

8/28/17 - 10/22/17



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: 8/28/17 To 10/22/17

1. Committee I.D. Number **B-2017-006**

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

2. Committee Name
Yes to Our Mental Health and Public Safety

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: 11/7/2017

8b. FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT
8c. ANNUAL STATEMENT
(19 Coverage Year)

8d. Post Petition Sample Filing under MCL 166.483a
(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 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 Andrew LaBarre
Signature

FILED
WASHINGTON COUNTY, MI
2019 FEB 14 A 9:13
KAREN KESTENBAUM
COUNTY CLERK/REGISTRAR



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

YTDMHAPS

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>Martha Darling</u> <u>3340 E. Dobson Pl</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>8/28/2017</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>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Washtenaw County Community and Justice Foundation</u> <u>3840 Maple Dr. Ypsilanti, MI 48197</u> 4. Date of Receipt <u>9/12/2017</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>3,000.00</u>	\$ <u>3,000.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Glenn Nelson</u> <u>1323 S. Forest Ave.</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>9/19/2017</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>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Kirk Profit</u> <u>4370 Stonemeadow Ct.</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/10/2017</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>GCSI</u> Business Address <u>120 N. Washington Sq. #110 Lansing, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization

Page Subtotal

3950.00

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

Enter this total
on line 3a of
Summary
Page

Page 1 of 2

~~XXXXXXXXXXXX~~
8/28/17 - 10/22/17



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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 Name & Address: Alex Yerkey 3658 View Dr Dexter, MI 48130 If over \$100.00 cumulative, please provide: Occupation Consultant Employer Name & Address: Self 3658 View Dr Dexter, MI 48130 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description Mail services 5. DATE OF RECEIPT: <u>10/16/17</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Vanguard Public Affairs 215 S Washington Sq, Suite 230 Lansing, MI 48933	\$ <u>1776.75</u> \$ <u>1776.75</u>	
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	

Page Subtotal **\$1,776.75**

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) **\$1,776.75**

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2017-006
2. Committee Name YTOMHPS

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 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 Name & Address: <u>Alex Yerkey</u> <u>3658 View Dr. Dexter, MI 48130</u> If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer Name & Address: <u>Alex Yerkey</u> <u>3658 View Dr. Dexter, MI 48130</u> <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>election consulting</u> 5. DATE OF RECEIPT: <u>9/15/17</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
Contribution #2 Name & Address: <u>Alex Yerkey</u> <u>3658 View Dr. Dexter, MI 48130</u> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>election consulting</u> 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:	\$ <u>2,500.00</u>	\$ <u>5,000.00</u>
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:	\$	\$

Page Subtotal

5,000.00

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

5,000.00

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

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

2. Committee Name Y TOM HPS

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. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	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>Fees for consulting services</u> 5. <u>Date Debt Was Incurred</u> <u>9/15/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>2,500.00</u>
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Debt #2 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for consulting services</u> 5. <u>Date Debt Was Incurred</u> <u>10/11/17</u> 6. <u>Original Amount of Debt</u> <u>\$ _____</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>2,500.00</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> <u>\$ _____</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
<input type="checkbox"/> FORGIVEN				
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 5,000.00

Grand Total of all Schedules 4E 5,000.00
(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