

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### BALLOT QUESTION COMMITTEE COVER PAGE

г				FOR OFFICIAL USE ONLY		
Report must be legible, typed or prir treasurer or designated record keep	nted in ink and signed by the er.		3.This Statement covers From: 11/28/17 To 12/31/17			
1. Committee I.D. Number B-2017-006			4. Committee's Mailing Address P.O. Box 1301 Ann Arbor, MI 48106			
2. Committee Name						
Yes to Our Mental Health and Public Safety			Area Code and Phone: (734) 478-1904  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 Residentia Martha Darling 3340 E Dobson Pl Ann Arbor, MI 48105						
Area Code and Phone (734) 213-	1332					
6. Treasurer's Business Address 3340 E Dobson Pl Ann Arbor, MI 48105	<b>.</b>	7. D. (lf	esignated Record Keeper's Name and M the committee has a Designated Record	ailing Address I Keeper)		
Area Code and Phone (734) 213-1	332	Area	Code and Phone			
8. TYPE OF STATEMENT: 8a. PRE- ELECTION OR	8b.  FEBRUARY STATEMEN  APRIL STATEMENT	Т	8d: Post Petition Sample Filing under MCL 168.483a (Required of Statewide Ballot	8f. DISSOLUTION OF COMMITTEE REQUEST  Effective Date of Dissolution		
POST- ELECTION  Pre-Election or Post-Election	JULY STATEMENT	-	Question Committees only after the submission of a sample petition prior to circulating the petition)	By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of		
Statement relates to:  PRIMARY	8c.X ANNUAL STATEMEN	Т	8e. AMENDMENT TO CAMPAIGN STATEMENT	residual funds must be reported on Schedule 4B and the Summary Page.		
GENERAL SCHOOL SPECIAL OTHER:	( 2017 Coverage Year)		(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	WASHTEN LAWARANA COUNTRY OF		
Date of Election:						
			<u>.                                       </u>	L CC		
A committee that does not have a Reporting Walver 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 Walver 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 Walver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.						
Verification: I certify that all reasons my knowledge and belief the cont	able diligence was used in the pents are true, accurate and cor	orepara nplete.	ition of this statement and attached sche	dules (if any) and to the best of		
Designated Record Reeper	tha Darling	!	MarkaDarlig			
Туре	e or Print Name		Signature	·		



#### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2017-006

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

	2. Committee Name Tes to Our Wer	The state of the s
RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions     a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) <u>\$</u> 5,655.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 5,655.00	(18.) \$ _13,645.20
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 5,655.00	(20.) \$ _13,645.20
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$_0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 0.00	(21.) \$ _3,365.00
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ 6,308.40	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ 0.00	
<ul> <li>c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)</li> </ul>	(8c.) \$ 0.00	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ 0.00	
e. Subtotal of Expenditures	(8e.) \$ 6,308.40	(22.) \$13,065.45
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ 0.00	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 6,308.40	(24.) \$13,065.45
IN-KIND EXPENDITURES  11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _0.00	(25.) \$ _ 0.00
DEBTS AND OBLIGATIONS  12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$ 0.00	·
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> </ol>	(13.) \$ 1,133.15	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 5,655.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>6,788.15</u>	· · · · · · · · · · · · · · · · · · ·
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 6,308.40	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 479.75	*

<sup>\*</sup>If your ending balance is negative, please recheck your math.



## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 4A ALLOT QUESTION COMMITTEE

1.	Committee I.D. Numbe	B-2017-006

BALLOT QUESTION CO	MMITTEE 2. Committee	<sub>ee Name</sub> Yes to Our M	ental Health and	l Public Safety
Please enter contributors name and address. I middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1     Name & Address:	4. Date of Receipt 12/05/17			
Emma White 2115 Winchell			<sub>\$</sub> 100	<sub>\$</sub> 100
Ann Arbor, MI 48104		Click Here for Me	mo Itamization	
5. If over \$100.00 cumulative, please provide	:		Click Hele for Me	mo nemization
Occupation En	nployer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		HEADY A
3. Contribution # 2 Name & Address:	4. Date of Receipt 10/23/17	<del></del>		
David DeYoung 2118 Springwood Ct			<sub>\$</sub> 250	<sub>\$</sub> 250
Ann Arbor, MI 48103			\$ <u></u>	Φ
5. If over \$100.00 cumulative, please provide:			Click Here for Men	no Itemization
Occupation Information Requested Em	<sub>nployer</sub> Information Reques	sted		
Business Address Information Reques	sted			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 3     Name & Address:	4. Date of Receipt 10/23/17			
John Martin				
2572 Walnut Rd			<sub>\$</sub> 1000	<sub>\$</sub> 1000
Ann Arbor, MI 48103				
5. If over \$100.00 cumulative, please provide			Click Here for Mem	o Itemization
Occupation Information Requested En	<sub>iployer</sub> Information Reque	sted		
Business Address Information Reques	ted			
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4 Name & Address:	Date of Receipt 10/23/17		· · · · · · · · · · · · · · · · · · ·	
Leigh Greden			-	
2860 Gladstone	•		<sub>\$</sub> 250	\$ 250°
Ann Arbor, MI 48104			*	:
5. If over \$100.00 cumulative, please provide:	Eastern Michigan I	lais sa raite s	Click Here for Merr	o Itemization
	<sub>ployer</sub> Eastern Michigan U	niversity		
Business Address <u>900 Oakwood St, Υ</u> ρ	osiianti, ivii 48197			
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$1,600.00	
		Total of All Schedules 4A		
1 5	(Complete	e on last page of Schedule)	Enter this total	
Page of			on line 3a of	
			Summary Page	



#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

# ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number <u>B-2017-006</u>

BALLOT QUESTION COM	IMILIEE 2. Committee	Name Yes to Our Me	ntai Health and	Public Salety
Please enter contributors name and address. If o middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 4. Name & Address:	. Date of Receipt 12/12/17	-		
Feng Li 3092 Village Circle Ann Arbor, MI 48108		<sub>\$</sub> 50	\$ 50	
5. If over \$100.00 cumulative, please provide:			Click Here for Me	emo Itemization
	ployer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 2 4 Name & Address:	1. Date of Receipt 12/12/17			
Matt Greff 1305 Grant St Ypsilanti, MI 48197			<sub>\$</sub> 100	\$ 100
5. If over \$100.00 cumulative, please provide:			Click Here for Me	mo Itemization
	ployer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	4. Date of Receipt 12/12/17			
Nancy Baum 1517 Brooklyn St Ann Arbor, MI 48104			<sub>\$</sub> 100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide	;		Click Here for Mer	no Itemization
OccupationEm				
Business Address				÷
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4 Name & Address:	. Date of Receipt 12/12/17			
Mark Creekmore 2051 Chaucer Dr Ann Arbor, MI 48103			<sub>\$</sub> _200	\$ 200
5. If over \$100.00 cumulative, please provide:			Click Here for Me	mo Itemization
Occupation Board Director Em	nolover National Alliance or	Mental Illness		
	Suite 104, Lansing, MI 489	933		
Type of Contribution:   Direct	Loan from a person	Fund Raiser		_
		Page Subtotal	\$450.00	
		d Total of All Schedules 4A		
Page of	(Complet	e 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

1. Committee I.D. Number B-2017-006

BALLUT QUESTION COMMITTEE	2. Committee Name Yes to Our M	ental Health and	Public Safety
Please enter contributors name and address. If contribution is from an included initial.	lividual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 12/1 Name & Address:	2/17	•	
Christopher Taylor 1505 Brooklyn Ave Ann Arbor, MI 48104		<sub>\$</sub> 250	\$ 250
5. If over \$100.00 cumulative, please provide:		Click Here for Me	mo Itemization
Occupation Attorney Employer Hooper Hath	naway		
Business Address 126 S Main St, Ann Arbor, MI 48104			
Type of Contribution:	n Fund Raiser		
3. Contribution #2 4. Date of Receipt 12/12 Name & Address:	2/17		
Committee to Elect Evan Pratt 1626 Harbal Dr Ann Arbor, MI 48105		\$ 350	<sub>\$</sub> _350
5. If over \$100.00 cumulative, please provide:		Click Here for Men	no Itemization
Occupation Organization Employer Organization			
Business Address Organization			
Type of Contribution:	Fund Raiser		
3. Contribution # 3 4. Date of Receipt 12/13/ Name & Address:	17		
Ruth Ann Jamnick 7776 Lake Creek Dr Ypsilanti, MI 48197		<sub>\$</sub> _100	<sub>\$</sub> 100
5. If over \$100.00 cumulative, please provide:		Click Here for Mem-	o Itemization
Occupation County Commissioner Employer Washtenaw	/ County		
Business Address 200 N Main St, Ann Arbor, MI 48104			
Type of Contribution:   Direct  Loan from a person	Fund Raiser		-
3. Contribution # 4 A. Date of Receipt 12/13/	17		,
Andrew LaBarre 2411 Meadowridge Ct Ann Arbor, MI 48105		<sub>\$</sub> _250	<sub>\$</sub> 250
5. If over \$100.00 cumulative, please provide:		Click Here for Mem	o Itemization
Occupation County Commissioner Employer Washtenaw	County		
Business Address 200 N Main St, Ann Arbor, MI 48104	<u></u>		
Type of Contribution:   Direct Loan from a perso	n Fund Raiser		
	Page Subtotal	\$950.00	
	Grand Total of All Schedules 4A (Complete on last page of Schedule)		
Page of	(25place on Mar page of Cortourie)	Enter this total on line 3a of Summary	



#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A**

1. Committee I.D. Number B-2017-006

2. Committee Name Yes to Our Mental Health and Public Safety **BALLOT QUESTION COMMITTEE** 7. Cumulative for Please enter contributors name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt 12/13/17 Name & Address: Douglas Stewart <sub>\$</sub> 500 500 4758 Dunbarton Ct Ann Arbor, MI 48105 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Information Requested Employer Information Requested Business Address Information Requested ✓ Direct Fund Raiser Type of Contribution: Loan from a person 3. Contribution # 2 4. Date of Receipt 12/13/17 Name & Address: Linh Song <sub>\$</sub> 500 ູ 500 1290 Bardstown Tr Ann Arbor, MI 48105 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Retired Occupation Social Worker **Business Address** Direct Fund Raiser Type of Contribution: Loan from a person 3. Contribution #3 4. Date of Receipt 12/13/17 Name & Address: Huron Valley Central Labor Council s 800 s 800 7951 Turnberry Dr Whitmore Lake, MI 48189 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation\_Organization Employer\_ Organization

<sub>s</sub> 500 120 N Washington Sq, Suite 110 Lansing, MI 48933 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization **Employer** Organization Occupation Organization Business Address 120 N Washington Sq, Suite 110 Lansing, MI 48933 Fund Raiser Type of Contribution: Loan from a person \$2,300.00 Page Subtotal Grand Total of All Schedules 4A

7951 Turnberry Dr, Whitmore Lake, MI 48189

Loan from a person

4. Date of Receipt 12/14/17

**Business Address** 

Contribution # 4 Name & Address:

**GCSI** 

Type of Contribution: <a> ✓</a>

Direct

(Complete on last page of Schedule)

Fund Raiser

Enter this total on line 3a of Summary Page



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number B-2017-006

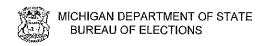
2. Committee Name Yes to Our Mental Health and Public Safety **BALLOT QUESTION COMMITTEE** Cumulative for Please enter contributors name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt 12/19/17 Name & Address: Jessica Alexander 100 3485 Greenleaf Ct Ann Arbor, MI 48105 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation\_ Employer Business Address ... √ Direct Type of Contribution: Loan from a person Fund Raiser 4. Date of Receipt 12/21/17 3. Contribution # 2 Name & Address: Scott Menzel \$ 350 9450 Sandlewood Ct Whitmore Lake, MI 48189 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Washtenaw ISD Occupation Superintendent 1735 S'Wagner Rd, Ann Arbor, MI 48103 Business Address Direct Fund Raiser Type of Contribution: Loan from a person 3. Contribution # 3 4. Date of Receipt 12/13/17 Name & Address: Crystal Nemchak 3658 View Dr Dexter, MI 48130 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Occupation\_ Business Address -Type of Contribution: Fund Raiser Loan from a person Contribution # 4 Name & Address: 4. Date of Receipt 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 \$355.00 Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of

> Summary Page



# ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

3. Name and address of person to whom paid  4. State purpose of opportunitive. 4. Indicate whether supported no representation involved. Indicate whether supported no representation involved. Indicate whether supported no representation in the ball of proceed involved.  2. State of the ball of proceed involved.  3. Italian Proposal:  County. Washtenaw  Click for Memo Itemization Type  Click fo	BALLOT QUESTION COMMITTEE 2. C.	ommittee Name Yes to Our Mental Health	and Public Sa	fety	
Name & Address:   Consulting Fees	3. Name and address of person to whom paid	5. Identify the ballot proposal involved.	6. Date	7. Amount	
Vanguard Public Affairs 215 S Washington Sq, Suite 230 Lansing, MI 48933  5. Ballot Proposal:    Check box if expenditure is payment of debt or obligation reported on previous statement   County: Washtenaw   Click for Memo Itemization Type		4. Purpose:			
State Proposal:   State Prop		Consulting Fees	٠		
Lansing, MI 48933    Check box if expenditure is payment of debt or obligation reported on provious statement   County: Washtenaw   County: Washtenaw   Citick for Memo litertization Type	, -		11/28/17	. 1000	<sub>*</sub> 7500
Check box if expenditure is payment of debt or obligation reported on previous statement    County: Washtenaw		·	Date of	- \$ <u></u>	_ \$
Check box if expenditure is payment of debt or obligation reported on previous statement	Landing, Wil 40000	Mental Health and Public Safety Preservation Millage	Expenditure		
Support		County Machtonau	Click f	or Memo Itemizatio	on Type
Fund Raiser   Statewide   Local					
A. Purpose: Online Processing Fees   A. Purpos					
Name & Address:   Online Processing Fees				· · · · · · · · · · · · · · · · · · ·	
PayPal 2211 N First St San Jose, CA 95131    Check box if expenditure is payment of debt or obligation reported on previous statement   Statewide   Local		Online Processing Fees			•
San Jose, CA 95131    Merital Health and Public Safety Processorion Millings   Date of Expenditure   Safety Processorion Millings   Date of Expenditure   Safety Processorion Millings   Click for Memo Itemization Type	PayPal			40.00	
County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Coun	1	·	12/0//1/	<sub>- \$</sub>	
County: Washtenaw    Support	San Jose, CA 95131	Welles (Toda) and a date edity (Toda) value (Minage			
Click for Memo Itemization Type    Statewide		County: Washtenaw	Expenditure		
Fund Raiser	Check box if expenditure is payment of debt or obligation			or Memo Itemizatio	n Type
Expenditure # 3 Name & Address:  PayPal 2211 N First St San Jose, CA 95131  County: Washtenaw  Click for Memo Itemization Type  Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser  County: Washtenaw  Consulting Fees  5. Ballot Proposal:  County: Washtenaw  Click for Memo Itemization Type  Click for Memo Itemization Type  A Purpose:  Consulting Fees  5. Ballot Proposal:  Contry: Washtenaw  Contry: Washtenaw  Click for Memo Itemization Type  Click for		✓ Support Oppos	e		
Name & Address:  PayPal 2211 N First St San Jose, CA 95131  County: Washtenaw Citick for Memo Itemization Type  Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser  Consulting Fees Alex Yerkey 3658 View Dr Dexter, MI 48130  County: Washtenaw Citick for Memo Itemization Type  A: Purpose: Consulting Fees 5. Ballot Proposal: Consulting Fees 5. Ballot Proposal: Consulting Fees 5. Ballot Proposal: Consulting Fees 6. Ballot Proposal: Consulting Fees 7. Ballot Proposal: Consulting Fees 8. Ballot Proposal: Consulting Fees 8. Ballot Proposal: Consulting Fees 8. Ballot Proposal: Consulting Fees 9. Ballot Proposal: Click for Memo Itemization Type 9. Clic	Fund Raiser	Statewide Local			
PayPal 2211 N First St San Jose, CA 95131  5. Ballot Proposal: County: Washtenaw Cou	l '	•			
2211 N First St San Jose, CA 95131  Mental Health and Public Safety Preservation Millage County: Washtenaw Click for Memo Itemization Type  County: Washtenaw Click for Memo Itemization Type  County: Washtenaw Click for Memo Itemization Type  A Purpose:  Consulting Fees Sallot Proposal:  Date of Expenditure  County: Washtenaw Click for Memo Itemization Type  A Purpose:  Consulting Fees Sallot Proposal:  Mental Health and Public Safety Preservation Millage  Consulting Fees Sallot Proposal:  Mental Health and Public Safety Preservation Millage Safes View Dr Dexter, MI 48130  County: Washtenaw Click for Memo Itemization Type  County: Washtenaw Click for Memo Itemization Type  County: Washtenaw Click for Memo Itemization Type  Support Oppose Support County: Washtenaw Click for Memo Itemization Type		Online Processing Fees			
San Jose, CA 95131    Mental Health and Public Safety Preservation Millage   Expenditure   Expenditu	1 -	5. Ballot Proposal:	12/12/17	<sub>\$</sub> 21.80	<sub>s</sub> 97.15
County: Washtenaw  County: Washtenaw  Click for Memo Itemization Type  County: Washtenaw  Consulting Fees  5. Ballot Proposal:  Mental Health and Public Safety Preservation Millage  County: Washtenaw  Click for Memo Itemization Type		Mental Health and Public Safety Preservation Millage	Date of	_ Ψ	Ψ
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser  Statewide  4. Purpose:  Consulting Fees  Alex Yerkey 3658 View Dr  Dexter, MI 48130  County: Washtenaw  County: Washtenaw  County: Washtenaw  Fund Raiser  Subtotal this page  Grand Total of Schedules 4B (Complete on last page of Schedule)  Expenditure is payment of debt or obligation reported on previous statement  Fund Raiser  Subtotal this page  Enter this total on Line 8a of	Gair 3030, O/COOTOT		Expenditure		
reported on previous statement  Fund Raiser  Expenditure # 4 Name & Address:  Alex Yerkey 3658 View Dr Dexter, MI 48130  County: Washtenaw  County		County: Washtenaw	Click for	or Memo Itemizatio	on Type
Expenditure # 4 Name & Address: Alex Yerkey 3658 View Dr Dexter, MI 48130  County: Washtenaw  County: Washtenaw  County: Washtenaw  Fund Raiser  Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of		Support Oppos	e		
Expenditure # 4 Name & Address:  Alex Yerkey 3658 View Dr Dexter, MI 48130  County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Washtenaw  Fund Raiser  Complete on last page of Schedules  (Complete on last page of Schedule)  Enter this total on Line 8a of					
Name & Address: Alex Yerkey 3658 View Dr Dexter, MI 48130  County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Washtenaw  Subtotal this page  Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of					
Alex Yerkey 3658 View Dr Dexter, MI 48130  Sellot Proposal:  Mental Health and Public Safety Preservation Millage County: Washtenaw  County: Washtenaw  County: Washtenaw  County: Washtenaw  Support  Support  Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of	Name & Address:	•			
Date of Expenditure  County: Washtenaw  Click for Memo Itemization Type  County: Washtenaw  County: Washtenaw  County: Washtenaw  Support  Fund Raiser  Subtotal this page  Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of			12/13/17	ູ 1250	<sub>s</sub> 1250
County: Washtenaw  Click for Memo Itemization Type  Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser  Subtotal this page  Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of		•	Date of	_ Ψ	<u> </u>
Check box if expenditure is payment of debt or obligation reported on previous statement  Support  Oppose  Fund Raiser  Subtotal this page  Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of	Dexter, MI 48130	mental mealth and Public Salety Preservation initiage	Expenditure		
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser  Subtotal this page  Grand Total of Schedules 48 (Complete on last page of Schedule)  Enter this total on Line 8a of		County: Washtenaw	Click	for Memo Itemizati	on Type
Fund Raiser  Statewide  Subtotal this page  Grand Total of Schedules 4B  (Complete on last page of Schedule)  Enter this total on Line 8a of	Check box if expenditure is payment of debt or obligation		_		
Subtotal this page  Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of	reported on previous statement	Support	e		
Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of	Fund Raiser	Statewide Local	·	_	
Grand Total of Schedules 4B (Complete on last page of Schedule)  Enter this total on Line 8a of		Su	btotal this page	\$2,290.0	0
Enter this total on Line 8a of		Grand Total of	of Schedules 4B		
on Line 8a of		(Complete on last pa	ge of Schedule)	<u> </u>	
Page of Fage	Page 1 of 2			the Summary	



#### ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

1. Committee I. D. Number\_B2017006

BALLOT QUESTION COMMITTEE 2. C	Committee Name Yes to Our I	Mental Health	and Public Sa	ifety		
3. Name and address of person to whom paid	State purpose of expend     Identify the ballot propose indicate whether supported	al involved.	6. Date	7. Amount	8. Cumulative for election	
Expenditure # 1 Name & Address:	4. Purpose:			·		
PayPal	Online Processir	ng Fees				
2211 N First St	5. Dollot Drawagh		12/14/17	<sub>\$</sub> 7.76	<sub>s</sub> 104.91	
San Jose, CA 95131	Ballot Proposal:  Mental Health and Public Safety Proposal	Date of	- Ф	_ •		
	Worten Fleater and Fability Callety Fit		Expenditure			
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click f	or Memo Itemization	Туре	
reported on previous statement	Support	Oppose				
Fund Raiser	Statewide	Local				
Expenditure # 2 Name & Address:	4. Purpose:					
	Consulting Fees					
Vanguard Public Affairs 215 S Washington Sq, Suite 230	5. Ballot Proposal:		12/18/17	<sub>s</sub> 2000	, 9500	
Lansing, MI 48933	Mental Health and Public Safety Pre	Date of	\$ <u>2000</u>	\$		
<b>5</b> ,			Expenditure			
	County: Washtenaw		Click fo	r Marca Itarrization	Ti ma	
Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support Oppose		Click to	Click for Memo Itemization Type		
Fund Raiser	Statewide	Local				
Expenditure # 3	4. Purpose:			· · · · · · · · · · · · · · · · · · ·		
Name & Address:	Online Processing	g Fees				
PayPal	5. Ballot Proposal:		12/21/17	ູ 10.54	115.45	
2211 N First St	Mental Health and Public Safety Pre	esen/ation Miliage	Date of	\$	\$	
San Jose, CA 95131	marian reality and reality (		Expenditure			
	County: Washtenaw		Click for	r Memo Itemization	Гуре	
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose				
Fund Raiser	Statewide	Local				
Expenditure # 4	4. Purpose:			,		
Name & Address:	Consulting Fees					
Vanguard Public Affairs 215 S Washington Sq. Suite 230	5. Ballot Proposal:		12/24/17	<sub>\$</sub> 2000	<sub>\$</sub> 11500	
Lansing, MI 48933	Mental Health and Public Safety Preservation Millage		Date of Expenditure		,	
·	County: Washtenaw	Click for Memo Itemization Type				
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose				
Fund Raiser	Statewide	Local				
		Subt	otal this page	\$4 018 30		

\$4,018.30 Grand Total of Schedules 4B (Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page

•					
				·	
		·			
•				•	
,					