

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

				FOR OFFICIAL OSL ONLY		
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.			3. This Statement covers From: 1/1/2019 To 2/10/2019			
1. Committee I.D. Number			4. Committee's Mailing Address	4 1		
B-2017-006	w.		2411 Meadowridge Ct. Ann Arbor, MI 48105			
2. Committee Name			Ann Arbor, MI 48105			
Yes to Our Mental Hear	4th and Public Safe	y	Area Code and Phone: 473 4 945 – 129 8 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 filling official.			
5. Treasurer's Name and Residentia	l Address					
Andrew Laboure 2411 Meadowridg Area Code and Phone (734)	e Ct. Ann Ar.	bor,	MI 48105	The second secon		
6. Treasurer's Business Address	296 - 196 98 C	7 De	esignated Record Keeper's Name and M	lailing Address		
2010 Hogback Rd,		/ (If	esignated Record Keeper's Name and M the committee has a Designated Record	d Keeper)		
Suite 4 ant 1181	25	An	drew Labarre 11	Ann Arbor, MI 480		
Ann Arbar, MI 481	211-2101	2411	Meadowinge CT.	(11/1/1001, 1010)		
Area Code and Phone (34)	214-0101	Area (Code and Phone	er i a a de la constala		
8. TYPE OF STATEMENT:	8b. FEBRUARY STATEMEN	Т	8d: Post Petition Sample Filing	8f. DISSOLUTION OF COMMITTEE REQUEST		
8a. PRE- ELECTION			under MCL 168.483a	Effective Date of Dissolution		
OR	APRIL STATEMENT		(Required of Statewide Ballot			
POST- ELECTION	JULY STATEMENT		Question Committees only after the submission of a sample petition			
	OCTOBER STATEMENT		prior to circulating the petition)	By checking this item, I certify that the committee has no assets or		
Pre-Election or Post-Election Statement relates to:	* 6		· .	outstanding debts, including late filing fees. Note: The disposition of		
PRIMARY	8c. ANNUAL STATEMEN	Т	8e. AMENDMENT TO CAMPAIGN STATEMENT	residual funds must be reported on Schedule 4B and the Summary Page		
☐ GENERAL	(19 Coverage Year)		(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is	WREN WREN		
SCHOOL SPECIAL			tò indicate which Statement is being amended)	FIB FIEN		
OTHER:	a 2			B I		
Date of Election:	30		*	ZA S		
Date of Election.				D STE		
		2				
A committee that does not have a Re Schedules. Direct contributions, in-ki If any of the information listed in items	porting Waiver must file all req ind contributions, loans, expend s 4, 5, 6, or 7 has changed sind	uired Calitures a	ampaign Statements. The Campaign S and outstanding debts count against the iformation was shown on the committee aign Statement. If a request for a Rep mpaign statement can not be waived	tatements must include all applicable \$1,000 Reporting Waiver threshold. 's Statement of Organization, an		
or before the filing deadline of a re	nization snould accompany the quired campaign statement,	s Camp that ca	paign Statement. If a request for a Rep mpaign statement can not be waived	orting waiver is not received on		
Verification: I certify that all reasona my knowledge and belief the conte	able diligence was used in the pents are true, accurate and con	reparat	ion of this statement and attached sche	dules (if any) and to the best of		
,			/ 11 J			
Current Treasurer or Designated Record Keeper	ew LaBarre	/	(who with	Time		
Туре	or Print Name		Signature			

1/1/19-2/10/19

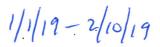


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

B-2017-006

SUMMARY PAGE 1. Committee I.D. Number **BALLOT QUESTION COMMITTEE** 2. Committee Name **RECEIPTS** Column I Column II This Period Cumulative for Election Cycle 3. Contributions a. Itemized Contributions(Schedule 4A, Column 6) (3a.) \$ b. Unitemized Contributions (less than \$20.01 - no Schedule) (3b.) \$ NOT APPLICABLE c. Subtotal of Contributions (18.) \$ (3c.) \$ 4. Other Receipts (Schedule 4A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS 460.20 (Add Line 3 c + Line 4) (5.) \$ **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) NOT APPLICABLE 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) (21.)\$ EXPENDITURES 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 (22.)\$ 9. Independent Expenditures (Schedule 4B-1, Column 7) 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) (10.)\$ **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** 16,400.00 12. Debts and Obligations a. Owed by the Committee (Schedule 4E) (12b.) \$ b. Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** 2.80 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) (13.)\$ 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 (15.) =16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) 12.80 17. ENDING BALANCE (Subtract line 16 from line 15)

^{*}If your ending balance is negative, please recheck your math.





MICHIGAN DEPARTMENT ÓF STATE BUREAU OF ELECTIONS

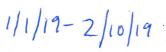
DEBTS AND OBLIGATIONS

	B-2017-006
Committee I.D. Number	D-2017 008

SCHEDULE 4E BALLOT QUESTION COMMITTEE	1. Committee 1.D. Ivan	YTOMHPS		
	2. Committee Name	Ise only for the purpose che	okod	<u>.</u>
This Schedule itemizes: a. Debts and obligations owed by or forgiven the co	, r	Debts and obligations of		hv the committee
a. [9] Debts and obligations owed by or torgiven the co	4. Type of Obligation	7. Date and amount of	8. Cumulative	9. Outstanding
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	(Description)	each payment	payment to date on debt	Balance at close of this
If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Indicate date debt was incurred Indicate original amount of debt			period (Item 6 minus Item 8)
Debt #1 Owed to or by:	4. Type: Fees for consulting	\$	0	\$2,500.00
Alex Yerkey 3658 View Dr.	5. Date Debt Was Incurred 9/15/1-7	\$ \$		\$ 1
Dexter, MI 48130	6. Original Amount of Debt	\$.		
	\$ 2,500.00	\$		
		* '		FORGIVEN
If bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$	
Debt #2 Owed to or by:	4. Type: Fels for Consulting Services	\$		
Alex Yeskey	5. Date Debt Was Incurred	\$	\$ O	\$5,000.00
3658 View Dr	6. Original Amount of Debt	**************************************	,=	
Dexter, MI 48130	\$ 2,500.00 l	\$		
			· · · · · · · · · · · · · · · · · · ·	FORGIVEN
If bank loan, name of endorser or guarantor:		Amount E	ndorsed: \$	
Debt #3 Owed to or by:	Fees for Consulting	. :	:	
Alex Yerkey			\$_ <i>O</i>	3,500.00
3658 View Dr. Dexter MI 48130	11/15/17	\$		
Dexter MI 48130	6. Original Amount of Debt	\$: \$		
	\$ 2,500.00	· · ·		FORGIVEN
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	<u> </u>
		. Page Subtotal (Ос	itstanding debt)	7,500.00
. (Comr	olete on last page of Schedule show	Grand Total of al	I Schedules 4E	

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





MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT OUESTION COMMITTE

. Committee I.D. Number 5-20

B-2017-006

BALLOT QUESTION COMMITTEE	2. Committee Name	YTOMHPS		
This Schedule itemizes:	(Check either a or b. U	Jse only for the purpose ched	cked.	
a. Debts and obligations owed by or forgiven the con	mmittee OR b.	Debts and obligations ov		n by the committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Owed to or by:	4. Type: Services 5. Date Debt Was Incurred	5/23/18 \$ 1,000.00 7/10/18 \$ 200.00	s D	B, 800.00
Alex Yerkey 3658 View Dr.	12/15/17	\$		
Dexter MI 48130	6. Original Amount of Debt	\$		
JUNI 1	\$ 2,500.00	\$		1 _
				FORGIVEN
If bank loan, name of endorser or guarantor:		Amou	int Endorsed: \$	
Debt #2 Owed to or by:	4. Type: Late filing fees	\$		
Washtenaw County Clerk 200 N. Main St.	5. Date Debt Was Incurred	- - 		7,600.00
200 N. Main St.	6. Original Amount of Debt	\$	\$	\$ 1,600.00
Ann Arbor, MI 48/04	7,600.00	\$		
•	9————			
		w y "		FORGIVEN
If bank loan, name of endorser or guarantor:	•	Amount E	ndorsed: \$	·.
Debt #3 Owed to or by:	4. Type:	\$,	
	5. Date Debt Was Incurred	\$	\$	\$
	J. Date Debt 11 as Medites	\$		
	6. Original Amount of Debt			
	6. Original Amount of Dept	\$		
	\$	\$	•	· 🗆
				FORGIVEN
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	1 1 1 1 1 1 1
		Page Subtotal (Ou	itstanding debt)	16,400.00
	140			

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

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

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Page		of		