



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: 5/7/18 To 7/22/18

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

4. Committee's Mailing Address **PARTNERS FOR TRANSIT
PO BOX 8093
ANN ARBOR, MI 48107**
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
**ERICA JOLOKAI
316 S STATE ST
ANN ARBOR, MI 48104**
Area Code and Phone 734-369-9263

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

6. Treasurer's Business Address
**ERICA JOLOKAI
316 S STATE ST
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:
8/7/18

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
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 ERICA JOLOKAI
Type or Print Name Signature

FILED
ASHTENAW COUNTY, MI
2018 JUL 27 A 8:47
CAMPAIGN STATEMENT REGISTER



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>32915.</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>32915.</u>	(18.) \$ <u>32915.</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>32915.</u>	(20.) \$ <u>32915.</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-1K, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>18,648.27</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>18,648.27</u>	(22.) \$ <u>18,648.27</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>18,648.27</u>	(24.) \$ <u>18,648.27</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures—Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>942.03</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>32,915.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>33,857.03</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>18,648.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>15,208.76</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-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)
3. Contribution # 1 Name & Address: ALLEMANG, MIKE 3465 VINTAGE VALLEY ANN ARBOR, MI 48105 4. Date of Receipt <u>5/7/18</u> 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	\$ <u>500.</u>	\$ <u>500.</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: BOONIN, ROBERT 1545 CHAPLEAU DR ANN ARBOR, MI 48104 4. Date of Receipt <u>5/7/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DYKEMA</u> Business Address <u>301 E LIBERTY ST 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>500.</u>	\$ <u>500.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: CARPENTER, MATT XXXXX XXXXX XXXXX 4. Date of Receipt <u>5/7/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>AAATA</u> Business Address <u>2700 S INDUSTRIAL HWY 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>1000.</u>	\$ <u>1000.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: GUENZEL, ROBERT 1703 MORTON ANN ARBOR, MI 48104 4. Date of Receipt <u>5/10/18</u> 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	\$ <u>200.</u>	\$ <u>200.</u> Click Here for Memo Itemization

Page Subtotal **2200.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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)
3. Contribution # 1 Name & Address: PRESSPRICH GRYNIEWICZ, SARAH 2240 DEXTER AVE APT 102 ANN ARBOR, MI 48103 4. Date of Receipt <u>6/10/18</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>99.</u>	\$ <u>99.</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: HEWITT, ROGER 2057 PAULINE CT ANN ARBOR, MI 48103 4. Date of Receipt <u>5/17/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RED HAWK CORP</u> Business Address <u>316 S STATE ST 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>200.</u>	\$ <u>200.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: METZINGER, JOHN 618 S MAIN APT 617 ANN ARBOR, MI 48104 4. Date of Receipt <u>5/29/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY CEO</u> Employer <u>AAATA</u> Business Address <u>2700 S INDUSTRIAL HWY 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>333.</u>	\$ <u>333.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: YANG, XUHUI 2800 S INDUSTRIAL ANN ARBOR, MI 48104 4. Date of Receipt <u>5/29/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION</u> Employer <u>AAATA</u> Business Address <u>2700 S INDUSTRIAL HWY 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>333.</u>	\$ <u>333.</u> Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 & Address: POLLAY, SUSAN N 1302 W HURON ST ANN ARBOR, MI 48103</p> <p>4. Date of Receipt <u>6/1/18</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIREC</u> Employer <u>ANN ARBOR DOWNTOWN DE</u> Business Address <u>150 S FIFTH AVE SUITE 301 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</p>	<p>\$ <u>200.</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>200.</u></p>
<p>3. Contribution # 2 Name & Address: UNIVERSITY BANK 2015 WASHTENAW ANN ARBOR, MI 48104</p> <p>4. Date of Receipt <u>6/10/18</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>1000.</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>1000.</u></p>
<p>3. Contribution # 3 Name & Address: BANK OF ANN ARBOR 125 S FIFTH PO BOX 8009 ANN ARBOR, MI 48107</p> <p>4. Date of Receipt <u>6/11/18</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>3000.</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>3000.</u></p>
<p>3. Contribution # 4 Name & Address: GLENDON, PAUL 414 N MAIN ST UNIT 12 ANN ARBOR, MI</p> <p>4. Date of Receipt <u>6/12/18</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>200.</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>200.</u></p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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)
3. Contribution # 1 Name & Address: GUNN, LEAH 2115 NATURE COVE CT 207 ANN ARBOR, MI 48104 4. Date of Receipt <u>6/12/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: GURURAJA, PRASHANTH 708 N FIFTH AVE ANN ARBOR, MI 48104 4. Date of Receipt <u>6/12/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: COOPER, ELI PO BOX 250621 WEST BLOOMFIELD, MI 48325 4. Date of Receipt <u>6/12/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TRANSPORTATION</u> Employer <u>CITY OF ANN ARBOR</u> <u>301 E HURON ANN ARBOR, MI 48107</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.</u>	\$ <u>200.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: DARLING, MARTHA 3340 E DOBSON PL ANN ARBOR, MI 48105 4. Date of Receipt <u>6/13/18</u> 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	\$ <u>500.</u>	\$ <u>500.</u> Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
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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)
3. Contribution # 1 Name & Address: FIRST MARTIN CORP 115 DEPOT ANN ARBOR, MI 48104 4. Date of Receipt <u>6/18/18</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>1000.</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: KRIEG, LAURENCE 252 CARRIAGE WAY YPSILANTI, MI 48197 4. Date of Receipt <u>6/19/18</u> 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	\$ <u>1000.</u>	\$ <u>1000.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: SOMERS, HARVEY 2129 AUTUMN HILL DR ANN ARBOR, MI 48103 4. Date of Receipt <u>6/19/18</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>50.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: SMITH, ALMA 5540 FIVE MILE RD SOUTH LYON, MI 48178 4. Date of Receipt <u>6/19/18</u> 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	\$ <u>150.</u>	\$ <u>150.</u> Click Here for Memo Itemization

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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)
3. Contribution # 1 Name & Address: ROSENTHAL, PRUDENCE 2105 DEVONSHIRE RD ANN ARBOR, MI 48104 4. Date of Receipt <u>6/21/18</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>50.</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: DTE ENG CORP SVCS LLC 1 ENERGY PLAZA 1978 WCB DETROIT, MI 48226 4. Date of Receipt <u>6/22/18</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>20000.</u>	\$ <u>20000.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: NEWMAN, JAN 1071 YOUNG PLACE ANN ARBOR, MI 48105 4. Date of Receipt <u>6/25/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: POLLACK, LANA 345 SUMAC LANE ANN ARBOR, MI 48105 4. Date of Receipt <u>6/28/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMISSIONER</u> Employer <u>INTERNATIONAL JOINT COMI</u> Business Address <u>1717 H ST NW STE 835 WASHINGTON DC 20006</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.</u>	\$ <u>250.</u> Click Here for Memo Itemization

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20400.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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)
3. Contribution # 1 Name & Address: GABAY, DAWN 3154 GOLFSIDE YPSILANTI, MI 48197 4. Date of Receipt <u>6/29/18</u> 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	\$ <u>200.</u>	\$ <u>200.</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: LAX, JEROLD 1015 BERKSHIRE ANN ARBOR, MI 48104 4. Date of Receipt <u>7/3/18</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>50.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: SIMS, KYRA 220 LYN ANNE CT ANN ARBOR, MI 48103 4. Date of Receipt <u>7/3/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: SHERIDAN, RICHARD 2338 YORKSHIRE ANN ARBOR, MI 48104 4. Date of Receipt <u>7/3/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MENLO INNOVATIONS</u> Business Address <u>505 E LIBERTY AVE LL500 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>1000.</u>	\$ <u>1000.</u> Click Here for Memo Itemization

Page Subtotal **1350.00**

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-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)
3. Contribution # 1 Name & Address: NACHT, DAVID 101 N MAIN ST STE 555 ANN ARBOR, MI 48104 4. Date of Receipt <u>7/10/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: ROOS, PHILIP 493 ORCHARD HILLS DR ANN ARBOR, MI 48104 4. Date of Receipt <u>7/12/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: KEMPEN, LUCAS 315 E CROSS ST YPSILANTI, MI 48198 4. Date of Receipt <u>7/15/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PET SALON LEAD</u> Employer <u>PETSMART</u> Business Address <u>5241 MONROE ST TOLEDO, OH 43623</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.</u>	\$ <u>200.</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: JOHN HIEFTJE CAMPAIGN 2115 NATURE COVE APT 207 ANN ARBOR, MI 48104 4. Date of Receipt <u>7/20/18</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.</u>	\$ <u>100.</u> Click Here for Memo Itemization

Page Subtotal	500.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	32915.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B2010002
2. Committee Name PARTNERS FOR TRANSIT

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: COMERICA BANK 101 N MAIN ST ANN ARBOR, MI 48104 <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>CHECKS</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/7/18</u> Date of Expenditure	<u>\$ 25.45</u>	<u>\$ 25.45</u>
Expenditure # 2 Name & Address: WASHTENAW COUNTY CLERK PO BOX 8645 ANN ARBOR, MI 48107 <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>LATE FEE</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>5/10/18</u> Date of Expenditure	<u>\$ 100.</u>	<u>\$ 100.</u>
Expenditure # 3 Name & Address: INLAND PRESS 2001 W LAFAYETTE BLVD 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>DIRECT MAIL PRINTING/M/</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>7/9/18</u> Date of Expenditure	<u>\$ 6166.72</u>	<u>\$ 9124.12</u>
Expenditure # 4 Name & Address: SAWICKI & SONS 1521 LAFAYETTE BLVD 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>YARD SIGN PRINTING</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>7/11/18</u> Date of Expenditure	<u>\$ 3267.45</u>	<u>\$ 3267.45</u>

Subtotal this page **9559.62**
 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 B2010002
2. Committee Name PARTNERS FOR TRANSIT

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: ECOLOGY CENTER 339 E LIBERTY ST STE 300 ANN ARBOR, MI 48104 <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>CAMPAIGN MANAGEMENT</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	7/12/18 Date of Expenditure	\$ 6000. \$ 6000.	\$ 6000.
Expenditure # 2 Name & Address: INLAND PRESS 2001 W LAFAYETTE BLVD 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>PALM CARD PRINTING</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7/18/18 Date of Expenditure	\$ 2957.40 \$ 9124.12	\$ 9124.12
Expenditure # 3 Name & Address: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131 <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>ONLINE DONATION PROCE</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7/23/18 Date of Expenditure	\$ 131.25 \$ 131.25	\$ 131.25
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	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 **9088.65**
Grand Total of Schedules 4B
(Complete on last page of Schedule) **18648.27**
Enter this total on Line 8a of the Summary Page