



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: 4/21/2018 To 7/20/2018

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 <small>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.</small>
2. Committee Name Yes to Our Mental Health and Public Safety	

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) Andy LaBarre 2411 Meadowridge Ct. Ann Arbor, MI 48105 Area Code and Phone (734) 945-1298
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<p>8. TYPE OF STATEMENT.</p> <p>8a. <input type="checkbox"/> PRE-ELECTION OR <input type="checkbox"/> POST-ELECTION</p> <p>Pre-Election or Post-Election Statement relates to</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____</p> <p>Date of Election: _____</p>	<p>8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input checked="" type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input type="checkbox"/> ANNUAL STATEMENT (<u>18</u> Coverage Year)</p>	<p>8d. <input type="checkbox"/> 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)</p> <p>8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c, 8d, or 8f to indicate which Statement is being amended)</p>	<p>8f. <input type="checkbox"/> DISSOLUTION COMMITTEE REQUEST</p> <p>Effective Date of Dissolution: _____</p> <p>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.</p>
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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	<i>Andrew LaBarre</i> Signature
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FILED
 WASHTEENAW COUNTY, MI
 2019 FEB 12: 28
 LAWRENCE STEPHANUM / REGISTER
 COUNTY OF



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

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

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

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a) \$ <u>2000.00</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>2000.00</u>	(20) \$ <u>9,460.20</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a) \$ <u>0</u>	
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) \$ <u>0</u>	(21) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a) \$ <u>2200.00</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) \$ _____	(22) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9) \$ _____	(23) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10) \$ <u>2200.00</u>	(24) \$ <u>10,744.24</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>8,800.00</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>212.80</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14) + <u>2000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15) = <u>2212.80</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16) - <u>2200.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17) \$ <u>12.80</u>	

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

B-2017-006

1 Committee I.D. Number _____

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>Andy LaBarre for Washtenaw</u> <u>2411 Meadewridge Ct.</u> <u>Ann Arbor, MI 48105</u>		4 Date of Receipt <u>5/5/2018</u>	\$ <u>2000.00</u> \$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate Comm.</u> Employer <u>Candidate Committee</u> Business Address <u>2411 Meadewridge Ct. Ann Arbor, MI 48105</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: _____		4. Date of Receipt _____	\$ _____ \$ _____
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 Click Here for Memo Itemization	
3 Contribution # 3 Name & Address: _____		4. Date of Receipt _____	\$ _____ \$ _____
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 Click Here for Memo Itemization	
3 Contribution # 4 Name & Address: _____		4. Date of Receipt _____	\$ _____ \$ _____
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 Click Here for Memo Itemization	

Page Subtotal

2,000.00

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

2,000.00

Enter this total
on line 3a of
Summary
Page

Page 1 of 1



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 Yes to Our Mental Health and Public Safety

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: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4 Purpose: <u>Consulting fees</u> 5. Ballot Proposal: <u>YTOMHPS</u>	<u>5/23/18</u> Date of Expenditure	<u>1,000</u>	<u>2,250.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Vanguard Public Affairs</u> <u>215 S. Washington Sq. #230</u> <u>Lansing, MI 48933</u>	4 Purpose: <u>Consulting fees</u> 5. Ballot Proposal: <u>YTOMHPS</u>	<u>6/4/18</u> Date of Expenditure	<u>1,000.00</u>	<u>8,000.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4 Purpose: <u>Consulting fees</u> 5. Ballot Proposal: <u>YTOMHPS</u>	<u>6/22/18</u> Date of Expenditure	<u>200.00</u>	<u>2,450.00</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4 Purpose:	5 Ballot Proposal	\$	\$
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County:	Click for Memo Itemization Type		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page 2,200.00
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) 2,200.00

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 YTDMAHS

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)	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. Date Debt Was Incurred: <u>9/15/17</u> 6. Original Amount of Debt: <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. Date Debt Was Incurred: <u>10/11/17</u> 6. Original Amount of Debt: <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. Date Debt Was Incurred: <u>11/15/17</u> 6. Original Amount of Debt: <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) 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. <small>If debt is a bank loan, please provide information regarding the endorsers 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>	<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>5/23/17 \$ 1,000.00</u> <u>7/10/18 \$ 200.00</u> \$ _____ \$ _____ \$ _____	\$ <u>D</u>	\$ <u>8,800.00</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>	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
<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>	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
<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 8,800.00
(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

