MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

		_		FOR OF	FICIAL US	E ONLY	
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.		3. This Statement covers From: 4/2	1/2018	To 7/	20/20	18	
Committee I.D. Number B-2017-006 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 Residentia	l Address				0		*
Andrew LaBarre 2411 Meadowridge Ct Ann Arbor, MI 48105					WREN	10000000000000000000000000000000000000	ASH
Area Code and Phone (734) 94	5-1298				20	₩ ?	
6. Treasurer's Business Address 2010 Hogback Rd. Suite 4 Ann Arbor, MI 48105	W Constitution	Andre 2411	esignated Record Keeper's Name and M the committee has a Designated Record ow LaBarre Meadowridge Ct. Johns M. 48105	lailing Addre d Keeper)	KESTENB ERK/REGI	# A	AW COUNT
Area Code and Phone (734) 214-0	101	Area (Code and Phone (734) 945-1298		SA	ۻ	-<
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:	Bb. FEBRUARY STATEMENT JULY STATEMENT OCTOBER STATEMENT 8c		8d: Post Petition Sample Filling 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. DIS COMMITTE Effective By checkin the commit outstanding filing fees residual fur Schedule 4 Page.	Date of Dis	ST ssolution	hat le on of don
Verification: I certify that all reasonal my knowledge and belief the conte			ampaign Statements. The Campaign Stand outstanding debts count against the information was shown on the committee algn Statement. If a request for a Repmpaign statement can not be waived.				able old.



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

			Ť	FOR OF	FICIAL USE ONLY
Report must be legible, typed or print treasurer or designated record keepe	ted in ink and signed by the		3 This Statement covers From. 4/21	12018	To 7/20/2018
)17-006		4 Committee's Mailing Address		
general hand over	Notice that the second				owridge Ct. MI 48105
2. Committee Name		1	(734) 945-12		
Yes to Our Mental Healt	h and Public Safety		Area Code and Phone If the address in this box is different from the Statement of Organization, mail ma official.	n the evene	ottee mailing address on this address by the filing
5 Treasurer's Name and Residential	Address				
Andrew LaBarre 2411 Meadowndge Ct Ang Arbor, MI 48105 Area Code and Phone (734) 945	5-1298				
1		7.0	annual Parasid Vannara Nama and M	nikan Adden	
6 Treasurer's Business Address		7. 0	esignated Record Keeper's Name and M I the committee has a Designated Record	asang Addire I Keeper)	33
2010 Hogoack Rd. Suite 4 Ann Arbor: MI 48105		2411	ew LaBarre - Meadowndge Ct Arhor, MI 48105		·
Area Code and Phone (734) 214.0	10)		Code and Phone (734) 945-1298		
	8b	L		at Das	SOLUTION OF
8. TYPE OF STATEMENT:	TICEDOUADY STATEMEN	Y	Post Petition Sample Filing		EE REQUEST
	FEBRUARY STATEMEN	1	under MCL 168 483a		5.4
8a PRE-ELECTION	☐APRIL STATEMENT			Enecave	e Date of Dissolution
OR POST- ELECTION	DULY STATEMENT		(Required of Statewide Ballot Question Committees only after the submission of a sample petition		anna de se de la como como tro del como del anterior con la como del como con la como del como como como como como como como com
	DOCTOBER STATEMENT		prior to circulating the petition)	By checking the common	ng this item. I certify that ittee has no assets or ng debts, including late
Pre-Election or Post-Election Statement relates to:				I Mano fees	ng debts, including late Note: The disposition of lands must be reported on 46 and the Summary
PRIMARY	8c ANNUAL STATEMEN	1	80 CARPAGNSTA EMENT	Schedule Page	46 and the Summary
☐ GENERAL	(19 Coverage Year)		(Complete Item 8a, 8b, 8c 8d, or 8f		
SCHOOL	Material Control of the Control of t		to indicate which Statement is being amended)		
SPECIAL OTHER					,
Date of Election					
A committee that does not have a Re Schedules. Direct contributions, in-kill if any of the information listed in item amendment to the Statement of Orga or before the filling deadline of a re	porting Waiver must file all req porting Waiver must file all req on the properties of the second second of the second of the puried campaign statement,	uired (ditures ce the is Cam that co	Dampaign Statements. The Campaign Standard outstanding debts count against the information was shown on the committee paign Statement. If a request for a Repampaign statement can not be waived.	tatements n \$1,000 Rep 's Statemen corting Wai	nust include all applicable corting Waiver threshold at of Organization, an er is not received on
Venfication 1 certify that all reasona my knowledge and belief the control			ation of this statement and attached sche	dules (if any) and to the best of
Current Treasurer or Andrev Designated Record Keeper	v LaBarre	-1	Cohen For	Jan	e
Туре	or Print Name		Signature		



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

SUMMARY PAGE BALLOT QUESTION COMMITTEE

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

2. Committee Name Yes to Our Mental Health and Public Safety Column II Column I RECEIPTS Cumulative for Election Cycle This Period (3a) 5 2000.00 3. Contributions a. Itemized Contributions(Schedule 4A, Column 6) b. Uniternized Contributions (3b.) \$ NOT APPLICABLE (less than \$20.01 - no Schedule) (18)\$_____ c Subtotal of Contributions (3c.) \$ (19.)\$ ____ 4. Other Receipts (Schedule 4A-1, Column 6) 2000-00 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20)\$ ___ (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a Itemized in-Kind Contributions (Schedule 4-IK, Column 7) (6a.) \$ b. Unitemized (less than \$20.01 each - no Schedule) (6b.) \$ NOT APPLICABLE 7. TOTAL IN-KIND CONTRIBUTIONS (7.) \$ (21)\$ _ (Add Line 6a + Line 6b) EXPENDITURES 8 Expenditures (8a.) s 2200.00 a. Itemized Direct Expenditures (Schedule 4B, Column 7) b. Itemized Get-Out-The Vote (Schedule 48-G. Column 6) (8b.) \$ _ c. tn-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) (8c) \$ _____ d. Uniternized Expenditures (\$50.00 or less-no Schedule) (8d.) \$ ____ (22.) \$ e Subtotal of Expenditures (8e.) \$ 9. Independent Expenditures (Schedule 48-1, Column 7) (23.) \$ _____ (9.) \$ (10) s 2200 00 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) (24.) \$ ____ IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) (11) \$___ (25)\$___ DEBTS AND OBLIGATIONS 12. Debts and Obligations (12a)\$ a Owed by the Committee (Schedule 4E) (126.) \$_ b Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** (13.) \$ 212.80 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) (14)+ 2000.00 Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) (15)= 2212.80 15. SUBTOTAL Add lines 13 and 14 (16)-2200.00 Amount expended during reporting period (Line 10, Column I, Total Expenditures) (17.)8_12.80 17. ENDING BALANCE (Subtract line 16 from line 15)

^{&#}x27;If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

B-2017-006

on line 3a of Summary Page

1 Committee I.D. Number 2 Committee Name Jes to Our Mental Health and Public Satity **BALLOT QUESTION COMMITTEE** Please enter contributors name and address. If contribution is from an individual, enter last name, first name Election Cycle for Each middle initial Contributor (Through date of receipt) 3 Contribution # 1 Name & Address. And LaBarre for Washknaw 2411 Meadowridge Ct. Ann Arbor, MI 48105 5. It over \$100.00 cumulative, please provide: , 2000.00 , 2000.00 Click Here for Memo Itemization Occupation Candidate Comm. Employer Candidate Committee Business Address 2411 Mentowride Ct. Ann Artor, MI Type of Contribution: V Direct Loan from a person 3 Contribution # 2 4. Date of Receipt Name & Address Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser Direct Type of Contribution 3. Contribution # 3 4. Date of Receipt Name & Address Click Here for Memo Itemazation 5 If over \$100.00 cumulative, please provide: Employer Business Address . Loan from a person Fund Raiser Type of Contribution Direct 3 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 __ Fund Raiser Type of Contribution: Dwed Loan from a person 200.00 Page Subtotal Grand Total of All Schedules 4A DOO .00 (Complete on last page of Schedule) Enter this total

3 of 5



ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

2. Committee Name tes to Dur Mental Health and Public **BALLOT QUESTION COMMITTEE** 3. Name and address of person to whom paid State purpose of expenditure. 8. Cumulative 5. Identify the ballot proposal involved. for election Indicate whether supported or opposed Expenditure # 1 Name & Address ionsulting fees Alex Yelhey 3658 View Dr. 5. Ballot Proposal Dexler, MI 48130 Click for Mémo Itemization Type Courity: Check box if expenditure is payment of debt or obligation reported on previous statement __Support __Oppose Fund Raiser ___Statewide Local Expenditure # 2 4. Purpose Name & Address: Vanguard Public Affairs Consulting 215 S. Washington 58.#230 5. Ballot Proposal: Lansing, MI 48933 Expenditure County: Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Support Oppose reported on previous statement Statewide Local Fund Raiser Expenditure # 3 4. Purpose tecs Consulti 5. Ballot Proposa Expenditure County: Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation. Support Oppose reported on previous statement Local Fund Raiser Statewide Expenditure # 4 4. Purpose Name & Address 5 Ballot Proposal Date of Expenditure Click for Memo Itemization Type County: Check box if expenditure is payment of debt or obligation Support Oppose reported on previous statement Statewide Local Fund Raiser Subtotal this page 200,00 Grand Total of Schedules 4B 200.00 (Complete on last page of Schedule) Enter this total on Line 8a of Page of the Summary

B-2017-006

Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

DERTS AND	OBLIGATIONS		B-2017	-006	
SCH	EDULE 4E	Committee I D. Nur	HDEI		<i>n</i>
	ESTION COMMITTEE		is to dur Mental t		Public S
This Schedule itemizes. a. Debts and obligates	ns owed by or forgiven the co	(Check either a or b. t Immittee OR b.	Use only for the purpose che		
	to diedel de source de	4. Type of Obligation	Debts and obligations of	8. Cumulative	 <u>Dy</u> the commit 9. Outstands
 Name and Mailing Address financial institution to whom 	ss of person, vendor or debt is owed.	(Description)	7. Date and amount of each payment	payment to date on debt	Balance at close of this
If debt is a bank loan, pleasi regarding the endorsers or o		5 Indicate date debt was incurred 6 Indicate original amount			period (item 6 minus Item 8)
Deht #1	The selection of the se	of debt			
Owed to or by	. i	4 Type Censulting	5/23/18 \$ 1000,00	s 1,200.00	5 8 800
Alex Yerke 3658 View Dexter, MI	L	5 Date Debt Was Incurred	7/19/05 200.00	8 1	\$ 1
Durke MIT	45130	6 Original Amount of Debt	<u>s</u>		
Dexter, MI	10100	\$ 10,000.00	<u> </u>		entrange of the state of the st
		in a construction of the c			FORGIVEN
If bank loan, name of endors	er or guarantor:		Amou	nt Endorsed: \$	rondiven
Debt #2 Owed to or by		4 Type	s	- Santana	
		5 Date Debt Was Incurred	\$		
		Material State Control of Control	\$	5	\$
		6 Original Amount of Debt			
		š	\$		
	•				П
					FORGIVEN
If bank loan, name of endors	er or guarantor:		Amount E	ndorsed: \$	
Debt #3 Owed to or by		4 11/2		- Committee of Committee Column	
owed at the by			\$		
		5 Date Debt Was Incurred	<u> </u>	\$	\$
		6 Original Amount of Debt	<u></u> \$		
		\$	\$	1	
		The state of the s			FORGIVEN
If bank loan, name of endors	ser or guarantor.		Arround	Endorsed. \$	
			Page Subtotal (O	utstanding debt)	8,800.0
	(Com	plete on tast page of Schedule sho	Grand Total of a owing amounts owed by or to		3,800 0
or obligation must be sho mpaign Statement or it wa	wn on this Schedule if there s forgiven during the period	was an outstanding amount ow covered by this Campaign State	ed on it at the closing date ement.	of	Enter this total on line 12a "owed by", or
1					line 12b 'owed to' of the Summary Pag