



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: 4/21/2018 To 7/20/2018

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

4. Committee's Mailing Address  
**2411 Meadowridge Ct.  
Ann Arbor, MI 48105**  
Area Code and Phone: (734) 945-1298  
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  
**Andrew LaBarre  
2411 Meadowridge Ct  
Ann Arbor, MI 48105**  
Area Code and Phone (734) 945-1298

6. Treasurer's Business Address  
**2010 Hogback Rd. Suite 4  
Ann Arbor, MI 48105**  
Area Code and Phone (734) 214-0101

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  
**Andrew LaBarre  
2411 Meadowridge Ct.  
Ann Arbor MI 48105**  
Area Code and Phone (734) 945-1298

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  
( 19 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.

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: Andrew LaBarre  
Type or Print Name: \_\_\_\_\_  
Signature: *Andrew LaBarre*

FILED  
 WASHINGTON COUNTY, MI  
 JAN 31  
 2019  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR  
 A 9:30



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

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3 This Statement covers From 4/21/2018 To 7/20/2018

1 Committee ID Number <b>B-2017-006</b>		4 Committee's Mailing Address <b>2411 Meadowridge Ct. Ann Arbor, MI 48105</b> Area Code and Phone <b>(734) 945-1298</b> <small>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.</small>	
2 Committee Name <b>Yes to Our Mental Health and Public Safety</b>			
5 Treasurer's Name and Residential Address Andrew LaBarre 2411 Meadowridge Ct Ann Arbor, MI 48105 Area Code and Phone <b>(734) 945-1298</b>			
6 Treasurer's Business Address 2010 Hogback Rd Suite 4 Ann Arbor, MI 48105 Area Code and Phone <b>(734) 214-0101</b>		7 Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Andrew LaBarre 2411 Meadowridge Ct Ann Arbor, MI 48105 Area Code and Phone <b>(734) 945-1298</b>	
8 TYPE OF STATEMENT: 8a <input type="checkbox"/> PRE-ELECTION OR <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER _____ Date of Election _____		8b <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input checked="" type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT 8c <input type="checkbox"/> ANNUAL STATEMENT ( <u>19</u> Coverage Year)	
		8d <input type="checkbox"/> 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 <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c, 8d, or 8f to indicate which Statement is being amended)	
		8f <input type="checkbox"/> 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.	
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. <b>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.</b>			
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 <u>Andrew LaBarre</u> Type or Print Name		<u>Andrew LaBarre</u> Signature	



MICHIGAN DEPARTMENT OF STATE  
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**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>2000.00</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> (Add Line 3 c. + Line 4)	(5.) \$ <u>2000.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-1K, Column 7)	(6a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0</u>	(21.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>2200.00</u>	
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.) \$ <u>2200.00</u>	(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.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>212.80</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>2000.00</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = <u>2212.80</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2200.00</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>12.80</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

B-2017-006

1 Committee I.D. Number \_\_\_\_\_  
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>Andy LaBarre for Washtenaw</u> <u>2411 Meadowridge Ct.</u> <u>Ann Arbor, MI 48105</u> 4 Date of Receipt: <u>5/5/2018</u> 5. If over \$100.00 cumulative, please provide: Occupation: <u>Candidate Comm.</u> Employer: <u>Candidate Committee</u> Business Address: <u>2411 Meadowridge Ct. 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>2000.00</u>	\$ <u>2000.00</u> <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____ <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____ <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____ <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 2000.00  
 Grand Total of All Schedules 4A (Complete on last page of Schedule) 2000.00

Page ( ) of ( )

Enter this total on line 3a of Summary Page

3 of 5



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
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 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: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Purpose: <u>Consulting fees</u> 5. Ballot Proposal: _____	<u>5/23/18</u> Date of Expenditure	<u>\$ 1,000.00</u> \$ 1,000.00	<u>\$ 1,000.00</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Vanguard Public Affairs</u> <u>215 S. Washington Sq. #230</u> <u>Lansing, MI 48933</u>	4. Purpose: <u>Consulting fees</u> 5. Ballot Proposal: _____	<u>6/4/18</u> Date of Expenditure	<u>\$ 1,000.00</u> \$ 1,000.00	<u>\$ 1,000.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Purpose: <u>Consulting fees</u> 5. Ballot Proposal: _____	<u>6/22/18</u> Date of Expenditure	<u>\$ 200.00</u> \$ 1,200.00	<u>\$ 1,200.00</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: _____	4. Purpose: _____ 5. Ballot Proposal: _____	_____ Date of Expenditure	\$ _____ \$ _____	_____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page 2,200.00  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule) 2,200.00

Enter this total on Line 8a of the Summary Page



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

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: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4 Type <u>consulting fees</u> 5 <u>Date Debt Was Incurred</u> <u>1/1/2018</u> 6 <u>Original Amount of Debt</u> <u>\$ 10,000.00</u>	7 <u>5/23/18 \$ 1000.00</u> <u>7/14/18 \$ 200.00</u> \$ _____ \$ _____ \$ _____	8 <u>\$ 1,200.00</u>	9 <u>\$ 8,800.00</u>
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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed \$ _____				

Page Subtotal (Outstanding debt) 8,800.00

Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee) 8,800.00

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