



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: 1/1/2018 To 2/10/2018

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:

8b.

FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(18 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.

FILED
 WASHTENAW COUNTY
 2019 FEB 14 11 A
 LAWRENCE KESTENBERG
 COUNTY CLERK/REGISTRAR

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



1/1/2018 - 2/10/2018
 MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS

**SUMMARY PAGE
 BALLOT QUESTION COMMITTEE**

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

2. Committee Name YTOMHAPS

| | Column I This Period | Column II Cumulative for Election Cycle |
|---|--------------------------------|--|
| RECEIPTS | | |
| 3. Contributions | | |
| a. Itemized Contributions (Schedule 4A, Column 6) | (3a.) \$ <u>1605.00</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.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4) | (5.) \$ <u>1605.00</u> | (20.) \$ <u>7460.20</u> |
| 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.) \$ <u>NOT APPLICABLE</u> | |
| 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) | (7.) \$ _____ | (21.) \$ _____ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized Direct Expenditures (Schedule 4B, Column 7) | (8a.) \$ <u>8.00</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>8.00</u> | (22.) \$ _____ |
| 9. Independent Expenditures (Schedule 4B-1, Column 7) | (9.) \$ _____ | (23.) \$ _____ |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) | (10.) \$ <u>8.00</u> | (24.) \$ <u>6533.49</u> |
| 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 | | |
| a. Owed by the Committee (Schedule 4E) | (12a.) \$ <u>10,000.00</u> | |
| 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.) \$ <u>626.55</u> | |
| 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) | (14.) + <u>1,605.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = <u>2,231.55</u> | |
| 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) | (16.) - <u>8.00</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>2,223.55</u> | * |

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

1/1/2018 - 2/10/18



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1 Committee ID Number B-2017-006

2 Committee Name YTOMHAPS

| 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: Alex Yerkey 3658 View Dr. Dexter, MI 48130 | | \$ 5.00 | \$ 5.00 |
| 4 Date of Receipt <u>1/17/2018</u> | | Click Here for Memo Itemization | |
| 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: Michelle Deatrick 5630 Meadow Ln. Ann Arbor, MI 48105 | | \$ 250.0 | \$ 250.00 |
| 4 Date of Receipt <u>1/23/2018</u> | | Click Here for Memo Itemization | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>220 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 | | | |
| 3 Contribution # 3 Name & Address: Renee Greden 2015 Woodside Rd. Ann Arbor, MI 48104 | | \$ 1,000.00 | \$ 1,000.00 |
| 4 Date of Receipt <u>2/5/2018</u> | | Click Here for Memo Itemization | |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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 # 4 Name & Address: Felicia Brabec 3167 Crimson Ct. Ann Arbor, MI 48108 | | \$ 100.00 | \$ 100.00 |
| 4 Date of Receipt <u>2/7/2018</u> | | Click Here for Memo Itemization | |
| 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 | | | |

Page Subtotal **1355.00**

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

1/1/2018 - 2/10/2018

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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

2 Committee Name YTOMHAPS

| 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>Conan Smith</u> <u>234 Eighth St.</u> <u>Ann Arbor, MI 48103</u> | | 4 Date of Receipt <u>2/7/2018</u> \$ <u>250.00</u> | \$ <u>250.00</u> Click Here for Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>220 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 | | | |
| 3 Contribution # 2 Name & Address | | 4 Date of Receipt _____ \$ _____ | \$ _____ Click Here for Memo Itemization |
| 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 | | | |
| 3 Contribution # 3 Name & Address | | 4 Date of Receipt _____ \$ _____ | \$ _____ Click Here for Memo Itemization |
| 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 | | | |
| 3 Contribution # 4 Name & Address | | 4 Date of Receipt _____ \$ _____ | \$ _____ Click Here for Memo Itemization |
| 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 | | | |

| | |
|---|----------|
| Page Subtotal | 250.00 |
| Grand Total of All Schedules 4A (Complete on last page of Schedule) | 1,605.00 |

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | <u>2/3/2018</u> Date of Expenditure | <u>8.00</u> \$ _____ | <u>\$ 83.49</u> \$ _____ Click for Memo Itemization Type |
| Expenditure # 2 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | _____ Date of Expenditure | \$ _____ \$ _____ | _____ Click for Memo Itemization Type |
| Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | _____ Date of Expenditure | \$ _____ \$ _____ | _____ Click for Memo Itemization Type |
| Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | 4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local | _____ Date of Expenditure | \$ _____ \$ _____ | _____ Click for Memo Itemization Type |

Subtotal this page **8.00**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **8.00**

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 YTDMP

| This Schedule itemizes: | | (Check either a or b. Use only for the purpose checked.) | | |
|---|--|---|---------------------------------------|--|
| a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee | | OR | | |
| | | b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> 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) | 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> |
| 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> |
| 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> |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |
| Page Subtotal (Outstanding debt) | | | | <u>7,500.00</u> |
| 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) 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>12/15/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u> | <table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table> | \$ | \$ | \$ | \$ | \$ | \$ <u>0</u> | <u>10,000.00</u> <input type="checkbox"/> FORGIVEN |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| 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> \$ _____ | <table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table> | \$ | \$ | \$ | \$ | \$ | \$ _____ | \$ _____ <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> \$ _____ | <table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table> | \$ | \$ | \$ | \$ | \$ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| \$ | | | | | | | | | |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | | | | | | |

Page Subtotal (Outstanding debt) 2,500.00

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

