



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.

1. Committee I.D. Number <b>C-2018-003</b>		3. This Statement covers From: <b>11/27/2018</b> To <b>12/31/2018</b>	
2. Committee Name <b>Ann Arbor Central Park Ballot Committee</b>		4. Committee's Mailing Address <b>1407 Wakefield Ave. Ann Arbor, MI 48103</b>  Area Code and Phone: <b>734-649-3207</b> <small>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.</small>	
5. Treasurer's Name and Residential Address  <b>Will Hathaway, 3424 Stowe Street, Ann Arbor, MI 48103 Area Code and Phone 734-649-3207</b>			
6. Treasurer's Business Address <b>1407 Wakefield Ave. Ann Arbor, MI 48103</b>  Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <b>N/A</b>  Area Code and Phone	
<b>8. TYPE OF STATEMENT:</b>  8a. <input type="checkbox"/> PRE- ELECTION OR <input checked="" type="checkbox"/> POST- ELECTION  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____  Date of Election: <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>11/6/2018</b></div>		8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT  8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT ( <u>18</u> Coverage Year )  8d: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	
		8f. <input type="checkbox"/> 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.  <div style="text-align: right; color: blue; font-weight: bold;">           LAWRENCE KEBB            COUNTY CLERK            2019 FEB 19 10:06            WASHTEENAW COUNTY, MI            FILED         </div>	
<p>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.</p>			
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 <b>Will Hathaway</b> Type or Print Name		 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: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/26/18</u> <small>Click Here for Memo Itemization Type</small> 6. VENDOR NAME & ADDRESS:	\$ <u>450</u>	\$ <u>21,600</u>
Contribution #2 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/28/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS:	\$ <u>450</u>	\$ <u>22,050</u>
Contribution #3 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/31/18</u> <small>Click Here for Memo Itemization Type</small> 6. VENDOR NAME & ADDRESS:	\$ <u>900</u>	\$ <u>22,950</u>

Page Subtotal

**1,800**

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

Enter this total on  
line 6a 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: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b>  If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b>  Employer Name & Address: <b>self</b> <b>same</b>  <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>11/27/18</u> Click Here for Memo Itemization Type 6. VENDOR NAME & ADDRESS:	\$ <u>300</u>	\$ <u>15,750</u>
Contribution #2 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b>  If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b>  Employer Name & Address: <b>self</b> <b>same</b>  <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>11/28/18</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>450</u>	\$ <u>16,200</u>
Contribution #3 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b>  If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b>  Employer Name & Address: <b>self</b> <b>same</b>  <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>11/29/18</u> Click Here for Memo Itemization Type 6. VENDOR NAME & ADDRESS:	\$ <u>750</u>	\$ <u>16,950</u>

Page Subtotal **1,500**

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

Enter this total on  
line 6a 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: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/7/18</u> <small>Click Here for Memo Itemization Type</small> 6. VENDOR NAME & ADDRESS:	\$ <u>450</u>	\$ <u>17,400</u>
Contribution #2 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/11/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS:	\$ <u>900</u>	\$ <u>18,300</u>
Contribution #3 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/12/18</u> <small>Click Here for Memo Itemization Type</small> 6. VENDOR NAME & ADDRESS:	\$ <u>675</u>	\$ <u>18,975</u>

Page Subtotal

**2,025**

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

Enter this total on  
line 6a 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: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/13/18</u> <small>Click Here for Memo Itemization Type</small> 6. VENDOR NAME & ADDRESS:	\$ <u>225</u>	\$ <u>19,200</u>
Contribution #2 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/15/18</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS:	\$ <u>750</u>	\$ <u>19,950</u>
Contribution #3 Name & Address: <b>Tom Wieder</b> <b>2445 Newport Rd.</b> <b>Ann Arbor, MI 48103</b> If over \$100.00 cumulative, please provide: Occupation <b>Attorney</b> Employer Name & Address: <b>self</b> <b>same</b> <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>12/16/18</u> <small>Click Here for Memo Itemization Type</small> 6. VENDOR NAME & ADDRESS:	\$ <u>1,200</u>	\$ <u>21,150</u>

Page Subtotal **2,175**

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

2,175

Enter this total on  
line 6a of  
Summary Page

