



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED  
WASHTENAW COUNTY, MI

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

2017 NOV -6 P 12:18

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <b>B-2017-006</b>	3. This Statement covers From: _____ To: _____ 4. Committee's Mailing Address <b>P.O. Box 1301 Ann Arbor, MI 48106</b>
2. Committee Name <b>Yes to Our Mental Health and Public Safety</b>	Area Code and Phone: <b>(734) 478-1904</b> 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  
**Martha Darling**  
**3340 E Dobson Pl**  
**Ann Arbor, MI 48105**

Area Code and Phone **(734) 213-1332**

6. Treasurer's Business Address <b>3340 E Dobson Pl</b> <b>Ann Arbor, MI 48105</b>	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)
Area Code and Phone <b>(734) 213-1332</b>	Area Code and Phone

<p><b>8. TYPE OF STATEMENT:</b></p> <p>8a. <input checked="" type="checkbox"/> PRE-ELECTION OR <input type="checkbox"/> POST-ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____</p> <p>Date of Election: <u>11/07/17</u></p>	<p>8b.</p> <p><input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input type="checkbox"/> ANNUAL STATEMENT ( ____ Coverage Year)</p>	<p>8d:</p> <p><input type="checkbox"/> Post Petition Sample Filing under MCL 168.483a</p> <p>(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)</p> <p>8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)</p>	<p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST</p> <p>Effective Date of Dissolution _____</p> <p>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.</p>
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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 Martha Darling Martha Darling  
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2017-006  
2. Committee Name Yes to Our Mental Health and Public Safety

	Column I This Period	Column II Cumulative for Election Cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>6,000.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>6,000.00</u>	(18.) \$ <u>6,000.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>6,000.00</u>	(20.) \$ <u>6,000.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-1K, Column 7)	(6a.) \$ <u>1,776.75</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>1,776.75</u>	(21.) \$ <u>1,776.75</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>3,000.00</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>3,000.00</u>	(22.) \$ <u>3,000.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>3,000.00</u>	(24.) \$ <u>3,000.00</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>6,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>6,000.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3,000.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,000.00</u>	*

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



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2017-006  
2. Committee Name Yes to Our Mental Health and Public Safety

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: <b>Martha Darling</b> 3340 E Dobson Pl Ann Arbor, MI 48105  4. Date of Receipt <u>08/28/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u>  Business Address _____ 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>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Washtenaw County Comm. &amp; Justice Foundation</b> 3840 Maple Dr Ypsilanti, MI 48197  4. Date of Receipt <u>09/12/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u>  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>3000</u>	\$ <u>3000</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>Glenn Nelson</b> 1323 S Forest Ave Ann Arbor, MI 48104  4. Date of Receipt <u>09/19/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</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>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>Thomas Porter</b> 212 W Summit St Ann Arbor, MI 48103  4. Date of Receipt <u>10/10/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Not employed</u> Employer <u>Not employed</u>  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>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$3,950.00**

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-2017-006  
2. Committee Name Yes to Our Mental Health and Public Safety

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: <b>Kirk Profit</b> 4370 Stonemeadow Ct Ann Arbor, MI 48103  4. Date of Receipt <u>10/10/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>GCSI</u> Business Address <u>120 N Washington Sq #110, Lansing, MI 48933</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>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Bruce Wallace</b> 126 S Main St Ann Arbor, MI 48104  4. Date of Receipt <u>10/11/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Hooper Hathaway</u> Business Address <u>126 S Main 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>1000</u>	\$ <u>1000</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>Marianne Udow-Phillips</b> 2280 Gale Rd Ann Arbor, MI 48105  4. Date of Receipt <u>10/12/17</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Center for Healthcare Research &amp; Transformation</u> Business Address <u>2929 Plymouth Rd #225, Ann Arbor, MI 48105</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>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>Jeanine Diller</b> 1176 Bandera Dr Ann Arbor, MI 48103  4. Date of Receipt <u>10/18/17</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>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$2,050.00**

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

**\$6,000.00**

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2017-006  
2. Committee Name Yes to Our Mental Health and Public Safety

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: <b>Alex Yerkey</b> 3658 View Dr Dexter, MI 48130  If over \$100.00 cumulative, please provide: Occupation <b>Consultant</b> Employer Name & Address: Self 3658 View Dr Dexter, MI 48130 <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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Mail services</u> 5. DATE OF RECEIPT: <u>10/16/17</u> <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: <b>Vanguard Public Affairs</b> 215 S Washington Sq, Suite 230 Lansing, MI 48933	\$ <u>1776.75</u> \$ <u>1776.75</u>	
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: _____ <a href="#">Click Here for Memo Itemization</a> 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: _____ <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	

Page Subtotal

**\$1,776.75**

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

**\$1,776.75**

Enter this total on  
line 6a of  
Summary Page



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

1. Committee I. D. Number B2017006

2. Committee Name Yes to Our Mental Health and Public Safety

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: <b>Vanguard Public Affairs</b> <b>215 S Washington Sq</b> <b>Suite 230</b> <b>Lansing, MI 48933</b>  <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>Consulting fees</u>  5. Ballot Proposal: <u>Mental Health and Public Safety Preservation Millage</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/29/17</u> Date of Expenditure	<u>\$ 3000</u> Amount	<u>\$ 3000</u> Cumulative
Expenditure # 2 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	\$ _____ Amount	\$ _____ Cumulative
Expenditure # 3 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	\$ _____ Amount	\$ _____ Cumulative
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	\$ _____ Amount	\$ _____ Cumulative

Subtotal this page **\$3,000.00**

Grand Total of Schedules 4B  
(Complete on last page of Schedule) **\$3,000.00**

Enter this total  
on Line 8a of  
the Summary  
Page