



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: 01/01/18 To 02/10/18

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 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**
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
(2018 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.

LANSING
COUNTY CLERK
2018 AUG 24
WASHTENAW COUNTY
FILED
Y, 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

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

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>1,605.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,605.00</u>	(18.) \$ <u>15,250.20</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>1,605.00</u>	(20.) \$ <u>15,250.20</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>3,365.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>8.00</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>8.00</u>	(22.) \$ <u>6,316.40</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>8.00</u>	(24.) \$ <u>6,316.40</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>10,000.00</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>479.75</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1,605.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,084.75</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>8.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,076.75</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 Name & Address: <u>Alex Yerkey</u> <u>3658 View Dr</u> <u>Dexter, MI 48130</u> 4. Date of Receipt <u>01/17/18</u> 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	\$ <u>5</u>	\$ <u>5</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Michelle Deatrck</u> <u>5630 Meadow Ln</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>01/23/18</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
3. Contribution # 3 Name & Address: <u>Renee Greden</u> <u>2015 Woodside Rd</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>02/05/18</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>1000</u>	\$ <u>1000</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Felicia Brabec</u> <u>3167 Crimson Ct</u> <u>Ann Arbor, MI 48108</u> 4. Date of Receipt <u>02/07/18</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

Page Subtotal **\$1,355.00**

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
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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: Conan Smith 234 Eighth St Ann Arbor, MI 48103 4. Date of Receipt <u>02/07/18</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>500</u> 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 **\$250.00**

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

\$1,605.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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**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: 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 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>02/03/18</u> Date of Expenditure	\$ <u>8</u> \$ <u>123.45</u>	\$ <u>123.45</u>
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	\$ _____ \$ _____	\$ _____ \$ _____
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	\$ _____ \$ _____	\$ _____ \$ _____
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 **\$8.00**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$8.00**

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
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**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2017006
2. Committee Name Yes to Our Mental Health and Public Safety

This Schedule itemizes: (Check either a or b. Use only for the purpose checked.)
 a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Alex Yerkey 3658 View Dr Dexter, MI 48130	4. Type: <u>Consulting Fees</u> 5. <u>Date Debt Was Incurred</u> <u>01/01/18</u> 6. <u>Original Amount of Debt</u> <u>\$ 10,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>10,000.00</u>
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$10,000.00**

Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.) **\$10,000.00**

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page