



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: 11/28/2017 To 12/31/2017

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

4. Committee's Mailing Address

2411 Meadowridge Ct.  
Ann Arbor, MI 48105

2. Committee Name

**Yes to Our Mental Health and Public Safety**

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:  
11/7/2017

8b.

FEBRUARY STATEMENT  
 APRIL STATEMENT  
 JULY STATEMENT  
 OCTOBER STATEMENT

8c.  ANNUAL STATEMENT  
( 17 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.

LAWRENCE RESISTANCE  
COUNTY CLERK  
2019 FEB 14 13:13  
WASHTENAW COUNTY  
FILED

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

11/28/17-12/31/17



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

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

2. Committee Name YTOMHAPS

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>5655.00</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.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>5655.00</u>	(20.) \$ <u>5855.20</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>2,500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>2,500.00</u>	(21.) \$ <u>5,000.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>5363.40</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.) \$ <u>5363.40</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>5363.40</u>	(24.) \$ <u>6525.49</u>
<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>10,000.00</u>	
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>334.95</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>5655.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>5989.95</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>5363.40</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>626.55</u>	*

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



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 Yes to Our Mental Health and Public Safety

Please enter contributor's 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>Emma White</u> <u>2115 Winchell</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>12/05/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>David DeYoung</u> <u>2118 Springwood Ct</u> <u>Ann Arbor, MI 48103</u>		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <del>_____</del> <u>12/6/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Information Requested</u> Employer <u>Information Requested</u> Business Address <u>Information Requested</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>John Martin</u> <u>2572 Walnut Rd</u> <u>Ann Arbor, MI 48103</u>		\$ <u>1000</u>	\$ <u>1000</u>
4. Date of Receipt <del>_____</del> <u>12/6/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Information Requested</u> Employer <u>Information Requested</u> Business Address <u>Information Requested</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Leigh Greden</u> <u>2860 Gladstone</u> <u>Ann Arbor, MI 48104</u>		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <del>_____</del> <u>12/7/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Eastern Michigan University</u> Business Address <u>900 Oakwood St, Ypsilanti, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$1,600.00**

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

Enter this total  
on line 3a of  
Summary  
Page



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 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.		5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Feng Li</u> <u>3092 Village Circle</u> <u>Ann Arbor, MI 48108</u>		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Matt Greff</u> <u>1305 Grant St</u> <u>Ypsilanti MI 48197</u>		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Nancy Baum</u> <u>1517 Brooklyn St</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Mark Creekmore</u> <u>2051 Chaucer Dr</u> <u>Ann Arbor, MI 48103</u>		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Board Director</u> Employer <u>National Alliance on Mental Illness</u> Business Address: <u>401 S Washington, Suite 104, Lansing, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$450.00**

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

Enter this total  
on line 3a of  
Summary  
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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 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>Christopher Taylor</u> <u>1505 Brooklyn Ave</u> <u>Ann Arbor, MI 48104</u>		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Hooper Hathaway</u> Business Address <u>126 S Main St, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Committee to Elect Evan Pratt</u> <u>1626 Harbal Dr</u> <u>Ann Arbor, MI 48105</u>		\$ <u>350</u>	\$ <u>350</u>
4. Date of Receipt <u>12/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Organization</u> Employer <u>Organization</u> Business Address <u>Organization</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Ruth Ann Jamnick</u> <u>7776 Lake Creek Dr</u> <u>Ypsilanti, MI 48197</u>		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>12/13/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>200 N Main St, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Andrew LaBarre</u> <u>2411 Meadowridge Ct</u> <u>Ann Arbor, MI 48105</u>		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>12/13/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>200 N Main St, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$950.00**

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

Enter this total  
on line 3a of  
Summary  
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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 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 Douglas Stewart 4758 Dunbarton Ct Ann Arbor, MI 48105		\$ 500	\$ 500
4. Date of Receipt: <u>12/13/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Information Requested</u> Employer <u>Information Requested</u> Business Address <u>Information Requested</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address Linh Song 1290 Bardstown Tr Ann Arbor, MI 48105		\$ 500	\$ 500
4. Date of Receipt: <u>12/13/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</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			
3. Contribution # 3 Name & Address: Huron Valley Central Labor Council 7951 Turnberry Dr Whitmore Lake, MI 48189		\$ 800	\$ 800
4. Date of Receipt: <u>12/13/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Organization</u> Employer <u>Organization</u> Business Address <u>7951 Turnberry Dr, Whitmore Lake, MI 48189</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: GCSI 120 N Washington Sq, Suite 110 Lansing, MI 48933		\$ 500	\$ 500
4. Date of Receipt: <u>12/14/17</u>		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Organization</u> Employer <u>Organization</u> Business Address <u>120 N Washington Sq, Suite 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			

Page Subtotal **\$2,300.00**

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

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Enter this total on line 3a of Summary Page



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 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: Jessica Alexander 3485 Greenleaf Ct Ann Arbor, MI 48105  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 100	\$ 100
4. Date of Receipt <u>12/19/17</u>  Click Here for Memo Itemization			
3. Contribution #2 Name & Address: Scott Menzel 9450 Sandlewood Ct Whitmore Lake, MI 48189  5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Washtenaw ISD</u> Business Address <u>1735 S Wagner Rd, Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 250	\$ 350
4. Date of Receipt <u>12/21/17</u>  Click Here for Memo Itemization			
3. Contribution #3 Name & Address: Crystal Nemchak 3658 View Dr Dexter, MI 48130  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 5	\$ 5
4. Date of Receipt <u>12/13/17</u>  Click Here for Memo Itemization			
3. Contribution #4 Name & Address: _____  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		\$ _____	\$ _____
4. Date of Receipt _____  Click Here for Memo Itemization			

Page Subtotal **\$355.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) **\$5,655.00**

Enter this total  
on line 3a of  
Summary  
Page



11/28/17 - 12/31/17

**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

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

2. Committee Name YTOMHAPS

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: Ypsilanti District Library 5577 Whittaker Rd. Ypsilanti, MI 48197  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>10/23 room rental</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>11/30/17</u> Date of Expenditure	\$ <u>50.00</u> Click for Memo Itemization Type	\$ <u>50.00</u>
Expenditure # 2 Name & Address: Paypal 2211 N. First St. San Jose, CA 95131  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online processing fee</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>12/7/17</u> Date of Expenditure	\$ <u>18.30</u> Click for Memo Itemization Type	\$ <u>30.39</u>
Expenditure # 3 Name & Address: Paypal 2211 N. First St. San Jose, CA 95131  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online processing fee</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>12/12/17</u> Date of Expenditure	\$ <u>21.80</u> Click for Memo Itemization Type	\$ <u>52.19</u>
Expenditure # 4 Name & Address: Alex Yerkey 3658 View Dr. Dexter, MI 48130  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Consulting fees</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>12/13/17</u> Date of Expenditure	\$ <u>1250.00</u> Click for Memo Itemization Type	\$ <u>1250.00</u>

Subtotal this page

1340.10

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

Enter this total  
on Line 8a of  
the 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>12/15/17</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>2,500.00</u>	\$ <u>5,000.00</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 2,500.00

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





11/28/17 - 12/31/17

**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

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

2. Committee Name YTOMHAPS

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:  Paypal 2211 N. First St. San Jose, CA 95131  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online processing fee</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	12/14/17 Date of Expenditure	\$ 7.76 \$ 59.95	
Expenditure # 2 Name & Address:  Vanguard Public Affairs 215 S Washington Square #230 Lansing, MI 48933  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Consulting fees</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	12/18/17 Date of Expenditure	\$ 2000.00 \$ 3,000.00	
Expenditure # 3 Name & Address:  Paypal 2211 N. First St. San Jose, CA 95131  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online processing fee</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	12/21/17 Date of Expenditure	\$ 15.54 \$ 75.49	
Expenditure # 4 Name & Address:  Vanguard Public Affairs 215 S Washington Square #230 Lansing, MI 48933  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Consulting fees</u>  5. Ballot Proposal: <u>YTOMHAPS</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	12/24/17 Date of Expenditure	\$ 2000.00 \$ 5,000.00	

Subtotal this page	4023.30
Grand Total of Schedules 4B (Complete on last page of Schedule)	5363.40

Enter this total on Line 8a of the 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 YTDMPHS

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. <small>If debt is a bank loan, please provide information regarding the endorser 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>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>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>5,000.00</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #3 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>11/15/17</u>  6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>7,500.00</u>
<input type="checkbox"/> FORGIVEN				

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt) 7,500.00

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





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 YTOMHPS

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)	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>12/15/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	<u>10,000.60</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)

2,500.00

Grand Total of all Schedules 4E

10,000.00

(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

## **COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4E, DEBTS AND OBLIGATIONS**

Check **box "a"** if this Schedule 4E will be used to list debts and obligations owed by or forgiven the committee.

Check **box "b"** if this Schedule 4E will be used to list debts and obligations owed to or forgiven by the committee.

### **ITEM 3: NAME AND MAILING ADDRESS:**

**DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution that:

- the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee.

**DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution that:

- owed the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- during the period covered by the Campaign Statement being completed, the committee forgave a debt or obligation that was listed on the last Campaign Statement as owed to the committee. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

**ITEM 4: TYPE OF OBLIGATION:** Describe the debt or obligation.

**ITEM 5: DATE DEBT WAS INCURRED:** Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**ITEM 6: ORIGINAL AMOUNT OF DEBT:** Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**ITEM 7: DATES AND AMOUNTS OF PAYMENTS:** Enter the amount and the date of each payment on the debt or obligation.

**ITEM 8: CUMULATIVE PAYMENTS:** Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

**ITEM 9: OUTSTANDING BALANCE:** Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven. If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9.

- Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 4A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 4-IK).
- When totaling the Debts and Obligations Schedule, do not add forgiven debts or obligations into the total. An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee.