



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: 06/06/14 To 10/18/15

1. Committee I.D. Number **B-2010-002**

4. Committee's Mailing Address **2809 CRAIG RD  
ANN ARBOR, MI 48103**

2. Committee Name  
**PARTNERS FOR TRANSIT**

Area Code and Phone: (734) 369-9263  
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  
**SAM FIRKE  
2809 CRAIG RD  
ANN ARBOR, MI 48103**

Area Code and Phone (734) 769-6922

6. Treasurer's Business Address  
**2809 CRAIG RD  
ANN ARBOR, MI 48103**

Area Code and Phone (734) 769-6922

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)  
**MICHAEL GARFIELD  
339 E. LIBERTY ST, STE. 300  
ANN ARBOR, MI 48104**

Area Code and Phone (734) 369-9263

**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:  
11/03/15

- 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 OR COMMITTEE REQUEST  
  
Effective Date of Dissolution \_\_\_\_\_

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

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

**SAMUEL FIRKE**

Type or Print Name

Signature

FILED  
 WASHTENAW COUNTY, MI  
 2015 OCT 23 P 3:28  
 LAWRENCE WESTER  
 CLERK/RECORDER



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2010-002  
2. Committee Name PARTNERS FOR TRANSIT

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>5,000.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>5,000.00</u>	(18.) \$ <u>5,000.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>5,000.00</u>	(20.) \$ <u>5,000.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>0.00</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.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
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>5,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>5,000.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0.00</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>5,000.00</u>	*

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



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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2010-002

2. Committee Name PARTNERS FOR TRANSIT

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 &amp; Address: IHA Health Services Corp. 24 Frank Lloyd Wright Dr. P.O. Box 0446 Ann Arbor, MI 48106</p> <p>4. Date of Receipt <u>10/09/15</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>5000</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>5000</u></p>
<p>3. Contribution # 2 Name &amp; Address:</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 3 Name &amp; Address:</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 4 Name &amp; Address:</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

Page Subtotal

**\$5,000.00**

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

**\$5,000.00**

Enter this total  
on line 3a of  
Summary  
Page