018

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

4. Committee's Mailing Address 1407 Wakefield Ave
Ann Arbor MI 48103

2. Committee Name
Ann Arbor Central Park Ballot Committee

Area Code and Phone: 734-649-3207
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
Will Hathaway
3424 Stowe Street, Ann Arbor, MI 48103
Area Code and Phone 734-649-3207

6. Treasurer's Business Address
1407 Wakefield Ave
Ann Arbor MI 48103
Area Code and Phone 734-649-3207

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
N/A
Area Code and Phone

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:
11/06/18

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 Will Hathaway, Will Hathaway
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

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

2. Committee Name Ann Arbor Central Park Ballot

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>3,400</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>3,400</u>	(20.) \$ <u>6,130</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>50.27</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>50.27</u>	(21.) \$ <u>428.70</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>5,208.23</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>5,208.23</u>	(22.) \$ <u>6,080.23</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>5,208.23</u>	(24.) \$ <u>6,080.23</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0</u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>3,000</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,858</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>3,400</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>5,258</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>5,208.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>49.77</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)
<p>3. Contribution # 1 Name & Address: Mary Hathaway 1407 Wakefield Ave Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>3/29/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>1,500</u></p>	<p>\$ <u>1,500</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Will Hathaway 3424 Stowe Street Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>3/29/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Property Manager</u> Employer <u>Hathaway Rentals</u> Business Address <u>1407 Wakefield Ave, Ann Arbor MI 48103</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>1,500</u></p>	<p>\$ <u>1,510</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Will Hathaway 3424 Stowe Street Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>4/2/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Property Manager</u> Employer <u>Hathaway Rentals</u> Business Address <u>1407 Wakefield Ave, Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>400</u></p>	<p>\$ <u>1,910</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ _____</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>

Page Subtotal **3,400**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **3,400**

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

2. Committee Name Ann Arbor Central Park Ballot Committee

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: Will Hathaway 3424 Stowe Street Ann Arbor MI 48103 If over \$100.00 cumulative, please provide: Occupation Property Manager Employer Name & Address: Hathaway Rentals 1407 Wakefield Ave Ann Arbor 48103 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>photocopy blank petitions</u> 5. DATE OF RECEIPT: <u>3/12/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>38.69</u>	\$ <u>152.61</u>
Contribution #2 Name & Address: Will Hathaway 3424 Stowe Street Ann Arbor MI 48103 If over \$100.00 cumulative, please provide: Occupation Property Manager Employer Name & Address: Hathaway Rentals 1407 Wakefield Ave Ann Arbor 48103 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>photocopy blank petitions</u> 5. DATE OF RECEIPT: <u>3/23/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>11.58</u>	\$ <u>164.19</u>
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal	50.27
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	50.27

Enter this total on
line 6a of
Summary Page