

BALLOT QUESTION COMMITTEE COVER PAGE

		-		FOR OFFICI	AL USE ONLY			
Report must be legible, typed or printreasurer or designated record keepe	ted in ink and signed by the		3.This Statement covers From: 11/28	/2017 To	12/31/2017			
1. Committee I.D. Number B-20	017-006		4. Committee's Mailing Address 2411 Meadowridge Ct.					
2. Committee Name			Area Code and Phone: -(734) 945-12		onibita bita di Elin			
Yes to Our Mental Healt	h and Public Safety		If the address in this box is different fro the Statement of Organization, mail ma official.	m the committee by be sent to this	mailing address on address by the filing			
5. Treasurer's Name and Residential	Address				ending and head			
Andrew LaBarre 2411 Meadowridge Ct. Ann Arbor, MI 48105 Area Code and Phone (734) 945	5-1298				AND CONTRACTOR			
6. Treasurer's Business Address	K32U0 K3	7. De	esignated Record Keeper's Name and M the committee has a Designated Record	lailing Address d Keeper)	resignation and the second			
2010 Hogback Rd. Suite 4 Ann Arbor, MI 48105	500.00	2411 Ann A	ew LaBarre Meadowridge Ct. Irbor. MI 48105		A LOVEÑOS SE JATON (Add Line Ba en Lines)			
Area Code and Phone (734) 214-01		Area (Code and Phone (734) 945-1298		, easignuman			
8. TYPE OF STATEMENT:	8b.	r ^{aca}	8d: Post Petition Sample Filing under MCL 168.483a	8f. DISSOL COMMITTEE R	UTION OF EQUEST			
8a. PRE- ELECTION OR	APRIL STATEMENT		(Required of Statewide Ballot	Effective Date	e of Dissolution			
POST- ELECTION	JULY STATEMENT		Question Committees only after the submission of a sample petition prior to circulating the petition)	By checking thi	s item, I certify that			
Pre-Election or Post-Election Statement relates to:	OCTOBER STATEMENT		(18)	I Illing tees. Note	s item, I certify that has no assets or bots, including late e: The disposition of must be reported on hd the Summary			
☐ PRIMARY ☐ GENERAL	8c. ANNUAL STATEMEN (17 Coverage Year)	Т	8e. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f	Schedule 4B at Page.	nd the Summary			
SCHOOL SPECIAL	(<u>17</u> Coverage real)		to indicate which Statement is being amended)	NOON	201			
Date of Election:			to semilar the grant of the gra	O ALL	WASHTEN 2019 FEB			
11/7/2017	1.00-005'L	0,0	with the second	E KES ERK	THE AME			
A committee that does not have a Re Schedules. Direct contributions, in-ki If any of the information listed in items amendment to the Statement of Orga or before the filing deadline of a rec	porting Waiver must file all req nd contributions, loans, expen s 4, 5, 6, or 7 has changed sind inzation should accompany thi quired campaign statement,	uired C ditures a ce the ir s Camp that c a	ampaign Statements. The Campaign Stand outstanding debts count against the afformation was shown on the committee asign Statement. If a request for a Repmaign statement can not be waived.	tatements must in \$1,000 Reporting 's Statement of Coorting Walver is	nctide all applicable g Waiver threshold. Organization an inot received on			
Verification: I certify that all reasonal my knowledge and belief the conte	ble diligence was used in the pents are true, accurate and con	reparat nplete.	ion of this statement and attached sche	dules (if any) and	to the best of			
			OI DR		gen was to writing			
Designated Record Keeper	LaBarre or Print Name	1	Signature					
Туре	or i fine Name		Oignature					



SUMMARY PAGE BALLOT QUESTION COMMITTEE

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

2. Committee Name YTOMHAPS

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) § 5655.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 5655.00	(20.) \$ _5855.20
IN-KIND CONTRIBUTIONS		
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 (Add Line 6a + Line 6b)	(7.) \$ 2 /500.00	(21.)\$ 5,000.00
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$_5363.40	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	3
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.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 5363.40	(24.) \$ _6525.49
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	10,000.00	9 "
12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$,
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)\$ 334.95	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 5655.00	
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.) - 5363.40	<u> </u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 626.55	*

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



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee LD. Number B-2017-006

BALLOT QUESTION COMMITTEE 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, 6. Amount 7. Cumulative for middle inhial Election Cycle for Each Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt 12/05/17 Name & Address Emma White 2115 Winchell . 100 Ann Arbor, MI 48104 Click Here for Memo Herrization 5. If over \$100,00 cumulative, please provide: Occupation Business Address Type of Contribution: **J** Direct und Raiser 3. Contribution # 2 Name & Address: David DeYoung _s 250 2118 Springwood Ct _s 250 Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Information Requested Employer Information Requested Business Address Information Requested Type of Contribution: 🗸 Direct Loan from a person und Raiser Contribution # 3 4. Date of Receipt Namo & Address John Martin 2572 Walnut Rd s 1000 1000 Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Click Here for Memo liemization Occupation Information Requested Employer Information Requested Information Requested Business Address Type of Contribution:

Direct Loan from a person Fund Raiser Contribution # 4
 Name & Address Leigh Greden 2860 Gladstone \$ 250 250 Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Hemization Occupation Administrator Employer Eastern Michigan University Business Address 900 Oakwood St, Ypsilanti, MI 48197 Type of Contribution: 🗸 Loan from a person Fund Raiser \$1,600.00 Page Subtotal Grand Total of Ali Schedules 4A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1	Committee I D	Number	D-2017-900	

BALLOT QUESTION C	OMMITTEE 2 Committee Name Yes to Our M	ental Health an	d Public Safety
Please anter contributors name and address middle initial	If contribution is from an individual, enter last name, first name,	6 Алюнт	7. Currulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4 Date of Receipt 12/12/17		
Feng Li 3092 Village Circle Ann Arbor, MI 48108		_{\$} 50	s <u>50</u>
5. If over \$100.00 cumulative, please prov	ide:	Click Here for M	emn itemization
Occupation	Employer		
Business Address			
Type of Contribution 🗸 Orec	Loan from a person Fund Raiser		
Contribution #12 Name & Address	4 Date of Receipt 12/12/17	***************************************	-
Matt Greff 1305 Grant St Ypsilanti MI 48197		s 100	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provi	ਹੱe;	Click Here for Me	sno Nemization
	Employes	•	
Business Address	300 Colonia de Carlos de C		
Type of Contribution. 🗸 Direct	Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address	4 Date of Receipt 12/12/17		
Nancy Baum 1517 Brooklyn St Ann Arber, MI 48104		<u> 100</u>	s 100
5. If over \$100.00 cumulative, please prov	ñde:	Click Here for Me	mo homoretan
Occapation .	Emplayer		
Business Address Type of Contribution 🗸 Cirect	Loan from a person Fund Raiser		·
3. Contribution ≠ 4 Name & Address	4 Date of Receipt 12/12/17		
Mark Creekmore 2051 Chaucer Dr Ann Arbor, MI 48103		ş <u>200</u>	s 200
5. If over \$100.00 cumulative, please provi		Click Here for M	emo itemication
	Employer National Alliance on Mental Illness		
fixamess Address 401 S Washington	n, Suite 104, Lansing. MI 48933		
Type of Contribution 🗸 Direct	Loan from a person Fund Raiser		
	Page Subtota	\$450.00	
	Grand Total of All Schedules 4A (Complete on last page of Schedule		
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Enter this total on line 3a of Summery Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

BALLOT QUESTION COMMITTEE 2. Committee Name Yes to Our M	Mental Health a	nd 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
3. Contribution # 1 4. Date of Receipt 12/12/17 Name & Address: 12/12/17		date of receipt)
Christopher Taylor 1505 Brooklyn Ave Ann Arbor, MI 48104	, <u>250</u>	, <u>250</u>
5. If over \$100.00 cumulative, please provide:	Click Hers for I	Verno Itemization
Occupation Attorney Employer Hooper Hathaway		
Business Address 126 S Main St, Ann Arbor, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 12/12/17 Name & Address:	4,004,000,000,000,000,000,000,000,000,0	
Committee to Elect Evan Pratt 1626 Harbal Dr Ann Arbor, MI 48105	s 350	_{\$} 350
5. If over \$100.00 cumulative, please provide:	Click Here for M	emo Itemization
Occupation Organization Employee Organization		
Business Address Organization		e e
Type of Contribution		
3. Contribution #3 4. Date of Receipt 12/13/17 Name & Address:		
Ruth Ann Jamnick 7776 Lake Creek Dr Ypsilanti, MI 48197	s 100	<u>, 1</u> 00
5. If over \$100.00 cumulative, please provide:	Click Here for Me	mo Itomization
Occupation County Commissioner Employer Washtenaw County		
Business Address 200 N Main St, Ann Arbor, MI 48104		
Type of Contribution: ✓ Direct Loan from a person Fund Ralser		
1. Contribution # 4 4. Date of Receipt 12/13/17 Name & Address:		and an extension of the State o
Andrew LaBarre		The contrast of the contrast o
2411 Meadowridge Ct	_s 250	, 250
Ann Arbor, MI 48105	*	Angle Co.
i. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
Occupation County Commissioner Employer Washtenaw County Pasiness Address 200 N Main St, Ann Arbor, MI 48104		
Type of Contribution: V Direct Loan from a person Fund Raiser	-	
Page Subtotal	\$950.00	
Grand Total of All Schedules 4A		
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

Committee	1	D	Mamhar	B-2017-	00

BALLOT QUESTION COMMITTEE 2 Committee Name Yes to Our M	lental Health and	Public Safety
Pficase enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.	6 Аподян	7. Currelative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 12/13/17 Name & Address		
Douglas Stewart 4758 Dunbarton Ct	s 500	s 500
Ann Arbor, MI 48105	Clack Herry for Me	mo Hernization
8. If over \$100.00 cumulative, please provide:		
Goografion Information Requested Employer Information Requested		
Husiness Address Information Requested		
Type of Contribution. V Direct. Loan from a person Tund Raiser		
3 Contribution # 2 4 Date of Receipt 12/13/17 Name & Address		
Linh Song 1290 Bardstown Tr	, 500	_s 500
Ann Arbor, MI 48105	a Commence of the Conference o	The state of the s
5. If over \$100.00 cumulative, please provide:	Cack Here for Mer	ro Remization
Occupation Social Worker Employer Retired		
Business Address		
Type of Contribution		
3 Contribution # 3 4. Date of Receipt 12/13/17 Name & Address:		
Huron Valley Central Labor Council	₅ 800	, 800
7951 Turnberry Dr Whitmore Lake, MI 48189	5 000	ş 000
5. If over \$100,00 cumulative, please provide:	Click Here for Men	so Hernization
Occupation Employer Organization		
7951 Tumberry Dr. Whitmore Lake, MI 48189		
Birshiess Address Type of Contribution Direct Loan from a person Fund Relisor		
3. Contribution # 4 A Date of Receipt 12/14/17 Name & Address		
GCSI		
120 N Washington Sq. Suite 110 Lansing, MI 48933	_{\$} 500	\$ 500
5. If over \$100.00 cumulative, please provide:	Click Here for Mar	rom Etamono aforma
Occupation Organization Employer Organization	Carry Land to the section	- 1911年 1462年 14
Business Address 120 N Washington Sq, Suite 110 Lansing, MI 48933		
Type of Contribution: V Direct Loan from a person Fund Reiser.		
Page Subtista	\$2,300.00	1
Grand Total of All Schedules 47		and the same of th
(Complete on last page of Schedule		
2 4 5	on the 3a of Summary	

Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

I. Committee I.D. Numbe	B-2017-006	1
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	.,		Ridon Control	vientai meaith ai	10 Public Safety
middle initial		f contribution is from an individual	, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3 Contribution # 1 Name & Address:		4. Date of Receipt 12/19/17			
Jessica Alexand 3485 Greenleaf (Ann Arbor, MI 48	Ot			_s 100	s 100
5. If over \$100,00 cum		:		Click Here for I	Acmo Itemization
	Ea				
Business Address		1990 - William Control of the Contro	- All Communities - Type (1964), 2006 (Standardschaften den betreen en gegeb Paramengapen ausgeb in anti-annichen		
	V ibirect	Loan from a person	Tund Raiser		
3. Contribution #2 Name & Address	,	4. Date of Receipt 12/21/17			
Scott Menzel					
9450 Sandlewoo Whitmore Lake, I				, 250	, 350
5. If over \$100.00 cumul				Click Here for Me	mo Itemization
Occupation Superint	endent _{Em}	ployer Washtenaw ISD			
Business Address 17:	35 S Wagner Rd	, Ann Arbor, MI 48103			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3 Contribution #3 Name & Address:	4	Date of Receipt 12/13/17			
Crystal Nemchak					
3658 View Dr				_{\$} _5	s 5
Dexter, MI 48130					
5. If over \$100.00 cumu	lative, please provide:			Click Here for Me	no Itemization
Occupation	fm	pkye			
Business Address ———————————————————————————————————	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4.	Date of Receipt			
Harrist of Addition		1 11 1 2 1 2 monthly only only only only only only only on		to an experience of the contract transfer of the	· · · · · · · · · · · · · · · · · · ·
				\$	Additional about 117 Mart Engal 117 Specific and Additional Section 117 Mart Engal 117
5. If over \$100.00 cumula	itivo, please provide:			Click Here for Me	mo Remization
Occupation	Emp	koyer			
fausiness Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		1
			Page Subtotal	\$355.00	
_			nd Total of All Schedules 4A ete on last page of Schedule	\$5,655.00	
5 5		1-30 p		Enter this total on line 3a of	j
1 a Aug no				Summary Page	
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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number___B-2017-006

BALLOT QUESTION COMMITTEE 2. Co	ommittee Name YTOMHAPS			
3. Name and address of person to whom paid	State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:			
Ypsilanti District Library 5577 Whittaker Rd. Ypsilanti, MI 48197	10/23 room rental 5. Ballot Proposal:	11/30/17 Date of Expenditure	\$_50.00	_{\$} 50.00
Check box if expenditure is payment of debt or obligation reported on previous statement Fund Raiser	County: W&hlnaw Support Oppose Statewide Local	v 8	or Memo Itemization	Туре
Expenditure # 2	4. Purpose:			
Name & Address: Paypal 2211 N. First St. San Jose, CA 95131	Online processing fee 5. Ballot Proposal: YTOMHPS County: WAShirman	12/7/17 Date of Expenditure	\$_18.30	\$ 30.39
Check box if expenditure is payment of debt or obligation reported on previous statement	Support Oppose		r Memo Itemization	Туре
Fund Raiser	Statewide			
Expenditure # 3	4. Purpose:	· ·		
Name & Address: Paypal 2211 N. First St. San Jose, CA 95131	Online processing fee 5. Ballot Proposal: YTOMHS	12/12/17 Date of Expenditure	\$_21.80	\$_52.19
Check box if expenditure is payment of debt or obligation	County: Oppose		r Memo Itemization	Type
reported on previous statement Fund Raiser	Statewide Local			
Expenditure # 4	4. Purpose:	_		
Name & Address: Alex Yerkey 3658 View Dr. Dexter, MI 48130	Consulting fees 5. Ballot Proposal:	12/13/17 Date of Expenditure	\$	\$_1250.00
	County: Wash-cnew	Click fo	or Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support Oppose			
Fund Raiser	Statewide			
, <u> </u>	Sub	total this page	1340.10	-
	Grand Total of	Schedules 4B		1
	(Complete on last pag	e of Schedule)		
1 2 Page of			Enter this total on Line 8a of the Summary Page	



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

1. Committee I. D. Number

B-2017-006

2.0	Sommittee Name		
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others		5 And A
3658 View Dr. Dexter MI 48130 If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others - LOAN Description Consuling	\$2,500,00	\$
Occupation Consultant Employer Name & Address:	5. DATE OF RECEIPT: 12/15/17	Click Here for Memo Iter	nization
Alex Yerkey 3658 View Dr. Dexter, MI	48130		,
Fund Raiser			
Contribution #2 Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated		
	Goods or Services Purchased by Others Goods or Services Purchased by Others LOAN		
If over \$100.00 cumulative, please provide:	Description	\$	\$
Occupation	5 DATE OF PEOPLET	Oliale I lava fan Marsa I Ia	!
Employer Name & Address:	6. VENDOR NAME & ADDRESS:	Click Here for Memo Iter	nization
Fund Raiser			
Contribution #3 Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated	•	
	Goods or Services Purchased by Others		
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others - LOAN Description	\$	\$
	5. DATE OF RECEIPT:	Click Here for Memo Item	nization
Employer Name & Address:	6. VENDOR NAME & ADDRESS:		
Fund Raiser			•
	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 

ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

2 2 2 Page ____ of ___

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

SCHEDULE 4B		6	0	e or.	9 -		
	Committee Name YTOM	HAPS					
3. Name and address of person to whom paid	State purpose of experience Identify the ballot proproduction in the ballot proproduction in the ballot proproduction in the ballot purpose.	oosal involved.	6. Date	7. Amount	8. Cumulative for election		
Expenditure # 1 Name & Address:	4. Purpose:	14		•			
Paypal	Online processir	ng fee					
2211 N. First St.	•		12/14/17	7.76	_{\$} 59.95		
San Jose, CA 95131	5. Ballot Proposal:		Date of	\$	_ \$00.00		
	110MM3	· · · · · · · · · · · · · · · · · · ·	Expenditure				
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washte		Click for	or Memo Itemizatio	on Type		
Fund Raiser	Support Statewide	Oppose Local					
Expenditure # 2	4. Purpose:	Local					
Name & Address:	Consulting fees						
Vanguard Public Affairs	5. Ballot Proposal:	*	40/40/47				
215 S Washington Square #230 Lansing, MI 48933	YTDINA HPS		12/18/17	\$_2000.00	_ _{\$_} 3,000.00		
	710701110		Date of Expenditure				
	County: Washt	Enaw	Exportantaro				
Check box if expenditure is payment of debt or obligation	Support	По	Click fo	r Memo Itemization	Туре		
reported on previous statement	_	Oppose					
Fund Raiser Expenditure # 3	Statewide 4. Purpose:	Local			9		
Name & Address:	Online processing	ı fee					
Paypal			40/04/47	45.54	75.40		
2211 N. First St.	5. Ballot Proposal:		12/21/17	\$15.54	75.49 		
San Jose, CA 95131	1 LUMBAY)	Date of Expenditure				
	County: Washt	enaw	Click fo	r Memo Itemizatior	Tyne		
Check box if expenditure is payment of debt or obligation	Support	Oppose	Ollok 10	Womo Romization	Турс		
reported on previous statement							
Fund Raiser Expenditure # 4	Statewide	Local					
Name & Address:	4. Purpose:						
Vanguard Public Affairs	Consulting fees		12/24/17	2000.00	_{\$} 5,000.00		
215 S Washington Square #230	5. Ballot Proposal:	DC	Date of	\$	- \$		
Lansing, MI 48933	Y 10M to	7	Expenditure				
	County: Wash	Enan	Click fo	r Memo Itemizatio	n Type		
Check box if expenditure is payment of debt or obligation							
reported on previous statement	Support	Oppose					
Fund Raiser	Statewide	Local					
		Subt	otal this page	4023.30			
	8 a ₂	Grand Total of		5262.40	1		
	(Con	nplete on last page	of Schedule)	5363.40			
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2 of				the Summary Page			
				-			



DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

B-2017-006

BALLOT QUESTION COMMITTEE	2. Committee Name	YTOMHPS			
This Schedule itemizes:	(Check either a or b. U	Use only for the purpose che			
a. \boxed{V} Debts and obligations owed \underline{by} or forgiven the co		Debts and obligations of	wed to or forgiver	<u>by</u> the committee	
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If dobt is a bank loan, places 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: Fees for consulting	\$\$	0	,2,500.00	
Alex Yerkey 3658 View Dr.	5. Date Debt Was Incurred 9/15/17	\$	\$!	\$41-0.00	
3658 VIEW Dr.	1, 1, 1, 1	\$			
Dexter, MI 48130	6. Original Amount of Debt	\$.		* **	
	\$2,500.00	\$			
			1		
	•			FORGIVEN	
If bank loan, name of endorser or guarantor:		Amou	unt Endorsed: \$		
Debt #2 Owed to or by:	4. Type: Fels for	\$			
	5. Date Debt Was Incurred		•	I	
Hex Yerkey	5. Date Debt yras incurred	\$	0	\$5,000.00	
DIER Mini De	19/1/17	\$	\$	\$ 2,000,00	
2020 NW 2.2	6. Original Amount of Debt	\$			
Alex Yerkey 3658 View Dr. Dexter, MI 48130	\$ 2,500.00	\$	1		
				FORGIVEN	
If bank loan, name of endorser or guarantor:	To a that I	Amount Er	indorsed: \$		
Debt #3 Owed to or by:	fees for Consulting	\$		- 100 -	
Alex Yerkey	5. Date Debt Was Incurred	<u> </u>	\$	7,500.00	
3658 View Dr. Dexter MI 48130	11/15/17	\$			
T 1 18130	6. Original Amount of Debt	\$			
Dexter, MI 10100 1	2 500 no	\$			
•	\$	· · · · · · · · · · · · · · · · · · ·	š .		
				FORGIVEN	
If bank loan, name of endorser or guarantor:		Amount F	Endorsed: \$	·	
		Page Subtotal (Ou	utstanding 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



DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

Committee Name

B-2017-006

This Schedule itemizes:		Jse only for the purpose che	ecked.	ar a said allocation
a. Debts and obligations owed by or forgiven the	ne committee OR b.	Debts and obligations of	owed to or forgiver	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 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: Alex Yerkey	4. Type: Services 5. Date Debt Was Incurred	\$	\$D	10,000.60
Alex Yerkey 3658 View Dr. Dexter, MI 48130	6. Original Amount of Debt	\$	Charles Co Luci Trici sun tricum altrecia	rectator
. Programa debas receptor considera	estello et pamo escel seggiona		tug sa baliyan ya	FORGIVEN
If bank loan, name of endorser or guarantor:	in (IIII 196) Basero in Fatibówa.	Amo	unt Endorsed: \$	desi A SCHETT
Debt #2 Owed to or by:	4. Type:	\$	dela sur constant	d Joganbau
	5. Date Debt Was Incurred	: ::::::::::::::::::::::::::::::::::::	uno no a - con	e roan Li
on ever have at the committee	6. Original Amount of Debt	\$	\$	\$
90.3	6. Original Amount of Debt	\$	roop journey	dentaran
	\$	\$	i Malakatikan	o is <u>uc</u> ar
	dureque a abagando y se dana a			FORGIVEN
If bank loan, name of endorser or guarantor:		Amount I	Endorsed: \$	14-111
Debt #3 Owed to or by:	4. Type:	\$	27	
e i secolificacia lo manos e i in a sia	5. Date Debt Was Incurred	\$	\$	\$
	6. Original Amount of Debt	\$		
	\$			FORGIVEN
If bank loan, name of endorser or guarantor:		Amoun	t Endorsed: \$	
form a few man		Page Subtotal (C	Outstanding debt)	2,500.00
	Complete on last page of Schedule sho	Grand Total of owing amounts owed by or t	all Schedules 4E o the committee.)	10,000.00

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

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:

<u>DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE</u>: 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.

<u>DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE</u>: 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.