



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: 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 Residential Address  
**Martha Darling  
3340 E Dobson PI  
Ann Arbor, MI 48105**

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

6. Treasurer's Business Address  
**3340 E Dobson PI  
Ann Arbor, MI 48105**

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

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:  
\_\_\_\_\_

8b.

- FEBRUARY STATEMENT
- APRIL STATEMENT
- JULY STATEMENT
- OCTOBER STATEMENT

8c.  ANNUAL STATEMENT  
(2017 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  
 WASHTEENAW COUNTY  
 2018 AUG 21  
 11:00 AM  
 CLERK OF SUPERIOR COURT

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**  
Type or Print Name

*Martha Darling*  
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

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>5,655.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>5,655.00</u>	(18.) \$ <u>13,645.20</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>5,655.00</u>	(20.) \$ <u>13,645.20</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>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>3,365.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>6,308.40</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>6,308.40</u>	(22.) \$ <u>13,065.45</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>6,308.40</u>	(24.) \$ <u>13,065.45</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>1,133.15</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>5,655.00</u>	
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.) - <u>6,308.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>479.75</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-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 4. Date of Receipt 12/05/17  
Name & Address:  
**Emma White**  
2115 Winchell  
Ann Arbor, MI 48104  
\$ 100 \$ 100

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

3. Contribution # 2 4. Date of Receipt 10/23/17  
Name & Address:  
**David DeYoung**  
2118 Springwood Ct  
Ann Arbor, MI 48103  
\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Information Requested Employer Information Requested  
Business Address Information Requested  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 4. Date of Receipt 10/23/17  
Name & Address:  
**John Martin**  
2572 Walnut Rd  
Ann Arbor, MI 48103  
\$ 1000 \$ 1000

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Information Requested Employer Information Requested  
Business Address Information Requested  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 4. Date of Receipt 10/23/17  
Name & Address:  
**Leigh Greden**  
2860 Gladstone  
Ann Arbor, MI 48104  
\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation Administrator Employer Eastern Michigan University  
Business Address 900 Oakwood St, Ypsilanti, MI 48197  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal **\$1,600.00**

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

Enter this total  
on line 3a of  
Summary  
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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>Feng Li</b> 3092 Village Circle Ann Arbor, MI 48108 4. Date of Receipt <u>12/12/17</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>
3. Contribution # 2 Name & Address: <b>Matt Greff</b> 1305 Grant St Ypsilanti, MI 48197 4. Date of Receipt <u>12/12/17</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>100</u>	\$ <u>100</u>
3. Contribution # 3 Name & Address: <b>Nancy Baum</b> 1517 Brooklyn St Ann Arbor, MI 48104 4. Date of Receipt <u>12/12/17</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>100</u>	\$ <u>100</u>
3. Contribution # 4 Name & Address: <b>Mark Creekmore</b> 2051 Chaucer Dr Ann Arbor, MI 48103 4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Board Director</u> Employer <u>National Alliance on Mental Illness</u> Business Address <u>401 S Washington, Suite 104, 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>200</u>	\$ <u>200</u>

Page Subtotal **\$450.00**

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

Enter this total  
on line 3a of  
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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: <u>Christopher Taylor</u> <u>1505 Brooklyn Ave</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>12/12/17</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>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Committee to Elect Evan Pratt</u> <u>1626 Harbal Dr</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Organization</u> Employer <u>Organization</u> Business Address <u>Organization</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>350</u>	\$ <u>350</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Ruth Ann Jamnick</u> <u>7776 Lake Creek Dr</u> <u>Ypsilanti, MI 48197</u> 4. Date of Receipt <u>12/13/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>200 N 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>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Andrew LaBarre</u> <u>2411 Meadowridge Ct</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>12/13/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>200 N 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>250</u>	\$ <u>250</u> Click Here for Memo Itemization

Page Subtotal **\$950.00**

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

Enter this total  
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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: Douglas Stewart 4758 Dunbarton Ct Ann Arbor, MI 48105  5. If over \$100.00 cumulative, please provide: Occupation <u>Information Requested</u> Employer <u>Information Requested</u> Business Address <u>Information Requested</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>
3. Contribution # 2 Name & Address: Linh Song 1290 Bardstown Tr Ann Arbor, MI 48105  5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</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>500</u>	\$ <u>500</u>
3. Contribution # 3 Name & Address: Huron Valley Central Labor Council 7951 Turnberry Dr Whitmore Lake, MI 48189  5. If over \$100.00 cumulative, please provide: Occupation <u>Organization</u> Employer <u>Organization</u> Business Address <u>7951 Turnberry Dr, Whitmore Lake, MI 48189</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>800</u>	\$ <u>800</u>
3. Contribution # 4 Name & Address: GCSI 120 N Washington Sq, Suite 110 Lansing, MI 48933  5. If over \$100.00 cumulative, please provide: Occupation <u>Organization</u> Employer <u>Organization</u> Business Address <u>120 N Washington Sq, Suite 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>

[Click Here for Memo Itemization](#)

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Page Subtotal **\$2,300.00**

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

Enter this total  
on line 3a of  
Summary  
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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: Jessica Alexander 3485 Greenleaf Ct Ann Arbor, MI 48105  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	4. Date of Receipt <u>12/19/17</u>  \$ <u>100</u>	\$ <u>100</u>  Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Scott Menzel 9450 Sandlewood Ct Whitmore Lake, MI 48189  5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Washtenaw ISD</u> Business Address <u>1735 S Wagner Rd, Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>12/21/17</u>  \$ <u>250</u>	\$ <u>350</u>  Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Crystal Nemchak 3658 View Dr Dexter, MI 48130  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	4. Date of Receipt <u>12/13/17</u>  \$ <u>5</u>	\$ <u>5</u>  Click Here for Memo Itemization
3. Contribution # 4 Name & Address:     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	4. Date of Receipt _____  \$ _____	\$ _____  Click Here for Memo Itemization

Page Subtotal **\$355.00**

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

**\$5,655.00**

Enter this total  
on line 3a of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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, 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	11/28/17 Date of Expenditure	\$ <u>1000</u> \$ <u>7500</u>	
Expenditure # 2 Name & Address: <b>PayPal</b> <b>2211 N First St</b> <b>San Jose, CA 95131</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>Online Processing 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	12/07/17 Date of Expenditure	\$ <u>18.30</u> \$ <u>75.35</u>	
Expenditure # 3 Name & Address: <b>PayPal</b> <b>2211 N First St</b> <b>San Jose, CA 95131</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>Online Processing 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	12/12/17 Date of Expenditure	\$ <u>21.80</u> \$ <u>97.15</u>	
Expenditure # 4 Name & Address: <b>Alex Yerkey</b> <b>3658 View Dr</b> <b>Dexter, MI 48130</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	12/13/17 Date of Expenditure	\$ <u>1250</u> \$ <u>1250</u>	

Subtotal this page **\$2,290.00**

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 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>PayPal</b> 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 Processing 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>12/14/17</u> Date of Expenditure	<u>\$ 7.76</u> Date of Expenditure	<u>\$ 104.91</u>
Expenditure # 2 Name & Address:  <b>Vanguard Public Affairs</b> 215 S Washington Sq, Suite 230 Lansing, MI 48933  <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>12/18/17</u> Date of Expenditure	<u>\$ 2000</u> Date of Expenditure	<u>\$ 9500</u>
Expenditure # 3 Name & Address:  <b>PayPal</b> 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 Processing 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>12/21/17</u> Date of Expenditure	<u>\$ 10.54</u> Date of Expenditure	<u>\$ 115.45</u>
Expenditure # 4 Name & Address:  <b>Vanguard Public Affairs</b> 215 S Washington Sq, Suite 230 Lansing, MI 48933  <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>12/24/17</u> Date of Expenditure	<u>\$ 2000</u> Date of Expenditure	<u>\$ 11500</u>

Subtotal this page **\$4,018.30**

Grand Total of Schedules 4B  
(Complete on last page of Schedule) **\$6,308.40**

Enter this total on Line 8a of the Summary Page

