



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.

|   |  |  |  |
|---|--|--|--|
| 1. Committee I.D. Number <b>B-2017-006</b>  |  | 3. This Statement covers From: <b>7/21/2018</b> To <b>12/31/18</b>   |  |
| 2. Committee Name<br><b>Yes to Our Mental Health and Public Safety</b>  |  | 4. Committee's Mailing Address<br><b>2411 Meadowridge Ct.<br/>Ann Arbor, MI 48105</b>  |  |
| 5. Treasurer's Name and Residential Address<br><b>Andrew LaBarre<br/>2411 Meadowridge Ct.<br/>Ann Arbor, MI 48105</b>   |  | Area Code and Phone: <b>(734) 945-1298</b>   |  |
| 6. Treasurer's Business Address   |  | 7. Designated Record Keeper's Name and Mailing Address<br>(If the committee has a Designated Record Keeper)<br><b>Andrew LaBarre<br/>2411 Meadowridge Ct.<br/>Ann Arbor, MI 48105</b>                                  |  |
| Area Code and Phone   |  | Area Code and Phone <b>(734) 945-1298</b>  |  |
| 8. TYPE OF STATEMENT:   |  | 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST  |  |
| 8a. <input type="checkbox"/> PRE-ELECTION<br>OR<br><input type="checkbox"/> POST-ELECTION   |  | Effective Date of Dissolution  |  |
| Pre-Election or Post-Election Statement relates to:   |  | 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.      |  |
| <input type="checkbox"/> PRIMARY<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SCHOOL<br><input type="checkbox"/> SPECIAL<br><input type="checkbox"/> OTHER: _____  |  | 8b. <input type="checkbox"/> FEBRUARY STATEMENT<br><input type="checkbox"/> APRIL STATEMENT<br><input type="checkbox"/> JULY STATEMENT<br><input type="checkbox"/> OCTOBER STATEMENT                                   |  |
| Date of Election: _____   |  | 8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT<br>( <u>19</u> Coverage Year)   |  |
|   |  | 8d. <input type="checkbox"/> Post Petition Sample Filing under MCL 165.483a<br><br>(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition) |  |
|   |  | 8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT<br><br>(Complete Item 8a, 8b, 8c, 8d, or 8f to indicate which Statement is being amended)   |  |
| 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   |  | Signature  |  |
| <b>Andrew LaBarre</b>   |  | <i>Andrew LaBarre</i>  |  |
| Type or Print Name  |  | Signature  |  |

ERG  
 FILED  
 WASHTENAW COUNTY MI  
 JAN 31 2019  
 LAWRENCE  
 COUNTY CLERK/REGISTRAR



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

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

|   | Column I<br>This Period       | Column II<br>Cumulative for Election Cycle |
|---|-------------------------------|--|
| <b>RECEIPTS</b>   |                               |  |
| 3 Contributions   |                               |  |
| a. Itemized Contributions (Schedule 4A, Column 6)   | (3a) \$ <u>0</u>              |  |
| b. Unitemized Contributions (less than \$20.01 - no Schedule)   | (3b) \$ <u>NOT APPLICABLE</u> |  |
| c. Subtotal of Contributions  | (3c) \$ _____                 | (18) \$ _____                              |
| 4 Other Receipts (Schedule 4A-1, Column 6)  | (4) \$ _____                  | (19) \$ _____                              |
| 5 <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                                     | (5) \$ <u>0</u>               | (20) \$ _____                              |
| <b>IN-KIND CONTRIBUTIONS</b>  |                               |  |
| 6 In-Kind Contributions   |                               |  |
| a. Itemized In-Kind Contributions (Schedule 4-K, Column 7)  | (6a) \$ <u>500.00</u>         |  |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (6b) \$ <u>NOT APPLICABLE</u> |  |
| 7 <b>TOTAL IN-KIND CONTRIBUTIONS</b><br>(Add Line 6a + Line 6b)   | (7) \$ <u>500.00</u>          | (21) \$ <u>500.00</u>                      |
| <b>EXPENDITURES</b>   |                               |  |
| 8 Expenditures  |                               |  |
| a. Itemized Direct Expenditures (Schedule 4B, Column 7)   | (8a) \$ _____                 |  |
| b. Itemized Get-Out-The-Vote (Schedule 4B-G, Column 6)  | (8b) \$ _____                 |  |
| c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)                             | (8c) \$ _____                 |  |
| d. Unitemized Expenditures (\$50.00 or less-no Schedule)  | (8d) \$ _____                 |  |
| e. Subtotal of Expenditures   | (8e) \$ _____                 | (22) \$ _____                              |
| 9 Independent Expenditures (Schedule 4B-1, Column 7)  | (9) \$ _____                  | (23) \$ _____                              |
| 10 <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)   | (10) \$ _____                 | (24) \$ _____                              |
| <b>IN-KIND EXPENDITURES</b>   |                               |  |
| 11 Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) | (11) \$ _____                 | (25) \$ _____                              |
| <b>DEBTS AND OBLIGATIONS</b>  |                               |  |
| 12 Debts and Obligations  |                               |  |
| a. Owed by the Committee (Schedule 4E)  | (12a) \$ <u>17,600.00</u>     |  |
| b. Owed to the Committee (Schedule 4E)  | (12b) \$ _____                |  |
| <b>BALANCE STATEMENT</b>  |                               |  |
| 13 Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed)                 | (13) \$ <u>12.80</u>          |  |
| 14 Amount received during reporting period<br>(Line 5, Column I, Total Contributions & Other Receipts)        | (14) + <u>0</u>               |  |
| 15 <b>SUBTOTAL</b> Add lines 13 and 14  | (15) = <u>12.80</u>           |  |
| 16 Amount expended during reporting period<br>(Line 10, Column I, Total Expenditures)                         | (16) - <u>0</u>               |  |
| 17 <b>ENDING BALANCE</b><br>(Subtract line 16 from line 15)   | (17) \$ <u>12.80</u>          |  |

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

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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<br>If contribution is from an individual, please enter last name first.   | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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<br>Name & Address:<br><u>Andy LaBarre for Washtenaw</u><br><u>2411 Meadowridge Ct.</u><br><u>Ann Arbor, MI 48105</u><br>If over \$100.00 cumulative, please provide:<br><br>Occupation _____<br>Employer Name & Address: _____<br><br><input type="checkbox"/> Fund Raiser | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - LOAN<br>Description _____<br>5. DATE OF RECEIPT: <u>10/26/2018</u> Click Here for Memo Itemization<br>6. VENDOR NAME & ADDRESS:<br><u>Vanguard Public Affairs</u><br><u>215 S. Washington St. # 230</u><br><u>Lansing, MI 48933</u> | \$ <u>500.00</u>               | \$ <u>500.00</u>  |
| Contribution #2<br>Name & Address:<br><br>If over \$100.00 cumulative, please provide:<br><br>Occupation _____<br>Employer Name & Address: _____<br><br><input type="checkbox"/> Fund Raiser   | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - LOAN<br>Description _____<br>5. DATE OF RECEIPT: _____ Click Here for Memo Itemization<br>6. VENDOR NAME & ADDRESS: _____   | \$ _____                       | \$ _____  |
| Contribution #3<br>Name & Address:<br><br>If over \$100.00 cumulative, please provide:<br><br>Occupation _____<br>Employer Name & Address: _____<br><br><input type="checkbox"/> Fund Raiser   | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - LOAN<br>Description _____<br>5. DATE OF RECEIPT: _____ Click Here for Memo Itemization<br>6. VENDOR NAME & ADDRESS: _____   | \$ _____                       | \$ _____  |

Page Subtotal 500.00  
 Grand Total of all Schedules 4-IK (Complete on last page of Schedule) 500.00

Enter this total on line 6a of Summary Page

3044



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

1 Committee ID Number B-2017-006  
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.<br>If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4 Type of Obligation (Description)<br>5 Indicate date debt was incurred<br>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<br>Owed to or by:<br><u>Alex Yerkey</u><br><u>3658 View Dr.</u><br><u>Dexter, MI <del>48103</del></u><br><u>48130</u>  | 4 Type <u>debt consulting</u><br>5 <u>Date Debt Was Incurred</u><br><u>1/1/2018</u><br>6 <u>Original Amount of Debt</u><br><u>\$ 10,800.00</u> | <u>5/23/18 \$ 1000.00</u><br><u>6/22/18 \$ 200.00</u><br>\$ _____<br>\$ _____ | <u>\$ 1,200.00</u>                   | <u>\$ 8,800.00</u>  |
| <input type="checkbox"/> FORGIVEN  |  |   |                                      |   |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                      |   |
| Debt #2<br>Owed to or by:<br><u>Washtenaw County Clerk</u><br><u>200 N. Main St.</u><br><u>Ann Arbor, MI 48107</u>   | 4 Type <u>debt</u><br>5 <u>Date Debt Was Incurred</u><br><u>8/28/18</u><br>6 <u>Original Amount of Debt</u><br><u>\$ 7,600.00</u>              | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____                                  | <u>\$ 0</u>                          | <u>\$ 7,600.00</u>  |
| <input type="checkbox"/> FORGIVEN  |  |   |                                      |   |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                      |   |
| Debt #3<br>Owed to or by:  | 4 Type _____<br>5 <u>Date Debt Was Incurred</u><br>6 <u>Original Amount of Debt</u><br>\$ _____  | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____                                  | \$ _____                             | \$ _____  |
| <input type="checkbox"/> FORGIVEN  |  |   |                                      |   |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                      |   |

Page Subtotal (Outstanding debt) 16,400.00

Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee) 16,400.00

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