



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: _____ To _____

1. Committee I.D. Number

B-2012-003

4. Committee's Mailing Address

149 Cedar Wyandotte MI 48197

2. Committee Name

Committee for a Safer Ypsilanti

Area Code and Phone: 313-207-2076
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Antonio Cosme

102 Hoyt Hall Ypsilanti 48197

Area Code and Phone 313-207-2076

6. Treasurer's Business Address

149 Cedar Wyandotte MI 48197

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

Miles Gerou 47709 Foxcourt
Canton MI 48189

Area Code and Phone 313-207-2076

Area Code and Phone

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR
 POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____

Date of Election:

Nov 6, 2012

8b.

FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT

(____ Coverage Year)

8d.

Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

Nov 8 2012

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

Antonio Cosme

Type or Print Name

Antonio Cosme

Signature

FILED
2012 OCT 22 P 12:07
CLERK OF CIRCUIT COURT
MICHIGAN DEPARTMENT OF STATE



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2012-003
2. Committee Name Committee for a Safer Vpslant

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>3,200.00</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>\$3200.00</u>	(20.) \$ _____
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.) \$ <u>0.00</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>3,150.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
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.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>\$50.00</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>3200</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
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.) \$ _____	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + _____	
15. SUBTOTAL Add lines 13 and 14	(15.) = _____	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3200</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</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-2012-003

2. Committee Name Committee for a Safer Ypsilanti

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 # <u>5</u> Name & Address: <u>Repp, Charles</u> <u>4500 W. Liberty</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>7-20-12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Pres.</u> Employer <u>A2</u> Business Address <u>18188 Packard 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>1400</u> \$ <u>1400</u>	\$ <u>2400</u> Click Here for Memo Itemization
3. Contribution # <u>2</u> Name & Address: 4. Date of Receipt 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # <u>3</u> Name & Address: 4. Date of Receipt 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # <u>4</u> Name & Address: 4. Date of Receipt 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal

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

Page _____ of _____

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-2012-003
2. Committee Name Committee for a Safer Ypsilanti

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 5-26-12
Name & Address: Charles Ream 4500 W Liberty Ann Arbor MI 48104 \$ 1000 \$ 2900

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation President Employer A2 COMPASSIONATE Health Care Center
Business Address 1818 Packard Ann Arbor 48104
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 6-6-12
Name & Address: Arbor Side Consumer Production Services LLC 1818 Packard St Ann Arbor MI 48104 \$ 100 \$ 100

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 4. Date of Receipt 6-22-12
Name & Address: Michigan Normal 450 W Fort St Detroit MI 48226 \$ 600 \$ 600

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation org Employer MI Normal
Business Address 450 W Fort St Detroit MI 48226
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt 7-12
Name & Address: Ann Arbor Medical Cannabis Guild Inc. 112 S. Main Suite C Ann Arbor MI 48104 \$ 100 \$ 100

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation org Employer A2 Med Cannabis Guild
Business Address 112 S. Main Suite C
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 1800
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 OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type

Page Subtotal

Grand Total of All Schedules 4A -1
(Complete on last page of Schedule)

Enter this total on
line 4 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 _____

2. Committee Name _____

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: 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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:
Contribution #2 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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:
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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:

Page Subtotal

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

Enter this total on
line 6a of
Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2012-003
2. Committee Name Committee for a Safer Kpsilanti

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: <u>Charlie's Signature Service</u> <u>4500 W. Liberty</u> <u>Ann Arbor 48103</u>	4. Purpose: <u>Signature help</u> 5. Ballot Proposal: <u>C454</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>7-31-12</u> Date of Expenditure	<u>\$ 3150</u> \$ 3150	\$ 3150
Expenditure # 2 Name & Address: <u>unitemized</u>	4. Purpose: <u>Printing ect</u> 5. Ballot Proposal: _____ County: <u>Washtenaw</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>7-31-12</u> Date of Expenditure	<u>\$ -50</u> \$ -50	\$ -50
Expenditure # 3 Name & Address: _____	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____
Expenditure # 4 Name & Address: _____	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____

Subtotal this page _____
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 INDEPENDENT EXPENDITURES
SCHEDULE 4B-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report independent expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose.) 5. Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
--	---	---------	-----------	----------------------------

Expenditure #1
Name & Address: _____

4. Purpose: _____

5. _____ Ballot Proposal _____ \$ _____ \$ _____

County _____ Date of Expenditure _____

Support Oppose [Click Here for Memo Itemization](#)

Statewide Local

Check box if expenditure is payment of Debt or Obligation reported on previous statement

Expenditure #2
Name & Address: _____

4. Purpose: _____

5. _____ Ballot Proposal _____ \$ _____ \$ _____

County _____ Date of Expenditure _____

Support Oppose [Click Here for Memo Itemization](#)

Statewide Local

Check box if expenditure is payment of Debt or Obligation reported on previous statement

Expenditure #3
Name & Address: _____

4. Purpose: _____

5. _____ Ballot Proposal _____ \$ _____ \$ _____

County _____ Date of Expenditure _____

Support Oppose [Click Here for Memo Itemization](#)

Statewide Local

Check box if expenditure is payment of Debt or Obligation reported on previous statement

Expenditure #4
Name & Address: _____

4. Purpose: _____

5. _____ Ballot Proposal _____ \$ _____ \$ _____

County _____ Date of Expenditure _____

Support Oppose [Click Here for Memo Itemization](#)

Statewide Local

Check box if expenditure is payment of Debt or Obligation reported on previous statement

Subtotal this page

Grand Total of all Schedules 4B-1
(Complete on last page of Schedule

Enter total on
line 9 of
Summary Pg.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 4B-2
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
--	---	--	--	---

Expenditure #1
Name & Address: _____

4. Loan endorsement or guarantee
 Goods Donated or Loaned
 Services Donated
 Goods or Services Purchased
 Goods or Services Purchased - LOAN

Description _____

7. Amount or Money Spent (Purchased Goods or Services) \$ _____ \$ _____ \$ _____

5. DATE OF EXPENDITURE: _____
6. VENDOR NAME & ADDRESS: _____

Ballot Proposal: _____
 Statewide Local

County _____

[Click Here for Memo Itemization](#)

Expenditure #2
Name & Address: _____

4. Loan endorsement or guarantee
 Goods Donated or Loaned
 Services Donated
 Goods or Services Purchased
 Goods or Services Purchased - LOAN

Description _____

7. Amount or Money Spent (Purchased Goods or Services) \$ _____ \$ _____ \$ _____

5. DATE OF EXPENDITURE: _____
6. VENDOR NAME & ADDRESS: _____

Ballot Proposal: _____
 Statewide Local

County _____

[Click Here for Memo Itemization](#)

Expenditure #3
Name & Address: _____

4. Loan endorsement or guarantee
 Goods Donated or Loaned
 Services Donated
 Goods or Services Purchased
 Goods or Services Purchased - LOAN

Description _____

7. Amount or Money Spent (Purchased Goods or Services) \$ _____ \$ _____ \$ _____

5. DATE OF EXPENDITURE: _____
6. VENDOR NAME & ADDRESS: _____

Ballot Proposal: _____
 Statewide Local

County _____

[Click Here for Memo Itemization](#)

Subtotal this Page		
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)		
	Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made.	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: _____ For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Ballot Proposal \$ _____	_____ Date	\$ _____
Expenditure #2 Name & Address: _____ For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Ballot Proposal \$ _____	_____ Date	\$ _____
Expenditure #3 Name & Address: _____ For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Ballot Proposal \$ _____	_____ Date	\$ _____

Subtotal this page _____
Grand Total of all Schedules 4B-G (Complete on last page of Schedule) _____

Enter total on Line 8b of the Summary Pg.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number _____

2. Committee Name _____

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. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	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:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

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 this 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

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held _____	4. Number of Individuals Attending or Participating (whichever is greater) _____	5. Type of Fund Raising Activity _____	6. Address and Name (If any) of the place where the activity was held <input type="checkbox"/> Private Residence
-------------------------------------	---	---	---

7. Total Contributions \$ _____

8. Other Receipts \$ _____

9. Gross Receipts (Add lines 7 and 8) \$ _____

10. Total Cost of Event \$ _____

*Includes In-Kind Contributions and All Expenditures Made For the Event

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-1K), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.