



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

4. Committee's Mailing Address **PARTNERS FOR TRANSIT
PO BOX 8093
ANN ARBOR, MI 48107**

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
**ERICA JOLOKAI
316 S STATE ST
ANN ARBOR, MI 48104**
Area Code and Phone 734-369-9263

6. Treasurer's Business 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

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.

FILED
JUN 11 2018
CLERK/COUNTY, MI

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



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: CARPENTER, MATT 2700 S INDUSTRIAL HWY ANN ARBOR, MI 48104		
4. Date of Receipt <u>5/7/18</u>	\$ <u>1000.</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		
		Click Here for Memo Itemization
3. Contribution # 2 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 # 3 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 # 4 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 **1000.**

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

Enter this total
on line 3a of
Summary
Page