

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE COVER PAGE

•			FOR OFFICIAL USE ONLY	
Report must be legible, typed or printreasurer or designated record keeps	led in ink and signed by the ਭਾ.	3.This Statement covers From:	12019 To 4/20/19	
1. Committee I.D. Number B-2017-006		4. Committee's Mailing Address 2411 Meadowrlo	lge Ct.	
2. Committee Name Yes to Our Mental Health and Public Safety Area Code and Phone: 134 945 -1298 Area Code and Phone: 134 945 -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 filling official.				
5. Treasurer's Name and Residential		3 180 3 480 2		
Andy Labarre .	2411 Meadowrldg	je Ct. Ann Arbor,	MI 4810S	
Area Code and Phone 734	945-1298		a disease on an abbit of an architecture of the architecture of th	
6. Treasurer's Business Address 2010 Hogback Ro	1. suite 4 7. Di	esignated Record Keeper's Name and M the committee has a Designated Record	alling Address I Keeper)	
Ann Arber, MI 4 Area Code and Phone 734 94	8105	Code and Phone	out of the significant	
8. TYPE OF STATEMENT:	8b.	8d: Post Petition Sample Filing	8f. DISSOLUTION OF COMMITTEE REQUEST	
8a. PRE- ELECTION OR	APRIL STATEMENT	under MCL 168.483a (Required of Statewide Ballot	Effective Date of Dissolution	
POST- ELECTION	JULY STATEMENT	Question Committees only after the submission of a sample petition	By checking this Item. I certify that	
Pre-Election or Post-Election Statement relates to:	OCTOBER STATEMENT	prior to circulating the petition)	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	
PRIMARY GENERAL	8c. ANNUAL STATEMENT	8e. AMENDMENT TO EMENT	Schedule 4B and the Summary Page.	
SCHOOL SPECIAL	(2019 Coverage Year)	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	0- 1	
OTHER:	6085.50	* * * * * hand	PINS PINS	
Date of Election:	, ,	Just Just	APR 2	
A committee that does not have a Re Schedules. Direct contributions, in-k If any of the information listed in item amendment to the Statement of Orga or before the filing deadline of a re	porting Waiver must file all required (ind contributions, loans, expenditures is 4, 5, 6, or 7 has changed since the anization should accompany this Campquired campaign statement, that c	Campaign Statements. The Campaign S , and outstanding debts count against the information was shown on the committee ipaign Statement. If a request for a Rep ampaign statement can not be waived	tatements must include all applicable \$1,000 Reporting Waiver threshold. It is statement of Organization, an orting Waiver is not received en	
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 Laborre i Could Marke i Country Signature				
•				



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number D-201

B-2017-006

2. Committee Name Column I Column II RECEIPTS This Period Cumulative for Election Cycle 680.00 3. Contributions a. Itemized Contributions(Schedule 4A, Column 6) b. Uniternized Contributions (less than \$20.01 - no Schedule) (3b.) \$ NOT APPLICABLE (18.) \$ _____ c. Subtotal of Contributions (19.) \$ _____ 4, Other Receipts (Schedule 4A-1, Column 6) (5.) \$ 6680.00 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ _____ (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7) (6a.) \$ _____ (6b.) \$ NOT APPLICABLE b. Unitemized (less than \$20.01 each - no Schedule) 7. TOTAL IN-KIND CONTRIBUTIONS (21.) \$ _____ (Add Line 6a + Line 6b) **EXPENDITURES** 8. Expenditures (8a.) \$ 6085.50 a. Itemized Direct Expenditures (Schedule 4B, Column 7) b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) c. In-Kind Expenditures - Purchase of Goods or Services (8c.) \$ (Schedule 4B-2, Column 7) (8d.) \$ _____ d. Unitemized Expenditures (\$50.00 or less-no Schedule) (22.) \$ _____ e. Subtotal of Expenditures (23.) \$ _____ 9. Independent Expenditures (Schedule 4B-1, Column 7) (24.) \$ ____ 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES 6085.50 11. Total In-Kind Expenditures-Endorsements, Donations or (25.) \$ _____ Loans of Goods or Services (Schedule 4B-2, Column 8) **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.)\$ _____ a. Owed by the Committee (Schedule 4E) (12b.) \$__ b. Owed to the Committee (Schedule 4E) **BALANCE STATEMENT** 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) (14.)+ 6680.00 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 6085.50 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) (17.) \$ _667.30 17. ENDING BALANCE (Subtract line 16 from line 15)

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



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 4E

B-2017-006

SCHEDULE 4E		1/10/11/00		
BALLOT QUESTION COMMITTEE	2. Committee Name	YTOMHPS:		
This Schedule itemizes:	(Check either a or b. l	Jse only for the purpose che	cked.	
a. Debts and obligations owed by or forgiven the c	ommittee OR b.	Debts and obligations of	wed <u>to</u> or forgiver	by the committee
	4. Type of Obligation	7. Date and amount of	8. Cumulalive	9. Outstanding
3. Name and Malling Address of person, vendor or	(Description)	each payment	payment to	Balance at
financial institution to whom debt is owed.			date on debt	close of this period
If debt is a bank loan, please provide information	5. Indicate date debt was incurred	i .		(Item 6 minus
regarding the endorsers or guarantors, if any.	6. Indicate original amount			Item 8)
	of debt	•.	<u> </u>	
Debt#1	4. Type: Fees for consulting	\$		
Owed to or by:	264 Alces	•	0.	2,500.0
Alex Yeckey	5. Date Debt Was Incurred	\$	\$	\$ 1
niced who	9/15/17			<u> </u>
Alex Yerkey 3658 View.Dr.	1.	\$. .
Dexter, MI 48130	6. Original Amount of Debt	\$	· ·	
12 CM 10 / 1 10 10 10	\$ 2,500.00	_		
	\$ 2,000.00	<u> </u>		
			•	
•	•		•	FORGIVEN
If bank loan, name of endorser or guarantor:		Amou	int Endorsed: \$	
Debt #2	4. Type: Fels for	•		
Owed to or by:	Consulting services	\$		
$A \cup A \cup A$	5. Date Debt Was Incurred			
Alex Yeskey	18/1:/2	<u> </u>	. 0	,5,000.00
	19/1/14	\$	\$	\$ 2,000 :00
3658 View Dr.	6. Original Amount of Debt			•
Dexter, MI 48130		<u> </u>		
Dexter MI 48130	\$2,500.00	· \$		• •
1000	\$	ψ		• • •
•			•	. []
				FORGIVEN
		A		•
If bank loan, name of endorser or guarantor:	I Tour Comment of the Tour	· Amount E	ndorsed: \$	<u> </u>
Debt#3 Owed to or by:	Fees for Consulting		:	
	SEVITORS.	- \$		7 - 00
Alay Yacher		. 8	0	7,500.00
Alex Yerkey 3658 View Dr.	5. Date Debt Was Incurred	Ψ	\$	\$
2158 Via DC	11/10/10	\$		• .
5620 VIEW *	1 11/13/14	Φ		
	6. Original Amount of Debt	\$·· .	·	•
Dexter MI 48130			.	
20019	' 2,500,00 '	<u> </u>	•	Ė
•	\$	•	•	
			•	'FORGIVEN
If bank loan, name of endorser or guarantor:		Amount	Endorsed: \$	<u> </u>
				7 600 11
	•	. Page Subtotal (Or	utstanding debt)	7,500.00
•		Grand Total of a	Il Schedules 4F	
(Con	nplete on last page of Schedule sho	wing amounts owed by or to	the committee.)	
:		-	′ L.	Enter this total

. 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

1

2

Page of



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 4E BALL OF OUESTION COMMITTEE

1. Committee I.D. Number

B-2017-006

SCHEDULE 4E		YTOMHPS		,
BALLOT QUESTION COMMITTEE	2. Committee Name	/ · V/ \V/ / · ·		
This Schedule Itemizes:		Jse only for the purpose che		
a. Debts and obligations owed by or forgiven the co	The state of the s	Debts and obligations or	wed <u>to</u> or forgive	
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description) 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: 4. Type: Services	5/23/18 \$ 1,000.00 7/10/18 \$ 200.00	l. D	8,800.00
Alex Yerkey 3658 View Dr.	5. Date Debt Was Incurred 2/15/17	1/10/10 \$ 200.00	Ψ	\$
Dexter MI 48130	6. Original Amount of Debt	\$	•	
JUNIO 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$\frac{2,500.00}{}	\$		
		• • • • • • • • • • • • • • • • • • • •		FORGIVEN
If bank loan, name of endorser or guarantor:		Amou	nt Endorsed: \$	
Debt #2 Owed to or by:	4. Type: Lote filing fees	\$	·	
Washtenaw Country Clerk. 200 N. Main St.	5. Date Debt Was Incurred	·\$	'	7,600.00
200 N. Main St.	6. Original Amount of Debt	\$	\$. \$ 17
Ann Arbor, MI 48104	\$ 7,600.00	\$.		
	,	•		FORGIVEN
	•			·
If bank loan, name of endorser or guarantor:		Amount E	ndorsed: \$	
Debt #3 Owed to or by:	4. Type:	\$ · ·		
	5. Date Debt Was Incurred	\$	·	\$
		\$		· ·
	6. Original Amount of Debt	* *		
	\$ '	
If honk loop, nowe of ander			pm 1	. FORGIVEN
If bank loan, name of endorser or guarantor:			Endorsed: \$	
		Page Subtolal (O	utstanding debt)	16,400.00
	•	. Grand Total of a	ll Schedules 4E	an activiti

(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

2 2

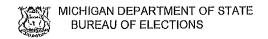


ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

BALLOT	QUESTION	COMMITTEE

1. Committee I. D. Number

5. Identify the ballot proposal Involved. Indicate whether supported or opposed. Expenditure #1 Name & Address: A C + Blue P.D. Box 441146 5. Ballot Proposal: 5. Identify the ballot proposal Involved. Indicate whether supported or opposed. 6. Purpose: 6. Purpose: 6. Ballot Proposal: 7. Date of Date o	
Name & Address: A ct Blue P.D. Box 441146 Somerville, MA 02144-0031 Check box if expenditure is payment of debt or obligation A ct Blue Online donation processing 3/4/19 \$ 27.76 \$ Expenditure County: County: County: County:	
P.D. Box 441146 Somerville, MA 02144-0031 Check box if expenditure is payment of debt or obligation Online donation processing 3/4/19 \$ 27.76 \$ Expenditure County: County: County: County:	
Somerville, MA 02144-003) Check box if expenditure is payment of debt or obligation County: County: Click for Memo Itemization Type	
Somerville, MA 02199-003) Check box if expenditure is payment of debt or obligation County: County: County:	e
Check box if expenditure is payment of debt or obligation	
Fund Ralser Statewide Local	
Expenditure # 2 4. Purpose:	
Name & Address: Vantiv (Now Norld Pay) Credit card processing	. سمناه
8500 Governors HM Dr. 5. Ballot Proposal: 3/11/9 \$46,71 \$	46.71
Symmes Twp., OH 45249 County:	
Check box if expenditure is payment of debt or obligation reported on previous statement Support Oppose)
Fund Raiser Statewide Local	
Expenditure #3 4. Purpose: Name & Address:	
DI CA A LICE COSMES CHECK FEE	
Dank of Ann My Dov 2601 Plymonth Rd, Suite A 5. Ballot Proposal: 4/2/19 \$ 5.00 \$	**************************************
Ann Arbor, MI 48105 Expenditure	
County: Click for Memo Itemization Type	е
Check box if expenditure is payment of debt or obligation reported on previous statement Support Oppose	
Fund Raiser Statewide Local	
Expenditure #4 4. Purpose: Name & Address: Websitc, promotion Consulting (140.40	
Vanguard Public Affairs Website, from 650, consulting 4/2/19 \$6000.00 \$	
215 5. Washington Sa, #230	
Lansing, MI 48933 Expenditure County: Click for Memo Itemization Type	ре
Check box if expenditure is payment of debt or obligation reported on previous statement Support Oppose	
Fund Raiser Statewide Local	
Subtotal this page #6079.47	
Grand Total of Schedules 4B	
(Complete on last page of Schedule)	
Enter this total on Line 8a of the Summary	



ITEMIZED DIRECT EXPENDITURES

SCHEDULE 4B	Committee I. D. Number			
BALLOT QUESTION COMMITTEE 2.0	Committee Name			
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:	4. Purpose:			
	whine donation processing	4/2/19	s 1.88	2014
P.O. Box 441146	5. Ballot Proposal:	Date of	\$ 1.00	\$ 21:61
Somerville, MA 02144-0031		Expenditure		
Check box if expenditure is payment of debt or obligation	County:	Click fo	or Memo Itemizati	on Type
reported on previous statement	Support			
Fund Raiser	StatewideLocal			
Expenditure # 2 Name & Address:	4. Purpose:			
I Wireld Yam	Credit Card processing	. 1 1	.1	
8500 Governors Dr. Symmes Twp., OH 45249	5. Ballot Proposal:	4/9/19 Date of	<u>\$ 4.15</u>	50.86
Symmes Tup., OH 45241		Expenditure		
l learners	County:	Clink to	Mama Itamizatio	in Tuno
Check box if expenditure is payment of debt or obligation reported on previous statement	Support		r Memo Itemizatio	оп туре
Fund Raiser	Statewide Local			
Expenditure # 3 Name & Address:	4. Purpose:			
•	5. Ballot Proposal:		œ.	Ф
		Date of Expenditure	, Þ. <u></u>	
	Overstan	·		
Check box if expenditure is payment of debt or obligation	County:		or Memo Itemizatio	on Type
reported on previous statement	Support Oppos	ө		
Fund Raiser	StatewideLocal			my garage and the state of the
Expenditure # 4 Name & Address:	4. Purpose:			
	5. Ballot Proposal:		_ \$	\$
	·	Date of Expenditure		
· ·	County:	Click f	or Memo Itemizati	on Type
Check box if expenditure is payment of debt or obligation reported on previous statement	Support Oppos	e ·		

Statewide

Subtotal this page

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

Local

Enter this total on Line 8a of the Summary Dana

Fund Raiser



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	
--------------------------	--

2. Committee Name	
Please enter contributors name and address. If contribution is from an individual, enter last name, middle initial.	first name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt 2/8/19	
Marianne Udow-Phillips 2280 Gale Rd	\$ <u>500.00</u> \$
Ann Arbov MI 48105 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Fixec. Div. Employer CHRT	. 171
Business Address 2929 Plymonth Rd # 245 Ann Arbo	TMI 48102
Type of Contribution: Direct Loan from a person Fund R	
3. Contribution #2 Name & Address: Karre Scott	
926 Loyola Dr. Ann Arbor, MI 48103	\$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Ra	iser
3. Contribution #3 Name & Address: Kirk Profit 4370 Stone meadow Ct. Ann Arbor, MI	+8103 \$250.00 \$
5. If over \$100.00 cumulative, please provide: Occupation Officer Employer Government Consultant Business Address 120 N. Washington Sq. # 110 Lansing, Type of Contribution: Direct Loan from a person Fund Ra	Click Here for Memo Itemization Services, Inc. MI 48933 Iser
3. Contribution #4 Name & Address: Brian Mackie 2401 Meadowridge Ct. Ann Arbor, MI 481	105 \$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
	Raiser
Grand Total of All (Complete on last page of	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number

BALLOT QUESTION COMMITTEE 2. Committee Name	***
Please enter contributors name and address. If contribution is from an individual, enter last name, first r middle initial.	ame, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution #1 Name & Address; Kathy Fostik Stroud 2714/19 Kathy Fostik Stroud 2771 Placid Way Ann Arbor, MI 48105	\$ <u>/00.00</u> \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	· ·
3. Contribution #2 Name & Address: A 1 T 2 1 1 9	
Nick Rounel 2718 Hampshire Rd. Ann Arbor, MI 48/04	\$ 100.00 \$
i. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	on territoria
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt 2 19 19	
Theresa Reid 3025 Provincial Dr. Ann Arbor, MI 48104	\$ 100.00 s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	and the same of th
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Ruth Ann Jammick 7776 Lake Crest Dr. Ypsilanti, MI 48197	\$100,00 \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raise	Г
Page Grand Total of All Scheo (Complete on last page of S	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number		

BALLOT QUESTION COMMITTEE 2. Committee Name		
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: Matha Darling 3340 E. Dotson Pl. Ann Arbor, MI 48105	\$ <u>1000.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Business Address	Click Here for Me	mo itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address: Ruth Ann Jannich 7776 Lahe Crest Dr. Ypsilant, MI 48197	\$_100.0	0 \$
5. If over \$100.00 cumulative, please provide:	Click Here for Me	mo Itemization
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 Name & Address:		
Chip Smith 517 Krause St. Ann Arbor, MI 48103	\$ 100.00	1 \$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 Name & Address: Margie Teall 2655 Deake Ave. Am Arbor, M.I. 48108	JEN NÍ	0, 250.00
	\$ 200.00	\$ 2 20.00
5. If over \$100.00 cumulative, please provide: Occupation Writer Employer Resume Writers. Com	Click Here for Me	emo Itemization
Business Address 68 Jay St. Suite 201 Brooklyn, NY 1126 Type of Contribution: Direct Loan from a person Fund Raiser	3)	
Page Subtota Grand Total of All Schedules 4/ (Complete on last page of Schedule Page	A	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

BALLOT QUESTION COMM	ITTEE 2. Com	mittee Name		
Please enter contributors name and address. If conmiddle initial.	tribution is from an individua	l, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. D. Name & Address: Youset Rabhi 1255 Kensington Dr. A	nn Arbor, M	c 48104		\$_50.00
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no itemization
Occupation Employ	/er			
Business Address				·
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address: Andy LaBarre 2411 Meastowridge Ct.	Ann Arbor, A	NI 4810S	\$ 200.00	\$
5. If over \$100.00 cumulative, please provide: Occupation Commissioner Employ Business Address 220 N. Main Type of Contribution:	yer Washtenau St. Ann And TLoan from a person	County Fund Raiser	Click Here for Mem	no Itemization
3. Contribution #3 Name & Address: Jan Barney Newmar 1071 Young Pl. Ann A 5. If over \$100.00 cumulative, please provide:	nate of Receipt	-810S	\$	\$o Itemization
OccupationEmplo	yer		•	
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Nelly Patrick	Ann Arbor, M	I 48103	\$\$0.00 Click Here for Men	\$no Itemization
	yoi	ensemble of the second		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Page of		Page Subtota Page Subtota Grand Total of All Schedules 4 nplete on last page of Schedul	4	



SCHEDULE 4A

1. Committee I.D. Number ____

BALLOT QUESTION COMMITTEE 2. C.	ommittee Name		
Please enter contributors name and address. If contribution is from an individual initial.	dual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Erane Washington 8409 S. Huron River Dr. Ypsilanti, 1	MI 48197	\$ 100.00	\$ 100,00
6. If over \$100.00 cumulative, please provide:		Click Here for Me	mo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		New Control
3. Contribution #2 Name & Address: Dwid Nacht 25323 N. Wayner Rd. Ann Arbor, MI	48103	\$ <u>100.00</u>	\$_ <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
5. If over \$100.00 cumulative, please provide:		Click Here for Men	no Itemization
Occupation Employer		•	
Business Address	A del di se como de la Balancia Petro de Balancia (A reconocida de Caracia de Arte de Petro de Petro de Petro		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address; Judy Gardner 8301 Berkshire Dr. Superror Tup.	, MI 48198	_{\$} 25.00	\$ <u>25</u> . 00
5. If over \$100.00 cumulative, please provide:	·	Click Here for Men	no Itemization
Occupation Employer	4-24-14-14-14-14-14-14-14-14-14-14-14-14-14		
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 4, Date of Receipt			
Nancy Durance 4616 Spring Moundain Dr. Brighton	, MI 48116	s 25.00	; 25. M
5. If over \$100.00 cumulative, please provide:	·	Click Here for Me	no Itemization
Occupation Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		·
	Page Subtote Grand Total of All Schedules 4. Complete on last page of Schedul	A 200,00	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

. Committee I,D. Number	

DALLOT GOESTION COIVIN	2. Committee	Name		
Please enter contributors name and address. If co middle initial.	ntribution is from an individual, ente	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4.D Name & Address: John Greden 2015 Woods He Rd. A	on Arbitr MT	LX104	ຸ 250. ປັເ) _s
•	112 11111	01-7	Click Here for Mer	
5. If over \$100.00 cumulative, please provide: Occupation Free Director Emplo Business Address 4250 Plymouta	l i	l. I.	S	
Type of Contribution: Direct 3. Contribution # 2 4. Direct	Loan from a person Date of Receipt	Fund Raiser		
Name & Address: Renee Greden 2015 Woodside Rol		18104	\$ <u>250.00</u>	\$
6. If over \$100.00 cumulative, please provide: Occupation Ruffred Emplo	yer		Click Here for Men	no Itemization
Business Address Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address: Michael Staebler 202 E. Washington, Suite 5. If over \$100.00 cumulative, please provide: Occupation Retired Emplo		·	\$ <u>250.00</u>	
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #4 4. D Name & Address: Leigh Greden 2860 Gladstone Ne. 1	ate of Receipt Ann Arbon, MI	4810 H	\$_ <i> 00</i> .08	\$
i. If over \$100.00 cumulative, please provide:			Click Here for Men	no Itemization
Occupation Emplo	yer			
Business Address Type of Contribution: V Direct	Loan from a person	Fund Ralser		
Page 12		Page Subtotal Fotal of All Schedules 4A on last page of Schedule)	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

1. Committee I.D. Number	
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BALLOT QUESTION COMMITTEE 2. Committee Name		
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: Michael Budros 2860 Gladstone Ave. Ann Arbor, M.I. 48104 5. If over \$100.00 cumulative, please provide:	\$	\$ <u>50.00</u>
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	AAAMA MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
3. Contribution #2 Anne & Address: Duson Morgan for Cowby Commissioner 2860 Gladstone Ave. Ann Arbor, MI 48104	\$ 190.00	s 1
2860 Gladstone Me. Min Arbor, Mc 48109	Ψ /	*
5. If over \$400.00 cumulative, please provide:	Click Here for Men	no Itemization
Occupation Employer		
Business Address		
Type of Contribution: UDirect Loan from a person Pund Raiser		
3. Contribution #3 Name & Address: Glenn Nclson 1323 S. Forest Ave. Ann Arbon, MI 48104 6. If over \$100.00 cumulative, please provide:	\$ 100.00	\$ 100.00
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 2/26/19		u -
Marchy Grenal		
1452 Bicentennial Phwy. Ann Arbor, MI 48108	\$ <u>250.00</u>	\$ 250.00
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
Occupation Supervisor Employer PHS field Tup.		
Business Address 6201 W. Mchigan Avc. Ann Avlor, MT 48 Type of Contribution: V Direct Loan from a person J Fund Raiser	708	
Page Subtota	500.00	
rage Subject	200,00	-

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

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

. Committee I.D. Numbe	

BALLOT QUESTION COMMITTEE 2. Committee Name	W	
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: John Martin 2572 Walnut Dr. Ann Arbor, MI 48103	\$ 100.00	\$
	Click Here for Men	no Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address: Laren Valvo		
552 Galen Cr. Ann Arbor, MI 48103	\$ 250.00	\$ 250.00
	Click Here for Mem	o Itemization
Business Address 301 F. Huron St. Ann Arbor, M.T. 48107 Type of Contribution: Unirect Loan from a person United Raiser	•	11-12-20-20-20-20-20-20-20-20-20-20-20-20-20
3. Contribution #3 Name & Address: Pefer Echstein 2551 Londonderry Rd. Ann Arbor, MI 48103	\$ 105.00	\$
	Click Here for Mem	
5. If over \$100.00 cumulative, please provide: Occupation Perfived Employer	Ollok Flare for Magn	O ROMECULOTI
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt		
Mark Creekmore 2051 Chancer Dr. Ann Arbon MI 48103	s 151.01	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Men	no Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		***************************************
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number	, and the second	

BALLOT QUESTION COMMITTEE 2. Committee Name		**************************************
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: Path Cla Cortes 2118 Springwood Ct. Ann Arbor, MI-48103	\$,
5. If over \$100.00 cumulative, please provide:	Choi() for for year	mo normzanori
Occupation Employer		
Business Address Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 Name & Address: Patricia Scribner 4. Date of Receipt 2/210/19	E A	
Patricia Scribner 4295 Spring Lake Blvd. Ann Arbon, MI 48108	\$ 50.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: Kathy Griswold 3565 Fox Hunt. Dr. Ann Arbor, MI 48105	\$ 100.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Men	no Itemization
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Ralser		
3. Contribution # 4 Name & Address: 4. Date of Receipt 2/26/19 Leah Gunn		
2115 Nature Cove Ct., Apt. 207 Am Arbor, MI 48104	\$ 250.00	1 s
5. If over \$100.00 cumulative, please provide: Occupation Retired Employer	Click Here for Me	mo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

BALLOT QUESTION COMMITTEE	E 2. Committee Na	me		
Please enter contributors name and address. If contributio middle initial.	n is from an individual, enter la	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution#1 Name & Address: Peri Stone - Palmquist 1008 Cross St. Ypstlanti	2 2011-1	,	\$ <u>100</u> .00	\$
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no Itemization
Occupation Employer	***************************************			
Business Address Type of Contribution: Direct Loa	an from a person	Fund Ralser		
3. Contribution # 2 4. Date of I	Receipt 2/26/19			
Name & Address: Barbara Fuller 17750 Sharon Valley Rd. 1	Manchester, MI	48158	\$ 50.00	\$
. If over \$100.00 cumulative, please provide:			Click Here for Men	o Itemization
Occupation Employer				
Business Address Type of Contribution: Direct Loan	n from a person	Fund Raiser		
3. Contribution #3 Name & Address: Sharon Newman 2648 Roseland Dr. An	Receipt 2/27/19 In Arbor, M.T.	48103	\$ 25.00	° .
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
OccupationEmployer				
Business Address — Direct Loan	ı from a person	Fund Raiser		
Contribution # 4 4. Date of F	Receipt 3/2/19			
Name & Address: Susun Bashett 3 Trowbridge Ct. Ann Av	bor, MI 481	08	\$ 25,00	\$
i. If over \$100.00 cumulative, please provide:			Click Here for Men	no Itemization
Occupation Employer				
Business Address				
Type of Contribution: Direct Lo	oan from a person	Fund Raiser		
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A ALL OT OLIESTION COMMITTE

1. Committee I.D. Number	

BALLOT QUESTION COMMITTEE 2. Committee Name 7. Cumulative for 6. Amount Please enter contributors name and address. If contribution is from an individual, enter last name, first name, Election Cycle for Each middle initial. Contributor (Through date of receipt) 4. Date of Receipt 3. Contribution # 1 Travis Radina 2600 Champagne Dr. Ann Arbor, MI 48/08 \$ 25. or \$ Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Loan from a person Fund Raiser 4. Date of Receipt 3/11 3. Contribution # 2 Name & Address; Evan Yra or Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer _ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 4. Date of Receipt Name & Address: Sue Short 600 W. Joy Rd. Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Business Address -Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address: 4. Date of Receipt Felicia Brabec 3167 Crimson Ct. Ann Arbor, MI 48108 \$ 250.00 \$ 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Psychologist Employer 2350 Washirman Ave 1 Business Address 2350 Washtenaw Ave. Am Arbor, MI 48104 Type of Contribution: | Direct Loan from a person Fund Raiser 75.00 Page Subtotal Grand Total of All Schedules 4A

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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

. Committee I.D. Number	

BALLO	T QUESTION C	OMMITTEE 2. C	Committee Name		
Please enter contributors middle initial.	s name and address.	If contribution is from an indivi	idual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: JEFF FV 2542 Be 5. If over \$100.00 cumu			5/19 or, MI 48/04	\$	0 \$ /00.00 emo Itemization
Occupation		Employer			
Business Address	Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:		4. Date of Receipt			
				\$	\$
5. If over \$100.00 cumu	lative, please provi	de:		Click Here for Me	emo Itemization
Occupation		Employer			
Business Address		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Principal Control of the Control of		
Type of Contribution:	Direct	Loan from a person	Fund Raiser		,
3. Contribution # 3 Name & Address:		4. Date of Receipt			
•				. \$	\$
5. If over \$100.00 cum	ulative, please prov	ide:		Click Here for Me	emo Itemization
Occupation	**************************************	Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:		4. Date of Receipt			
•				\$	\$
5. If over \$100,00 cum	ılative, please provi	de:		Click Here for M	emo Iternization
Occupation		Employer			
Business Address		-			
Type of Contribution:	Direct	Loan from a persor	Fund Raiser	1.000	
			Page Subtots	1 18000	1

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