



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: 10/22/07 11/26/07 4. Committee's Mailing Address 1. Committee I.D. Number 309 Oak Street B2006012 Ypsilanti MI 48198 2. Committee Name Area Code and Phone (734) 557-4080

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. Stop City Income Tax 5. Treasurer's Name and Residential Address Steve Pierce 118 S Washington St Ypsilanti, MI 48197 Area Code and Phone (734) 482-9682 Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) 6. Treasurer's Business Address 1013 San Mateo SE Albuquerque, NM 87108 Area Code and Phone Area Code and Phone (505) 349-3470 8. TYPE OF STATEMENT: 8e. DAMENOMENT TOGAMPAIGN 8c. ANNUAL STATEMENT Coverage Year) (Complete Item 8a, 8b; 8c 8d, ex 8f to indicate which Statement is being amended) PRE- ELECTION Ra. OR 8d. QUALIFICATION POST- ELECTION OR 8b. 8f. DISSOLUTION OF COMMITTEE U NON-QUALIFICATION Pre-Election or Post-Election Statement relates to: Effective Date of Dissolution STATEMENT (Required of GENERAL ☐ PRIMARY State-wide Ballot Question Committees Only) SPECIAL SCHOOL By checking this Item, I certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page. Date of Election: Date of Qualification or Non-Qualification: 11/06/07 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 Walver is not received on or before the filling deadline of a required campaign statement, that campaign statement can not be walved. 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. Date 12/06/07 Current Treasurer or Designated Record Keeper Steve Pierce Type or Print Name



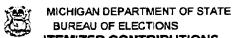
SUMMARY PAGE BALLOT QUESTION COMMITTEE

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

2. Committee Name Stop City Income Tax

	2. Committee Name Stop City Income Tax				
RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle			
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) § 3,057.00	-			
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	-			
c. Subtotal of Contributions	(3c.) \$ 3,057.00	(18.) \$ 11,369.00			
4. Other Receipts (Schedule 4A-1. Column 6)	(4.) \$ 0.00	(19.) \$ 0.00			
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 3,057.00	(20.) \$			
IN-KIND CONTRIBUTIONS					
6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ 569.95				
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	-			
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 569.95	(21.) \$ 3,842.58			
EXPENDITURES					
8. Expenditures					
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 4,222.33				
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.) \$ 0.00				
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ 0.00				
e. Subtotal of Expenditures	(8e.) \$ 4,222.33	(22.) \$ 12,117.10			
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ 0.00	(23.) \$			
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 4 ,222.33	(24.) \$ 12,117.10			
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.) \$			
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$ 0.00				
b. Owed to the Committee (Schedule 4E)	(12b.) \$ 0.00				
BALANCE STATEMENT					
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ 1,165.33	17 a ay			
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 3,057.00				
15. SUBTOTAL Add lines 13 and 14	(15.) = 4,222.33				
 Amount expended during reporting period (Line 10, Column I, Total Expenditures) 	(16.) - 4,222.33				
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 0.00	•			

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



BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS

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SCHEDULE 4A		1. Con	nmittee I.D. N	umber	.000-012	
BALLOT QUESTION COMMIT	TEE	2. Com	nmittee Name	Stop C	ity Income Ta	ix
Please enter contributor's name and addres and middle initial. Check box to indicate if c Committee (Both are commonly called PAC)	contribution is from a Politica				6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES	4. Date of Receipt 1	0/26/07) Sate of todays
Name & Address:	·	-			500	_{\$} 1000
Peter B. Fletcher 25 S Huron 9 48197	St Ypsilanti MI			\$	300	\$ <u>1000</u>
5. If over \$100.00 cumulative, please pro					Click Here for	Memo Itemization Type
Occupation Business Owner	_Employer_Ypsilanti Cred	dit Bureau				
Business Address 25 S Huron St Ypsilar						
Type of Contribution: V Direct	Loan from a person	ion	Fund Rais	er		
3. Contribution # 2 Is this contribution from a PAC? Name & Address:	S 4 Date of Receipt	10/29/07			000	250
John Delcamp 309 Oak Ypsi	ilanti MI 48198				<u>\$ 200</u>	<u>\$</u> 350
					Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please pro-	vide:					
Occupation Tinsmith	Employer GM					
Business Address 2625 Tyler Rd, Ypsila						
Type of Contribution:	Loan from a pers	son	Fund F	Raiser		
3. Contribution # 3						
Is this contribution from a PAC?	4. Date of Receipt	10/29/07				
Name & Address:					100	200
Maxe Obermeyer 703 Cambrid	dge Ypsilanti			\$	100	_ <u>\$</u> 200
MI 48197					Chale blace for t	dana laminalian Torra
					Click Hele for I	Memo Itemization Type
If over \$100.00 cumulative, please prov	/ide:					
Occupation Business Owner	Employer Self					
Business Address 703 Cambridge Yr	osilanti MI 48197					
Type of Contribution: Direct	Loan from a person		Fund Raise	r		
3. Contribution # 4 Section 4 Sectio	4. Date of Receipt 10		· · · · · · · · · · · · · · · · · · ·			
Name & Address: Flo-Mar 119 Perrin Ypsilanti	MI 19107			\$	100	_{\$} 100
1 10-Ivial 119 Fetilit Tpelialiti	1011				Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please pro	ovide:					
Occupation	Employer					
Business Address						
Type of Contribution: V Direct	Loan from a perso	on	Fund Ra		. I .	
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age 1 of 8					Page	
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE 2. Committee Nan	ne Stop Cit	y Income Ta	x
Please enter contributor's name and address. If contribution is from an individual, enter last name and middle initial. Check box to indicate if contribution is from a Political Committee or an Indep Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 10/31/07 Name & Address:		.50	
Rick Fischer 3751 Highcrest Brighton MI 48116	\$ <u></u>	250	ş <u>250</u>
If over \$100.00 cumulative, please provide: Occupation Business OwnerEmployer_Fischer Honda		Click Here for I	Memo Itemization Type
Business Address 15 E Michigan Ave, Ypsilanti, MI 48198			
Type of Contribution: ✓ Direct Loan from a person Fund R	aiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 10/31/07 Name & Address:			
Maximum LLC 23 N Washington St Ypsilanti	\$	250	_{\$} 250
MI 48197		Click Here for A	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person Func	d Raiser		-
3. Contribution # 3 Is this contribution from a PAC? YES 4. Date of Receipt 10/31/07			
Name & Address:		10	40
Toni Deas 14 Oak St Ypslanti MI 48198	\$	10	ş10
Tom Bodo 17 Gait Gt. I polaris int 10 / 00			
		Click Here for N	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person Fund Rai	ser		
3. Contribution # 4 Is this contribution from a PAC? YES 4. Date of Receipt 10/31/07			
Name & Address:	ş [£]	50	_{\$} 75
Daniel & Marilyn Eller 306 Maple Ypsilanti MI 48198	_	Click Here for N	Nemo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: V Direct Loan from a person Fund F	Raiser		·
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Grand Total of. (Complete on last p	Ali Schedules 2A age of Schedule)		
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Page 2 of 8		r ays	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS

SCHEDULE 4A

BALLOT QUESTION COMMITTEE	2. Committee Name Stop	City Income Ta	ıx
Please enter contributor's name and address. If contribution is from an ind and middle initial. Check box to indicate if contribution is from a Political C Committee (Both are commonly called PACs).		e, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Contribution # 1 Is this contribution from a PAC? YES	11/07		
U-Brew 1486 Washtenaw Ypsilanti MI 48197		_{\$} 50	s <u>50</u>
If over \$100.00 cumulative, please provide: OccupationEmployer		Click Here for	Memo Itemization Type
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 11/ Name & Address:	01/07		
Barb Hagadorn 77 Greenside Ypslanti MI		<u>\$</u> 20	<u>\$20</u>
48197		Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution # 3 YES 4. Date of Receipt 11/3	21/07		
Is this contribution from a PAC?			
Name & Address:		_{\$} _50	_{\$} 75
John Wagner 113 N Hamilton Ypsilanti MI		Ψ	
48197		Click Here for !	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC? YES 4. Date of Receipt 11/02	2/07		
Name & Address:		\$ 99	_s 99
Thomas Sanford 676 Woodhill Dr Saline MI		•	
48176		Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
-	Page Sub	total \$219.00	
	Grand Total of All Schedule (Complete on last page of Schedule	l l	
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE 2. Committee Name Stor	City Income Ta	ax
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 11/21/07		
Name & Address:	s 99	_{\$} 99
Gwen Rudd 16771 Cavanaugh Lake Rd Chelsea Ml 48118	\$	- •
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 11/03/07		
Name & Address:	00	00
Hal Hagadorn 77 Greenside Ypsilanti MI	\$ <u>99</u>	<u>\$99</u>
48197	Click Here for	Memo Itemization Type
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5. If over \$100.00 cumulative, please provide:		
Occupation Employer	•	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 YES 4. Date of Receipt 11/03/07		
is this contribution from a PAC?		
Name & Address:	_s 100	, 100
Productive Management 8 N Mansfield	<u> </u>	
Ypsilanti MI 48197	Click Here for N	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
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3. Contribution #4		
Is this contribution from a PAC? YES 4. Date of Receipt 11/04/07		
Name & Address:	_{\$} 100	s 100
Gail Kornbluth 737 N Mansfield Ypsilanti MI	Ψ	•
48197	Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Sub	ototal \$398.00	
Grand Total of All Schedule		
(Complete on last page of Sche	edule) Enter this total	
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4 0	Summary Page	
Page 4 of 8	J	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

	p City Income Ta	1X
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs).	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 11/04/07 Name & Address:		
Elizabeth Tilden 320 S Huron Ypsilanti MI 48197	_{\$} _25	s <u>35</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
OccupationEmployer	_	
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 11/05/07 Name & Address:		
Elaine Hunt 508 N River Ypsilanti MI 48198	_{\$} 35	<u> </u>
	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer_	_	
Business Address	_	
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	•	
Contribution #3		
Sthis contribution from a PAC? YES 4. Date of Receipt 11/06/07		
Name & Address:		
	_{\$} 20	_s 20
Valora Tooson 107 Middle Ypsilanti MI 48197		
	Click Here for I	Memo Itemization Type
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. II OTA \$100.00 CEIIIDIAUTE, PICASE PICTICE.		
Dccupation Employer		
Business Address		
Type of Contribution:		
S. Contribution # 4 s this contribution from a PAC? YES 4. Date of Receipt 11/06/07		
Name & Address:	00	20
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Lee Tooson 107 Middle Ypslanti MI 48197		s ZU Memo Itemization Type
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5. If over \$100.00 cumulative, please provide:		<u> </u>
Lee Tooson 107 Middle Ypslanti MI 48197 5. If over \$100.00 cumulative, please provide: Occupation Employer		<u> </u>
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Occupation Employer	click Here for I	Υ
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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Please enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (Both are commonly called PACs).	ame, 6. Amount	7. Cumulative for Calendar Year for Ea Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 11/06/07 Name & Address:		Sale of receipt)
Peter Murdock 504 N River Ypsilanti MI 48197	ş 10	<u> \$ 10 </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization Type
OccupationEmployer	Olick Hele IO	wemo iternization Type
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 11/08/07 Name & Address:		
Charles & Ann Kettles 1306 W Cross	s 100	_s 150
Ypsilanti MI 48197	· · · · · · · · · · · · · · · · · · ·	
	Click Here for	Memo Itemization Type
. if over \$100.00 cumulative, please provide:		
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
Contribution # 3		
this contribution from a PAC? YES 4. Date of Receipt 11/09/07		
lame & Address:		
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Jane Ramp 1105 Pearl Ypsilanti MI 48197	_{\$_} 50	_{\$} 50
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Jane Ramp 1105 Pearl Ypsilanti MI 48197		\$50 Memo Itemization Type
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If over \$100.00 cumulative, please provide: Cocupation	Click Here for \$ 100 Click Here for Click Here for S260.00 Les 2A edule) Enter this total on line 3 of	\$300 Memo Itemization Type
If over \$100.00 cumulative, please provide: Cocupation	Click Here for Sample of the	Memo Itemization Type \$300 Memo Itemization Type



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTE	E	2. Committee Name Stop	City Income Ta	ax .
Please enter contributor's name and address. It and middle initial. Check box to indicate if contr Committee (Both are commonly called PACs).	contribution is from an individi ibution is from a Political Comm	ual, enter last name, first name		7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt 11/15/0	7		
Huron Podiatry 101 S Adams Yp 48197	osilanti MI		<u>\$</u> 20	s <u>20</u>
5. If over \$100.00 cumulative, please provide	e:		Click Here for	Memo Itemization Type
	ployer			
Business Address Type of Contribution: Direct	The section of the se			
3. Contribution #2	Loan from a person	Fund Raiser		
Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt 11/19/0	07		
Flo-Mar 119 Perrin Ypsilanti Ml	4 8197		s_100	<u>\$</u> 200
			Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide	:			
OccupationEn	nployer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 3	4. Date of Receipt 11/19/0)7		
Is this contribution from a PAC?	The Date of Mescape			
Name & Address:			_s 300	_s 600
Joseph D Lawrence 212 S Huron	St Ypsilanti		3	
MI 48197			Click Here for A	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:				
Occupation Retired Emp	oloyer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC? Name & Address:	4. Date of Receipt 11/20/07			
Pattie Boettner 815 E Cross Yps	ilanti MI		_{\$_} 50	_{\$} 50
48198			Click Here for M	femo Itemization Type
5. If over \$100.00 cumulative, please provide	e:			
Occupation	Employer			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
		Page Subto	tal \$470.00	
	10-	Grand Total of All Schedules		_
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7 , 8			Summary Page	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE 2. Committee Name Sto	op City Income T	ax
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ame, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 11/25/07 Name & Address:		date of receipt)
Mark Swanson 119 W Michigan Ypsilanti MI 48197	ş <u>50</u>	ş <u>100</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
OccupationEmployer		.,,,,,
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 11/27/07 Name & Address:		
PRP Management 517 Washtenaw Ypsilanti	s_100	<u>\$ 100</u>
MI 48197	Click Here for	Memo Itemization Type
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Occupation Employer		
Business Address	_	
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ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK 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 4. Type of In-Kind Contribution (Check applicable box) 7. Amount or Fair 8. Cumulative 5. Date of Receipt Market Value for Election If contribution is from an individual, please enter last 6. Name & Address of Vendor from whom goods or Cycle (Through name first. services were purchased date in Item 5) Contribution #1 Loan endorsement or guarantee Name & Address: Goods Donated or loaned Services Donated Steve Pierce 118 S Washington St ✓ Goods or Services Purchased by Others Ypsilanti, MI 48197 . 7.45 Goods or Services Purchased by Others - LOAN s 7.45 If over \$100.00 cumulative, please provide: Description Phone Occupation 5. DATE OF RECEIPT: 11/21/07 - Click Here for Memo Itemization Type Employer Name & Address: 6. VENDOR NAME & ADDRESS: Accessline Department LA 22266. Pasadena, CA 91185-2266 **Fund Raiser** Contribution #2 4. Loan endorsement or guarantee Name & Address: Goods Donated or loaned Services Donated Cameron Getto 305 Maple Ypsilanti, MI 48198 Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN If over \$100.00 cumulative, please provide: Description Legal Services Occupation Attorney 5. DATE OF RECEIPT: 11/04/07 Click Here for Memo Itemization Type Employer Name & Address: 6. VENDOR NAME & ADDRESS: McKeen & Associates, P.C. 645 Griswold Street, Suite 4200 Detroit. MI 48226-3344 Fund Raiser Contribution #3 Loan endorsement or guarantee Name & Address: Goods Donated or loaned | Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN If over \$100.00 cumulative, please provide: Description Occupation 5. DATE OF RECEIPT: Click Here for Memo Itemization Type Employer Name & Address: 6. VENDOR NAME & ADDRESS: Fund Raiser Page Subtotal \$569.95

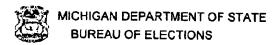
Page ____ of ___

(Complete on last page of Schedule)

Grand Total of all Schedules 4-IK

\$569.95

Enter this total on line 6a of Summary Page



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

BALLOT QUESTION COMMITTEE 2.0	Committee Name Stop City	/ Income T	ax		
Name and address of person to whom paid	State purpose of expend Identify the ballot propos Indicate whether supported	liture. al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:		<u> </u>	1	
Standard Printing 120 E Cross,	Printing				
Ypsilanti, MI 48197	5. Ballot Proposal:		10/21/07	_{\$} 1,233.84	\$ 3896.56
	City Income Tax		Date of Expenditure		
	County: Washtenaw		•	or Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	√ Oppose			1300
Fund Raiser	Statewide	Local			
Expenditure # 2	4. Purpose:	VILOCAL			
Name & Address: USPS	Postage				
1606 South Huron Street, Ypsilanti, MI	5. Ballot Proposal:		10/26/07	,506.60	3743.17
48197	City Income Tax		Date of	\$	\$
	County: Washtenaw		Expenditure		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose	Click for	Memo Itemization	Гуре
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:	₹ Loom			
Name & Address:	Postage				
USPS	5. Ballot Proposal:		10/30/07	499 90	4231.97
1606 South Huron Street, Ypsilanti, MI 48197	City Income Tax		Date of	\$ 488.80	\$_4231.97
13.07	City moonto Tax		Expenditure		
	County:		Click for	r Memo Itemization 1	Гуре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address:	4. Purpose:				
USPS	Postage			44	
1606 South Huron Street, Ypsilanti, MI	5. Ballot Proposal:		11/20/07	_{\$} 41.52	\$ 4273.49
48197	City Income Tax		Date of Expenditure		
	County:		Click fo	or Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
			otal this page	\$2,270.76	
		Grand Total of S	Schedules 4B		
		ete on last page		\$2,270.76	
1 2		•		Enter this total on Line 8a of	
rage of				the Summary Page	



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number_B2006012

BALLOT QUESTION COMMITTEE 2.0	Committee Name Stop Cit	y Income T	ax		
Name and address of person to whom paid	State purpose of expen Identify the ballot propose indicate whether supported	diture. sal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:			•	_1
Print-tech 6800 Jackson Rd Ann Arbor, Mi	Printing				
48103-9565			10/26/07	, 168.88	_e 1547.66
	5. Ballot Proposal: City Income Tax		Date of	\$_100.00	\$
	City income Tax		Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click fo	or Memo Itemization	Туре
reported on previous statement	Support	 ✓Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 2 Name & Address:	4. Purpose:				
Print-tech 6800 Jackson Rd Ann Arbor, Mi	Printing				
48103-9565	5. Ballot Proposal:		10/30/07	199 70	1726 20
	City Income Tax		Date of	_{\$} 188.72	\$_1736.38
			Expenditure		
	County: Washtenaw		OP.1.5.		_
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose	Click for	r Memo Itemization	Туре
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:	<u> </u>			
Name & Address:	Bank Fees				
Complete Campaign 610 Gateway	5. Ballot Proposal:		11/15/07	1/1 95	17 10
Center Way, Suite K San Diego, CA 92102	City Income Tax		Date of	_{\$} _14.85	<u>, 17.18</u>
92102	City moonie rax		Expenditure		
	County:		Click for	r Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			-)
Fund Raiser	Statewide	Local			
Expenditure # 4	4. Purpose:				**************************************
Name & Address:	Repay loan				
Maggie Brandt 118 S Washington St	5. Ballot Proposal:		11/25/07	_s 1579.12	s 1579.12
Ypsilanti, MI 48197	City Income Tax		Date of Expenditure		
	County:		Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	✓ Oppose			
Fund Raiser	Statewide	Local			
			otal this page	\$1,951.57	
		Grand Total of S			
	(Comp	lete on last page		\$4,222.33]
2 2				Enter this total on Line 8a of	
age 2 of 2				the Summary Page	