



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

BALLOT QUESTION COMMITTEE
COVER PAGE

2018 DEC -6 A 10:42

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: **OCT 21 2018** to **NOV 26 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 Com.

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>1,880</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,880</u>	(18.) \$ <u>26,740</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>50.28</u>	(19.) \$ <u>50.28</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1,930.28</u>	(20.) \$ <u>26,790.28</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>3,552.45</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>3,552.45</u>	(21.) \$ <u>24,691.30</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1,075.52</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>1,075.52</u>	(22.) \$ <u>24,939.18</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>1,075.52</u>	(24.) \$ <u>24,939.18</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>0</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>996.34</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1,930.28</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,926.62</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1,075.52</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,851.11</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 Com.

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: Margaret Leslie 2876 Sorrento Ave Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>10/30/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>
<p>3. Contribution # 2 Name & Address: Bonnie Schafer 1511 Hatcher Crescent Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>10/30/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>25</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>25</u></p>
<p>3. Contribution # 3 Name & Address: Susan Wineberg 712 E. Ann Street Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>10/30/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 4 Name & Address: Ellen Dannin 1518 Ardmoor Ave. Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>10/30/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>

Page Subtotal **275**

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 C-2018-003

2. Committee Name Ann Arbor Central Park Ballot Com.

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: Deborah Tennant 2035 Weldon Blvd Ann Arbor, MI 48103 4. Date of Receipt <u>10/30/18</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Amy Seetoo 3111 Cedarbrook Rd. Ann Arbor, MI 48105 4. Date of Receipt <u>10/30/18</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Holde H. Borcherts 1555 Washtenaw Ave. Ann Arbor, MI 48104 4. Date of Receipt <u>10/30/18</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Betsy Foote 2477 Bunkerhill Rd Ann Arbor, MI 48105 4. Date of Receipt <u>10/30/18</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>15</u>	\$ <u>15</u> Click Here for Memo Itemization

Page Subtotal

115

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 C-2018-003

2. Committee Name Ann Arbor Central Park Ballot Com

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: Scott Newell 1621 Traver Ann Arbor, MI 48105		4. Date of Receipt <u>10/30/18</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Renate Gerulaitis 4 Southwick Court Ann Arbor, MI 48105		4. Date of Receipt <u>10/30/18</u> \$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Lynn M. Borset 322 Virginia Ave. Ann Arbor, MI 48103		4. Date of Receipt <u>10/30/18</u> \$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Julie Herrada 1310 Rosewood Ann Arbor, MI 48104		4. Date of Receipt <u>10/30/18</u> \$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

225

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 C-2018-003

2. Committee Name Ann Arbor Central Park Ballot Com.

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: Judy Bonnell-Wenzel 2771 Braeburn Circle Ann Arbor, MI 48104			
4. Date of Receipt <u>10/30/18</u>		\$ <u>15</u>	\$ <u>15</u>
6. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Lisa Patrell 520 Soule Blvd. Ann Arbor, MI 48103			
4. Date of Receipt <u>11/1/18</u>		\$ <u>50</u>	\$ <u>50</u>
6. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Ellen & Steve Ramsburgh 1503 Cambridge Rd. Ann Arbor, MI 48104			
4. Date of Receipt <u>11/1/18</u>		\$ <u>100</u>	\$ <u>100</u>
6. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Philip Carroll 1006 Lincoln Ave. Ann Arbor, MI 48104			
4. Date of Receipt <u>11/25/18</u>		\$ <u>1,000</u>	\$ <u>2,000</u>
6. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1,165

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 C-2018-003

2. Committee Name Ann Arbor Central Park Ballot Com.

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: Anne Bannister 612 N. Main Street Ann Arbor, MI 48104		\$ <u>100</u>	\$ <u>350</u>
4. Date of Receipt <u>11/30/18</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide:			
Occupation <u>Director</u> Employer <u>Personal Finance Education</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			
3. Contribution # 2 Name & Address:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
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			
3. Contribution # 3 Name & Address:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
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			
3. Contribution # 4 Name & Address:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
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			

Page Subtotal **100**

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

1,880

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

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

2. Committee Name Ann Arbor Central Park Ballot Com.

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Unit Packaging 119 Enterprise Drive Ann Arbor, MI 48103	Date of Receipt <u>10/29/18</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input checked="" type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <u>50.28</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			50.28
Grand Total of All Schedules 4A-1 (Complete on last page of Schedule)			50.28

Enter this total on
line 4 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: Tom Wieder 2445 Newport Rd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Attorney Employer Name & Address: self same <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 <u>legal services</u> 5. DATE OF RECEIPT: <u>10/22 - 11/26/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>3,450</u>	\$ <u>15,450</u>
Contribution #2 Name & Address: Frank Wilhelme 1405 Lutz Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address:	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>photocopying</u> 5. DATE OF RECEIPT: <u>10/25, 10/26, 11/5</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104	\$ <u>77.45</u>	\$ <u>170.98</u>
Contribution #3 Name & Address: Will Hathaway 3424 Stowe St Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Property Manager Employer Name & Address: 1407 Wakefield Ave. Ann Arbor, MI 48103 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>late fee</u> 5. DATE OF RECEIPT: <u>11/2/18</u> Click Here for Memo Itemization Type 6. VENDOR NAME & ADDRESS: County Clerk 200 N. Main St. Ann Arbor, MI 48103	\$ <u>25</u>	\$ <u>366.80</u>

Page Subtotal	3,552.45
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	3,552.45

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

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

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: Tom Wieder 2445 Newport Rd. Ann Arbor, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>reimburse filing fees etc.</u> 5. Ballot Proposal: <u>Proposal A</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/27/11</u> Date of Expenditure	<u>319.27</u> \$	<u>494.27</u> \$
Expenditure # 2 Name & Address: Facebook <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>voter outreach</u> 5. Ballot Proposal: <u>Proposal A</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/27-11</u> Date of Expenditure	<u>650</u> \$	<u>1,200</u> \$
Expenditure # 3 Name & Address: Westside BBQ 108 E. Madison St. Ann Arbor, MI 48104 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>election night refreshments</u> 5. Ballot Proposal: <u>Proposal A</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>11/5/18</u> Date of Expenditure	<u>106.25</u> \$	<u>106.25</u> \$
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 **1,075.52**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **1,075.52**

Enter this total
on Line 8a of
the Summary
Page