



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: Jul 21 2018 To Oct 21 2018

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

2. Committee Name  
**Ann Arbor Central Park Ballot Committee**

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

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**

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

**N/A**

Area Code and Phone

6. Treasurer's Business Address

**1407 Wakefield Ave.  
Ann Arbor, MI 48103**

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,

Type or Print Name Signature

FILED  
 WASHINGTON COUNTY, MI  
 JAN 23 P 4: 01  
 CLERK/REGISTRAR  
 REFERENCE KESTENBAUH



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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>3/29/18</u>  6. <u>Original Amount of Debt</u> <u>\$ 1,500</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: Will Hathaway 3424 Stowe Street Ann Arbor, MI 48103	4. Type: <u>loan</u>  5. <u>Date Debt Was Incurred</u> <u>3/29/18</u>  6. <u>Original Amount of Debt</u> <u>\$ 1,500</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1,500</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #3 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>\$ 1,500</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1,500</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt) 4,500

Grand Total of all Schedules 4E  
(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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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)	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>7/3/18</u> 6. <u>Original Amount of Debt</u> \$ <u>2,800</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>2,800</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Owed to or by: Eric Lipson 1318 Rosewood St Ann Arbor, MI 48104-6229	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>7/13/18</u> 6. <u>Original Amount of Debt</u> \$ <u>250</u>	<u>10/3</u> \$ <u>250</u> \$ \$ \$ \$	\$ <u>250</u>	\$ <u>250</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #3 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>10/21/18</u> 6. <u>Original Amount of Debt</u> \$ <u>2,000</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>2,000</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

**4,800**

(Complete on last page of Schedule showing amounts owed by or to the committee.)

Grand Total of all Schedules 4E

**9,300**

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



MICHIGAN DEPARTMENT OF STATE  
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**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: <b>Frank Wilhelme</b> <b>1405 Lutz</b> <b>Ann Arbor, MI 48103</b>  If over \$100.00 cumulative, please provide: Occupation <b>retired</b> Employer Name & Address:  <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>campaign materials</u>  5. DATE OF RECEIPT: <u>10/5 and 10/17/18</u> 6. VENDOR NAME & ADDRESS: <b>Dollar Bill Copying</b> <b>611 Church Street</b> <b>Ann Arbor MI 48104</b>	\$ <u>47.58</u> \$ <u>93.53</u>	\$ <u>93.53</u>
Contribution #2 Name & Address: <b>Mike Clarren</b> <b>317 South Division</b> <b>Ann Arbor, MI 48104</b>  If over \$100.00 cumulative, please provide: Occupation <b>event organizer</b> Employer Name & Address:  <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>campaign buttons</u>  5. DATE OF RECEIPT: <u>8/29/18</u> 6. VENDOR NAME & ADDRESS: <b>KittyBKahn custom buttons</b> <b>515 Krause Street</b> <b>Ann Arbor, MI 48103</b>	\$ <u>15.00</u> \$ <u>15.00</u>	\$ <u>15.00</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: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____	\$ _____

Page Subtotal **60.58**  
 Grand Total of all Schedules 4-IK  
 (Complete on last page of Schedule) **19,014.84**

Enter this total on  
line 6a of  
Summary Page