




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 B2006012		3. This Statement covers From: <u>01/01/07</u> To <u>10/21/07</u>			
2. Committee Name Stop City Income Tax		4. Committee's Mailing Address 309 Oak Street Ypsilanti MI 48198 Area Code and Phone (734) 557-4080 <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 Steve Pierce 118 S Washington St Ypsilanti, MI 48197 Area Code and Phone (734) 482-9682		<div style="text-align: center;"> <p>2007 NOV - A 8:24</p> <p>FILED WASHINGTON COUNTY MI CLERK OF SUPERIOR COURT REGISTER</p> </div>			
6. Treasurer's Business Address 1013 San Mateo SE Albuquerque, NM 87108 Area Code and Phone (505) 349-3470				7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone	
8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE-ELECTION OR 8b. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SPECIAL Date of Election: <u>11/06/07</u>		8c. <input type="checkbox"/> ANNUAL STATEMENT (____ Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non- Qualification: _____		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 Effective Date of Dissolution _____ <small>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.</small>	
<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.</p> <p>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 <u>Steve Pierce</u> Type or Print Name		 Signature			
		Date <u>11/04/07</u>			





MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>8,312.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>8,312.00</u>	(18.) \$ <u>8,312.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>8,312.00</u>	(20.) \$ <u>8,312.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>3,272.63</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>3,272.63</u>	(21.) \$ <u>3,272.63</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>7,894.77</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>7,894.77</u>	(22.) \$ <u>7,894.77</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8a + Line 9)	(10.) \$ <u>7,894.77</u>	(24.) \$ <u>7,894.77</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>1,907.63</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>748.10</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>8,312.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>9,060.10</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>7,894.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,165.33</u>	

*If your ending balance is negative, please recheck your math.



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BUREAU OF ELECTIONS

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

1. Committee I. D. Number B-2006-012
2. Committee Name Stop City Income Tax

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: Robert Kilpatrick 1458 Collegewood Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: <input checked="" 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>Food</u> 5. DATE OF RECEIPT: <u>09/12/07</u> 6. VENDOR NAME & ADDRESS: Frenchies 54 E Cross St Ypsilanti, MI 48198	\$ <u>200</u>	\$ <u>200</u>
Contribution #2 Name & Address: Cameron Getto 305 Maple Ypsilanti, MI 48198 If over \$100.00 cumulative, please provide: Occupation Attorney Employer Name & Address: McKeen & Associates, P.C. 645 Griswold Street, Suite 4200 Detroit, MI 48226-3344 <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>10/21/07</u> 6. VENDOR NAME & ADDRESS:	\$ <u>1125</u>	\$ <u>1125</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 **\$1,325.00**

Grand Total of all Schedules 4-K (Complete on last page of Schedule) **\$3,272.63**

Enter this total on line 6a of Summary Page