



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: 2/10/2019 To 4/20/19

1. Committee I.D. Number <u>B-2017-006</u>	4. Committee's Mailing Address <u>2411 Meadowridge Ct.</u> <u>Ann Arbor, MI 48105</u> Area Code and Phone: <u>734 945-1298</u> <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 <u>Yes to Our Mental Health and Public Safety</u>	

5. Treasurer's Name and Residential Address  
Andy LaBarre 2411 Meadowridge Ct. Ann Arbor, MI 48105  
 Area Code and Phone 734 945-1298

6. Treasurer's Business Address <u>2010 Hogback Rd. suite 4</u> <u>Ann Arbor, MI 48105</u> Area Code and Phone <u>734 945-1298</u>	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  Area Code and Phone
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8. TYPE OF STATEMENT:  8a. <input type="checkbox"/> PRE- ELECTION OR <input type="checkbox"/> POST- ELECTION  Pre-Election or Post-Election Statement relates to:  <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____  Date of Election: _____	8b. <input type="checkbox"/> FEBRUARY STATEMENT <input checked="" type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT  8c. <input type="checkbox"/> ANNUAL STATEMENT (2019 Coverage Year)	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)  8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST  Effective Date of Dissolution _____  By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.  LAWRENCE K. BAUMANN COUNTY CLERK REGISTERED 2019 APR 29 10:56 AM FILED WASHINGTON COUNTY
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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 ; Andrew LaBarre  
 Type or Print Name Signature



**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2017-006  
2. Committee Name \_\_\_\_\_

	Column I This Period	Column II Cumulative for Election Cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>6680.00</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. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>6680.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS</b>		
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. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>6085.50</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. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ _____
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>6085.50</u>	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>12.80</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>6680.00</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = <u>6692.80</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>6085.50</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>607.30</u>	*

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



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 YTD MHS

This Schedule itemizes: (Check either a or b. Use only for the purpose checked.)  
a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. <small>If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for Consulting Services</u> 5. <u>Date Debt Was Incurred</u> <u>9/15/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>2,500.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				<input type="checkbox"/> FORGIVEN

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: \$ _____				<input type="checkbox"/> FORGIVEN

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: \$ _____				<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt) 7,500.00

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 4E  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2017-006  
2. Committee Name YTOMHPS

This Schedule itemizes: (Check either a or b. Use only for the purpose checked.)  
 a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 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>	<u>Fees for consulting services</u> <u>12/15/17</u> 6. Original Amount of Debt <u>\$ 2,500.00</u>	<u>5/23/18 \$ 1,000.00</u> <u>7/10/18 \$ 200.00</u> \$ _____ \$ _____ \$ _____	\$ <u>D</u>	<u>\$ 8,800.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>Washtenaw County Clerk</u> <u>200 N. Main St.</u> <u>Ann Arbor, MI 48104</u>	4. Type: <u>Late filing fees</u> 5. Date Debt Was Incurred <u>8/28/18</u> 6. Original Amount of Debt <u>\$ 7,600.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	<u>\$ 7,600.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred _____	\$ _____ \$ _____ \$ _____	\$ _____	\$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 16,400.00

Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.) 16,400.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number \_\_\_\_\_

2. 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: Act Blue P.O. Box 441146 Somerville, MA 02144-0031  <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 donation processing</u>  5. Ballot Proposal: _____  County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	3/4/19 Date of Expenditure	\$ 27.76	\$ 27.76
Expenditure # 2 Name & Address: Vantiv (New WorldPay) 8500 Governors Hill Dr. Symmes Twp., OH 45249  <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>Credit card processing</u>  5. Ballot Proposal: _____  County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	3/11/19 Date of Expenditure	\$ 46.71	\$ 46.71
Expenditure # 3 Name & Address: Bank of Ann Arbor 2601 Plymouth Rd, Suite A Ann Arbor, MI 48105  <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>Cashiers check fee</u>  5. Ballot Proposal: _____  County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/2/19 Date of Expenditure	\$ 5.00	
Expenditure # 4 Name & Address: Vanguard Public Affairs 215 S. Washington Sq. #230 Lansing, MI 48933  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement  <input type="checkbox"/> Fund Raiser	4. Purpose: <u>website, promotion, consulting</u>  5. Ballot Proposal: _____  County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/2/19 Date of Expenditure	\$ 6000.00	

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 Page



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

1. Committee I. D. Number \_\_\_\_\_  
2. 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: <b>Act Blue</b> <b>P.O. Box 441146</b> <b>Somerville, MA 02144-0031</b>	4. Purpose: <b>online donation processing</b> 5. Ballot Proposal: _____ County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/3/19 Date of Expenditure	\$ 1.88	\$ 29.64
Expenditure # 2 Name & Address: <b>World Pay</b> <b>8500 Governors Dr.</b> <b>Symmes Twp., OH 45249</b>	4. Purpose: <b>Credit Card processing</b> 5. Ballot Proposal: _____ County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/9/19 Date of Expenditure	\$ 4.15	\$ 50.86
Expenditure # 3 Name & Address: _____ _____ _____	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	\$ _____	\$ _____
Expenditure # 4 Name & Address: _____ _____ _____	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	\$ _____	\$ _____

Subtotal this page

**\$ 6.83**

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

**#6085.50**

Enter this total  
on Line 8a of  
the Summary  
Page



BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Marianne Udow-Phillips</u> <u>2280 Gale Rd.</u> <u>Ann Arbor, MI 48105</u> 4. Date of Receipt <u>2/8/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Exec. Dir.</u> Employer <u>CHRT</u> Business Address <u>2929 Plymouth Rd. # 245 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	\$ <u>500.00</u> \$ _____ Click Here for Memo Itemization	\$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Katie Scott</u> <u>926 Loyola Dr. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>2/8/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u> \$ _____ Click Here for Memo Itemization	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Kirk Profit</u> <u>4370 Stonemeadow Ct. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>2/9/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Officer</u> Employer <u>Government Consultant Services, Inc.</u> Business Address <u>120 N. Washington Sq. #110 Lansing, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u> \$ _____ Click Here for Memo Itemization	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Brian Mackie</u> <u>2401 Meadowridge Ct. Ann Arbor, MI 48105</u> 4. Date of Receipt <u>2/13/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u> \$ _____ Click Here for Memo Itemization	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal 950.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) \$6680.00

Enter this total on line 3a of Summary Page



BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Kathy Fojtik Stroud</u> <u>2271 Placid Way Ann Arbor, MI 48105</u> 4. Date of Receipt <u>2/14/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Nick Roumel</u> <u>2718 Hampshire Rd. Ann Arbor, MI 48104</u> 4. Date of Receipt <u>2/17/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Theresa Reid</u> <u>3025 Provincial Dr. Ann Arbor, MI 48104</u> 4. Date of Receipt <u>2/19/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Ruth Ann Jannick</u> <u>7776 Lake Crest Dr. Ypsilanti, MI 48197</u> 4. Date of Receipt <u>2/19/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal

400.00

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

Enter this total  
on line 3a of  
Summary  
Page





BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Martha Darling</u> <u>3340 E. Dobson Pl. Ann Arbor, MI 48105</u>  4. Date of Receipt <u>2/21/19</u>  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	\$ <u>1000.00</u> \$ _____  Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Ruth Ann Jannick</u> <u>777b Lake Crest Dr. Ypsilanti, MI 48197</u>  4. Date of Receipt <u>2/21/19</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u> \$ _____  Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Chip Smith</u> <u>517 Krause St. Ann Arbor, MI 48103</u>  4. Date of Receipt <u>2/21/19</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____  Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u> \$ <u>100.00</u>  Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Margie Teall</u> <u>2655 Deake Ave. Ann Arbor, MI 48108</u>  4. Date of Receipt <u>2/22/19</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Writer</u> Employer <u>Resume Writers . Com</u> Business Address <u>68 Jay St. Suite 201 Brooklyn, NY 11201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u> \$ <u>250.00</u>  Click Here for Memo Itemization	

Page Subtotal 1450.00

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

Enter this total  
on line 3a of  
Summary  
Page



BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: <u>Yousef Rabhi</u> <u>1255 Kensington Dr. Ann Arbor, MI 48104</u></p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ <u>50.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50.00</u></p>
<p>3. Contribution # 2 Name &amp; Address: <u>Andy LaBarre</u> <u>2411 Meadowridge Ct. Ann Arbor, MI 48105</u></p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ <u>200.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 3 Name &amp; Address: <u>Jan Barney Newman</u> <u>1071 Young Pl. Ann Arbor, MI 48105</u></p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 4 Name &amp; Address: <u>Nelly Patrick</u> <u>2064 South 7th St. Ann Arbor, MI 48103</u></p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ <u>50.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

Page Subtotal

400.00

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

Enter this total  
on line 3a of  
Summary  
Page



BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1	4. Date of Receipt _____		
Name & Address: Erane Washington 8409 S. Huron River Dr. Ypsilanti, MI 48197			\$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
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	4. Date of Receipt _____		
Name & Address: David Nacht 25323 N. Wagner Rd. Ann Arbor, MI 48103			\$ 100.00 \$ 100.00
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
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 # 3	4. Date of Receipt _____		
Name & Address: Judy Gardner 8301 Berkshire Dr. Superior Twp., MI 48198			\$ 25.00 \$ 25.00
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
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 # 4	4. Date of Receipt _____		
Name & Address: Nancy Durance 4616 Spring Mountain Dr. Brighton, MI 48116			\$ 25.00 \$ 25.00
5. If over \$100.00 cumulative, please provide:		<a href="#">Click Here for Memo Itemization</a>	
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 250.00

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

250.00

Enter this total on line 3a of Summary Page



BUREAU OF ELECTIONS

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, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: John Greden 2015 Woodside Rd. Ann Arbor, MI 48104	4. Date of Receipt _____	\$ 250.00	
5. If over \$100.00 cumulative, please provide: Occupation <u>Exec. Director</u> Employer <u>UofM Depression Center</u> Business Address <u>4250 Plymouth Rd. Ann Arbor, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Renee Greden 2015 Woodside Rd. Ann Arbor, MI 48104	4. Date of Receipt _____	\$ 250.00	
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Michael Staebler 202 E. Washington, suite 601 Ann Arbor, MI 48104	4. Date of Receipt _____	\$ 250.00	\$ 250.00
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Leigh Greden 2860 Gladstone Ave. Ann Arbor, MI 48104	4. Date of Receipt _____	\$ 100.00	
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

850.00

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

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Summary  
Page



BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Michael Budros</u> <u>2860 Gladstone Ave. Ann Arbor, MI 48104</u> 4. Date of Receipt <u>2/26/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <u>Jason Morgan for County Commissioner</u> <u>2860 Gladstone Ave. Ann Arbor, MI 48104</u> 4. Date of Receipt <u>2/26/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>1</u> <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <u>Glenn Nelson</u> <u>1323 S. Forest Ave.</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>2/26/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <u>Mandy Grewal</u> <u>1452 Bicentennial Pkwy. Ann Arbor, MI 48108</u> 4. Date of Receipt <u>2/26/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Pittsfield Twp.</u> Business Address <u>6201 W. Michigan Ave. Ann Arbor, MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 500.00

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

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BUREAU OF ELECTIONS

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, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>John Martin</u> <u>2572 Walnut Dr. Ann Arbor, MI 48103</u>	4. Date of Receipt <u>2/26/19</u>	\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Karen Valvo</u> <u>552 Galen Cr. Ann Arbor, MI 48103</u>	4. Date of Receipt <u>2/26/19</u>	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Judge</u> Employer <u>15th Judicial District Court</u> Business Address <u>301 E. Huron St. Ann Arbor, MI 48107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Peter Eckstein</u> <u>2551 Londonderry Rd. Ann Arbor, MI 48103</u>	4. Date of Receipt <u>2/26/19</u>	\$ <u>105.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u><del>_____</del></u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Mark Creechmore</u> <u>2051 Chaucer Dr. Ann Arbor, MI 48103</u>	4. Date of Receipt _____	\$ <u>158.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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

605.00

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

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on line 3a of  
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BUREAU OF ELECTIONS

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, first name, middle initial. 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 4. Date of Receipt 2/26/19

Name & Address:  
Patricia Cortes  
2118 Springwood Ct. Ann Arbor, MI 48103

\$ 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 Raiser

3. Contribution # 2 4. Date of Receipt 2/26/19

Name & Address:  
Patricia Scribner  
4295 Spring Lake Blvd. Ann Arbor, MI 48108

\$ 50.00 \$ \_\_\_\_\_

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 Raiser

3. Contribution # 3 4. Date of Receipt 2/26/19

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 Memo Itemization

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 4. Date of Receipt 2/26/19

Name & Address:  
Leah Gunn  
2115 Nature Cove Ct., Apt. 207 Ann Arbor, MI 48104

\$ 250.00 \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Retired Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 500.00

Grand Total of All Schedules 4A  
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BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Peri Stone - Palmquist</u> <u>1008 Cross St. Ypsilanti, MI 48197</u> 4. Date of Receipt <u>2/26/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Barbara Fuller</u> <u>17750 Sharon Valley Rd. Manchester, MI 48158</u> 4. Date of Receipt <u>2/26/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Sharon Newman</u> <u>2648 Roseland Dr. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>2/27/19</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u> \$ _____	Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Susan Bashett</u> <u>3 Trowbridge Ct. Ann Arbor, MI 48108</u> 4. Date of Receipt <u>3/2/19</u> 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	\$ <u>25.00</u> \$ _____	Click Here for Memo Itemization

Page Subtotal 200.00

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

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on line 3a of  
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BUREAU OF ELECTIONS

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, first name, middle initial. 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 4. Date of Receipt 3/20/19

Name & Address: Travis Radma  
2600 Champagne Dr. Ann Arbor, MI 48108

\$ 25.00 \$ \_\_\_\_\_

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 Raiser

3. Contribution # 2 4. Date of Receipt 3/11/19

Name & Address: Evan Pratt  
1626 Harbal Dr. Ann Arbor, MI 48105

\$ 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 Raiser

3. Contribution # 3 4. Date of Receipt 3/24/19

Name & Address: Sue Shunk  
600 W. Joy Rd. Ann Arbor, MI 48105

\$ 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 Raiser

3. Contribution # 4 4. Date of Receipt 4/3/19

Name & Address: Felicia Brabeo  
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 Self  
2350 Washdenaw Ave. A

Business Address 2350 Washdenaw Ave. Ann Arbor, MI 48104

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 475.00

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

Enter this total on line 3a of Summary Page



BUREAU OF ELECTIONS

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, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Jeff Irwin</u> <u>2542 Bellwood Ave. Ann Arbor, MI 48104</u>  4. Date of Receipt <u>4/15/19</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
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	\$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal 100.00

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) \$6680.00

Enter this total  
on line 3a of  
Summary  
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