



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
EAGLE COUNTY, MI

**BALLOT QUESTION COMMITTEE
COVER PAGE**

2012 MAY 22 10 30 AM
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-2006-012		3. This Statement covers From: <u>01/01/12</u> To <u>04/22/12</u>	
2. Committee Name Stop City Income Tax		4. Committee's Mailing Address Area Code and Phone <u>(734) 252-9774</u> <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 <u>(734) 252-9774</u>			
6. Treasurer's Business Address 118 S Washington St Ypsilanti MI 48197 Area Code and Phone <u>(734) 252-9774</u>		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>05/08/12</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 _____ 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 Steve Pierce Type or Print Name		<i>Steve Pierce</i> Signature	
		Date <u>05/21/12</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>11,455.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>11,455.00</u>	(20.) \$ <u>11,455.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
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.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>3,505.53</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.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>3,505.53</u>	(24.) \$ <u>3,505.53</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>1,938.90</u>	(25.) \$ <u>1,938.90</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>2,438.90</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>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>11,455.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>11,455.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3,505.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7,948.47</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 B-2006-012

2. Committee Name Stop City Income Tax

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: <u>Androulla A Youssef 440 Barton Shore Dr Ann Arbor MI 48105</u></p> <p>4. Date of Receipt <u>04/16/12</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>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>
<p>3. Contribution # 2 Name & Address: <u>Ann Savickas 812 Charles Ypsilanti MI 48198</u></p> <p>4. Date of Receipt <u>02/14/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>employee</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E. Huron St. Ann Arbor, MI 48107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>200.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>200.00</u></p>
<p>3. Contribution # 3 Name & Address: <u>Barbara Hale 310 N Hamilton Street Ypsilanti MI 48197</u></p> <p>4. Date of Receipt <u>03/06/12</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>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>
<p>3. Contribution # 4 Name & Address: <u>Barbara Zmich 314 Maple St Ypsilanti MI 48198</u></p> <p>4. Date of Receipt <u>04/10/12</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>12.50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>12.50</u></p>

Page Subtotal **\$412.50**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: Brad Stark 1204 Sherman Street Ypsilanti MI 48197	4. Date of Receipt <u>03/23/12</u>	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self</u> Business Address <u>101 South Washington St. Ypsilanti, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: C.L. Clare 324 Garland Ypsilanti MI 48197	4. Date of Receipt <u>02/23/12</u>	\$ <u>25.00</u>	\$ <u>25.00</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Celeste McClellan 314 Maple St Ypsilanti MI 48198	4. Date of Receipt <u>04/10/12</u>	\$ <u>12.50</u>	\$ <u>12.50</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Charles Carver 2008 S State St Ste A Ann Arbor MI 48104	4. Date of Receipt <u>04/16/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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		Click Here for Memo Itemization	

Page Subtotal **\$387.50**

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 B-2006-012

2. Committee Name Stop City Income Tax +

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: <u>Charlie Kettles 1306 W Cross St Ypsilanti MI 48197</u>	4. Date of Receipt <u>04/16/12</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
---	------------------------------------	-----------------	-----------------

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 Name & Address: <u>Claudia Gustafson 967 Washtenaw Ave Ypsilanti MI 48197 50.00</u>	4. Date of Receipt <u>04/22/12</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
---	------------------------------------	-----------------	-----------------

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 Name & Address: <u>Cyril and Christine Berry 8545 Moon Rd Saline MI 48176</u>	4. Date of Receipt <u>03/13/12</u>	\$ <u>250.00</u>	\$ <u>250.00</u>
---	------------------------------------	------------------	------------------

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Business Owner Employer Self

Business Address 8545 Moon Rd Saline MI 48176

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 Name & Address: <u>Daniel H Cox 1002 Grant St Ypsilanti MI 48197</u>	4. Date of Receipt <u>03/06/12</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
--	------------------------------------	------------------	------------------

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Business Owner Employer self

Business Address 1002 Grant St Ypsilanti MI 48197

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$850.00
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 B-2006-012
2. Committee Name Stop City Income Tax +

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 4. Date of Receipt 03/06/12
Name & Address:
Darlene Outland 1113 Pearl Ypsilanti MI 48197
\$ 25.00 \$ 25.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 03/22/12
Name & Address:
Daryl Daniels 121 Pearl St Ypsilanti MI 48197
\$ 500.00 \$ 500.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation Business Owner Employer Jacobsen/Daniels
Business Address 121 Pearl St Ypsilanti MI 48197
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 03/17/12
Name & Address:
David Palmer PO Box 980536 Ypsilanti MI 48198
\$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt 02/13/12
Name & Address:
Deb Laakko 110 Pearl St Ypsilanti MI 48197
\$ 200.00 \$ 200.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation Business Owner Employer 1st Step Referral
Business Address 110 Pearl St Ypsilanti MI 48197
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$825.00**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: _____ 4. Date of Receipt <u>04/16/12</u> Dr Anne M Hooghart 909 Woods Road Ypsilanti MI 48197</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>40.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>40.00</u></p>
<p>3. Contribution # 2 Name & Address: _____ 4. Date of Receipt <u>04/10/12</u> Hedger Breed 909 Pearl Street Ypsilanti MI 48197</p> <p>6. 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>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>
<p>3. Contribution # 3 Name & Address: _____ 4. Date of Receipt <u>04/02/12</u> Jeannete Ohm 422 S. Huron St. Ypsilanti MI 48197</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>50.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50.00</u></p>
<p>3. Contribution # 4 Name & Address: _____ 4. Date of Receipt <u>03/22/12</u> John Adams 2039 Collegewood Ypsilanti MI 48197</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>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>

Page Subtotal **\$290.00**

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 B-2006-012
2. Committee Name Stop City Income Tax

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: <u>John and Mary Delcamp 309 Oak St Ypsilanti MI 48198</u> 4. Date of Receipt <u>02/23/12</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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>John Coleman 559 Park Pl Saline MI 48176</u> 4. Date of Receipt <u>03/13/12</u> 6. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>LookInTheAttic & Company, inc.</u> Business Address <u>110 West Michigan Avenue Ypsilanti, Michigan 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>John and Mary Delcamp 309 Oak St Ypsilanti MI 48198</u> 4. Date of Receipt <u>04/10/12</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>75</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>John Wagner 22 N Washington St Ypsilanti MI 48197</u> 4. Date of Receipt <u>02/15/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>DJM Land Company</u> Business Address <u>22 N Washington St Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization

Page Subtotal **\$575.00**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: _____ Joseph D Lawrence 212 S Huron St Ypsilanti MI 48197</p> <p>4. Date of Receipt <u>02/18/12</u></p> <p>5. If over \$100.00 cumulative, please provide: 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</p>	<p>\$ <u>300.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>300.00</u></p>
<p>3. Contribution # 2 Name & Address: _____ Joyce Lyke 460 Osband St Ypsilanti MI 48198</p> <p>4. Date of Receipt <u>02/17/12</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>75.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>75.00</u></p>
<p>3. Contribution # 3 Name & Address: _____ Tom Lyke 460 Osband St Ypsilanti MI 48198</p> <p>4. Date of Receipt <u>02/17/12</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>75.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>75.00</u></p>
<p>3. Contribution # 4 Name & Address: _____ Karen Maurer 35 S Summit St Ypsilanti MI 48197</p> <p>4. Date of Receipt <u>02/17/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>self</u> Business Address <u>35 S Summit St Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>500.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>500.00</u></p>

Page Subtotal **\$950.00**

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 B-2006-012
2. Committee Name Stop City Income Tax

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: <u>n/a</u> 4. Date of Receipt <u>03/22/12</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____ \$ _____ Click Here for Memo Itemization	\$ _____ \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Karen Maurer 35 S Summit St Ypsilanti MI 48197</u> 4. Date of Receipt <u>02/17/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>self</u> Business Address <u>35 S Summit St Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u> \$ _____ Click Here for Memo Itemization	\$ <u>750.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Karen Valvo 1607 N Huron River Dr Ypsilanti MI 48197</u> 4. Date of Receipt <u>03/22/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Atty</u> Employer <u>Fink & Valvo</u> Business Address <u>320 N Main Street # 410, Ann Arbor, MI, 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u> \$ _____ Click Here for Memo Itemization	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Keith Baker 12 Oak St Ypsilanti MI</u> 4. Date of Receipt <u>02/18/12</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>20.00</u> \$ _____ Click Here for Memo Itemization	\$ <u>20.00</u> Click Here for Memo Itemization

Page Subtotal **\$520.00**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: Ken Butman 2105 Washteanw Ypsilanti MI 48197

4. Date of Receipt 02/29/12

\$ 500 \$ 500

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Business Owner Employer Gene Butman Ford

Business Address 2105 Washteanw Ypsilanti MI 48197

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Kenneth Hays 209 Pearl St Suite 202 Ypsilanti MI 48197

4. Date of Receipt 02/17/12

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Kristen Perkins 217 Woodward Ypsilanti MI 48197

4. Date of Receipt 04/15/12

\$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Leonardo Christian 7 S Normal Ypsilanti MI 48197

4. Date of Receipt 03/13/12

\$ 20.00 \$ 20.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$670.00**

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

\$670.00

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 B-2006-012

2. Committee Name Stop City Income Tax

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: <u>Mark Swanson 2446 Harding Ave Ypsilanti MI 48197</u> 4. Date of Receipt <u>03/13/12</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>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Mike Eller 22 N Washington St Ypsilanti MI 48197</u> 4. Date of Receipt <u>02/15/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>DJM Land Company</u> Business Address <u>22 N Washington St Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Mitch Jerden 13740 Ridgewood Plymouth MI 48170</u> 4. Date of Receipt <u>04/16/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Blackhawk Investment Group</u> Business Address <u>13740 Ridgewood Plymouth MI 48170</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>350.00</u>	\$ <u>350.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Scott Sobry 20 E Cross Ypsilanti MI 48198</u> 4. Date of Receipt <u>03/22/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>City Body</u> Business Address <u>20 E Cross Ypsilanti MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization

Page Subtotal **\$1,200.00**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: _____ <u>David Holzschuh 815 E Cross Ypsilanti MI 48198</u>	4. Date of Receipt <u>03/06/12</u> \$ <u>50.00</u>	\$ <u>50.00</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: _____ <u>Patricia Michelle Boettger 815 E Cross Ypsilanti MI 48198</u>	4. Date of Receipt <u>03/06/12</u> \$ <u>50.00</u>	\$ <u>50.00</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: _____ <u>Patrick Quinn 703 Oxfod Ypsilanti MI 48197</u>	4. Date of Receipt <u>04/10/12</u> \$ <u>50.00</u>	\$ <u>50.00</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: _____ <u>Paul Sheems 111 Pearl St Ypsilanti MI 48197</u>	4. Date of Receipt <u>03/13/12</u> \$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>AR Congdon & Sons</u> Business Address <u>111 Pearl St Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$650.00**

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 B-2006-012
2. Committee Name Stop City Income Tax

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: _____ <u>Peter Fletcher 25 S Huron St Ypsilanti MI 48197</u>	4. Date of Receipt <u>03/22/12</u> \$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Cred Bur of Ypsi</u> Business Address <u>25 S Huron St Ypsilanti MI 48197</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: _____ <u>Phil Panzica 517 Washtenaw Ave Ypsilanti MI 48197</u>	4. Date of Receipt <u>04/12/12</u> \$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>PRP Mgt</u> Business Address <u>517 Washtenaw Ave Ypsilanti MI 48197</u> 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: _____ <u>Rex Richie 1065 Maplewood Ypsilanti MI 48198</u>	4. Date of Receipt <u>03/22/12</u> \$ <u>300.00</u>	\$ <u>300.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Newel Block Apts</u> Business Address <u>Business Owner</u> 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: _____ <u>Rick Fischer 15 E Michigan Ave Ypsilanti MI 48198</u>	4. Date of Receipt <u>03/13/12</u> \$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Fischer Honda</u> Business Address <u>15 E Michigan Ave Ypsilanti MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$1,800.00**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: _____ <u>Robert Barnes 520 W Cross Ypsilanti MI 48197</u> 4. Date of Receipt <u>04/12/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Barnes and Barnes</u> Business Address <u>520 W Cross Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: _____ <u>Robert Grams 317 Oak St Ypsilanti MI 48198</u> 4. Date of Receipt <u>04/10/12</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>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: _____ <u>Rodney and Nanci Nanney 40 S Summit St No.1 Ypsilanti MI 48197</u> 4. Date of Receipt <u>03/06/12</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>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: _____ <u>Sally Richie 1065 Maplewood Ypsilanti MI 48198</u> 4. Date of Receipt <u>03/22/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Salex Mgt</u> Business Address <u>1065 Maplewood Ypsilanti MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization

Page Subtotal **\$1,200.00**

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 B-2006-012

2. Committee Name Stop City Income Tax

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: _____ Sophia and Nooraldeen Ridha 2038 S Seventh St Ypsilanti MI 48103</p> <p>4. Date of Receipt <u>03/06/12</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>25.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>25.00</u></p>
<p>3. Contribution # 2 Name & Address: _____ Tom Harrison PO Box 981307 Ypsilanti MI 48198</p> <p>4. Date of Receipt <u>03/06/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Michigan Ladder</u> Business Address <u>PO Box 981307 Ypsilanti MI 48198</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>500.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>500.00</u></p>
<p>3. Contribution # 3 Name & Address: _____ Zakhour Youssef 440 Barton Shore Dr Ann Arbor MI 48105</p> <p>4. Date of Receipt <u>04/16/12</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>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>
<p>3. Contribution # 4 Name & Address: _____ Steve Pierce 118 S Washington St Ypsilanti MI 48197</p> <p>4. Date of Receipt <u>02/10/11</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>HDL</u> Business Address <u>118 S Washington St Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>500.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>500.00</u></p>

Page Subtotal **\$1,125.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$11,455.00**

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2006-0
2. Committee Name Stop City Income Tax

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. <small>If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</small>	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: Steve Pierce 118 S Washington St Ypsilanti MI 48197	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>02/10/11</u> 6. <u>Original Amount of Debt</u> \$ <u>500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Steve Pierce 118 S Washington St Ypsilanti MI 48197	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>04/02/12</u> 6. <u>Original Amount of Debt</u> \$ <u>44.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>544.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Steve Pierce 118 S Washington St Ypsilanti MI 48197	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>04/21/12</u> 6. <u>Original Amount of Debt</u> \$ <u>62.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>606.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$606.00**

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 his 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 B-2006-0
2. Committee Name Stop City Income Tax

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. <small>If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</small>	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: Steve Pierce 118 S Washington St Ypsilanti MI 48197	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>03/22/12</u> 6. <u>Original Amount of Debt</u> <u>\$ 60.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>666.00</u> <input type="checkbox"/> FORGIVEN
---	---	--	----------	--

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

Debt #2 Owed to or by: Steve Pierce 118 S Washington St Ypsilanti MI 48197	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>04/02/12</u> 6. <u>Original Amount of Debt</u> <u>\$ 615.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>1,281.00</u> <input type="checkbox"/> FORGIVEN
---	--	--	----------	--

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

Debt #3 Owed to or by: Steve Pierce 118 S Washington St Ypsilanti MI 48197	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>04/02/12</u> 6. <u>Original Amount of Debt</u> <u>\$ 1,157.90</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>2,438.90</u> <input type="checkbox"/> FORGIVEN
---	--	--	----------	--

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

Page Subtotal (Outstanding debt) **\$1,832.90**

Grand Total of all Schedules 4E **\$2,438.90**
(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 his 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

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

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: Karen Maurer 35 S Summit, Ypsilanti, MI 48197 <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>mailing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/22/12</u> Date of Expenditure	\$ <u>131.88</u>	\$ <u>131.88</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: Complete Campaigns 205 Pennsylvania Ave Washington DC 20003 <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>database</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/16/12</u> Date of Expenditure	\$ <u>5.00</u>	\$ <u>5.00</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: Complete Campaigns 205 Pennsylvania Ave Washington DC 20003 <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>database</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/22/12</u> Date of Expenditure	\$ <u>200.00</u>	\$ <u>205</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: Complete Campaigns 205 Pennsylvania Ave Washington DC 20003 <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>database</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/30/12</u> Date of Expenditure	\$ <u>2.50</u>	\$ <u>207.50</u> Click for Memo Itemization Type

Subtotal this page

\$339.38

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

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

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: Complete Campaigns 205 Pennsylvania Ave Washington DC 20003 <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>database</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/02/12</u> Date of Expenditure	\$ <u>200.00</u>	\$ <u>407.50</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: Complete Campaigns 205 Pennsylvania Ave Washington DC 20003 <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>database</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/15/12</u> Date of Expenditure	\$ <u>4.50</u>	\$ <u>412.00</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: Sawicki 1521 West Lafayette Boulevard Detroit, MI 48216 <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>signs</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/11/12</u> Date of Expenditure	\$ <u>1878.32</u>	\$ <u>1878.32</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: Studio Pinard 9335 Beech Daly Rd., Redford, MI 48239 <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>mailing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/15/12</u> Date of Expenditure	\$ <u>254.25</u>	\$ <u>254.25</u> Click for Memo Itemization Type

Subtotal this page

\$2,337.07

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

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: Studio Pinard 9335 Beech Daly Rd., Redford, MI 48239 <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>mailing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/11/12</u> Date of Expenditure	\$ <u>175.00</u>	\$ <u>429.25</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: Studio Pinard 9335 Beech Daly Rd., Redford, MI 48239 <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>mailing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/11/12</u> Date of Expenditure	\$ <u>105.00</u>	\$ <u>534.25</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: Standard Printing 120 East Cross Street Ypsilanti, MI 48198 <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>printing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/30/12</u> Date of Expenditure	\$ <u>418.70</u>	\$ <u>418.70</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: Standard Printing 120 East Cross Street Ypsilanti, MI 48198 <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>printing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/13/12</u> Date of Expenditure	\$ <u>130.38</u>	\$ <u>549.08</u> Click for Memo Itemization Type

Subtotal this page **\$829.08**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$3,505.53**

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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: Steve Pierce 118 S Washington St, Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation business owner Employer Name & Address: HDL 118 S Washington St Ypsilanti MI 48197 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>mailing</u> 5. DATE OF RECEIPT: <u>03/22/12</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Unit Packaging 119 Enterprise Drive Ann Arbor Charter Township, MI 48103	\$ <u>60</u>	\$ <u>60</u>
Contribution #2 Name & Address: Steve Pierce 118 S Washington St, Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation business owner Employer Name & Address: HDL 118 S Washington St Ypsilanti MI 48197 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>mailing</u> 5. DATE OF RECEIPT: <u>04/02/12</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Lady Printing P.O. Box 8429 Seminole, FL. 33775	\$ <u>615</u>	\$ <u>675</u>
Contribution #3 Name & Address: Steve Pierce 118 S Washington St, Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation business owner Employer Name & Address: HDL 118 S Washington St Ypsilanti MI 48197 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>mailing</u> 5. DATE OF RECEIPT: <u>04/02/12</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Lady Printing P.O. Box 8429 Seminole, FL. 33775	\$ <u>1157.90</u>	\$ <u>1832.90</u>

Page Subtotal **\$1,832.90**

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 B-200612
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: Steve Pierce 118 S Washington St, Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation business owner Employer Name & Address: HDL 118 S Washington St Ypsilanti MI 48197 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>mailing</u> 5. DATE OF RECEIPT: <u>04/02/12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: USPS 1606 S Huron St Ypsilanti, MI 48197	\$ <u>44</u>	\$ <u>1876.90</u>
Contribution #2 Name & Address: Steve Pierce 118 S Washington St, Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation business owner Employer Name & Address: HDL 118 S Washington St Ypsilanti MI 48197 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>mailing</u> 5. DATE OF RECEIPT: <u>04/21/12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: USPS 1606 S Huron St Ypsilanti, MI 48197	\$ <u>62</u>	\$ <u>1938.90</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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal

\$106.00

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

\$1,938.90

Enter this total on
line 6a of
Summary Page