



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: 10/22/2018 To 11/26/2018

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

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

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:
11/6/2018

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.

FILED
WASHTENAW COUNTY
2019 FEB 19 10:18 AM
LAWRENCE KESTER
COUNTY CLERK/REGISTRAR

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]
Signature



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: Frank Wilhelme 1405 Lutz Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Retired 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 checked="" 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>10/25/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104	\$ <u>10.60</u>	\$ <u>104.13</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: <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>photocopying</u> 5. DATE OF RECEIPT: <u>10/26/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104	\$ <u>30.43</u>	\$ <u>134.56</u>
Contribution #3 Name & Address: Frank Wilhelme 1405 Lutz Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Retired 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 checked="" 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>11/5/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104	\$ <u>36.42</u>	\$ <u>170.98</u>

Page Subtotal **77.45**

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

Enter this total on
line 6a of
Summary Page



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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>11/5/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>450</u>	\$ <u>12,450</u>
Contribution #2 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>11/7/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>600</u>	\$ <u>13,050</u>
Contribution #3 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>11/9/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>450</u>	\$ <u>13,500</u>

Page Subtotal

1,500

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

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line 6a of
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Contribution #2 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>11/11/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS:	\$ <u>750</u>	\$ <u>14,700</u>
Contribution #3 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>11/12/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS:	\$ <u>750</u>	\$ <u>15,450</u>

Page Subtotal **1,950**

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) **3,527.45**

Enter this total on
line 6a of
Summary Page