

2/11/2019-4/20/2019



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
B-2017-006

4. Committee's Mailing Address
2411 Meadowridge Ct.
Ann Arbor, MI 48105
Area Code and Phone: 734 945-1298
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

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

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
2010 Hogback Rd. suite 4
Ann Arbor, MI 48105
Area Code and Phone 734 945-1298

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:
8a. PRE-ELECTION
OR
 POST-ELECTION
Pre-Election or Post-Election Statement relates to:
 PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____
Date of Election: _____

8b.
 FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT
8c. ANNUAL STATEMENT
(2019 Coverage Year)

8d.
 Post Petition Sample Filing under MCL 168.483a
(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)
8e. AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE REQUEST
Effective Date of Dissolution _____
By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.
LAWRENCE KESTER
COUNTY CLERK/REC
2019 APR 29 P
FILED
WASHTENAW COUNTY MI

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

Andrew LaBarre
Signature



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

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

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
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. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>6680.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>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. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>6085.50</u>	(24.) \$ _____
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	\$16,400	
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>12.80</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>6680.00</u>	
15. SUBTOTAL 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. ENDING BALANCE (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: \$ _____				
Debt #2 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for consulting services</u> 5. <u>Date Debt Was Incurred</u> <u>10/11/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>5,000.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for consulting services</u> 5. <u>Date Debt Was Incurred</u> <u>11/15/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>7,500.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 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 Y TOMHPS

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for consulting services</u> 5. <u>Date Debt Was Incurred</u> <u>12/15/17</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,500.00</u>	5/23/18 \$ 1,000.00 7/10/18 \$ 200.00 \$ _____ \$ _____ \$ _____	\$ <u>D</u>	<u>8,800.00</u> \$ _____ \$ _____ \$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				<input type="checkbox"/> FORGIVEN
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. <u>Date Debt Was Incurred</u> <u>8/28/18</u> 6. <u>Original Amount of Debt</u> <u>\$ 7,600.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	<u>7,600.00</u> \$ _____ \$ _____ \$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				<input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ \$ _____ \$ _____ \$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				<input type="checkbox"/> FORGIVEN

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 if 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



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

B-2017-006

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: <u>Act Blue</u> <u>P.O. Box 441146</u> <u>Somerville, MA 02144-0031</u> <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	<u>3/4/19</u> Date of Expenditure	<u>\$ 27.76</u>	<u>\$ 27.76</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: <u>Vantiv (New WorldPay)</u> <u>8500 Governors Hill Dr.</u> <u>Symmes Twp., OH 45249</u> <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	<u>3/11/19</u> Date of Expenditure	<u>\$ 46.71</u>	<u>\$ 46.71</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: <u>Bank of Ann Arbor</u> <u>2601 Plymouth Rd, Suite A</u> <u>Ann Arbor, MI 48105</u> <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	<u>4/2/19</u> Date of Expenditure	<u>\$ 5.00</u>	Click for Memo Itemization Type
Expenditure # 4 Name & Address: <u>Vanguard Public Affairs</u> <u>215 S. Washington Sq. #230</u> <u>Lansing, MI 48933</u> <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	<u>4/2/19</u> Date of Expenditure	<u>\$ 6000.00</u>	Click for Memo Itemization Type

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

B-2017-006

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	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	4/3/19 Date of Expenditure	\$ 1.88	\$ 29.64
Expenditure # 2 Name & Address: World Pay 8500 Governors Dr. Symmes Twp., OH 45249	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	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

B-2017-006

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 2/8/19

Name & Address:
Marianne Udow-Phillips
2280 Gale Rd.
Ann Arbor MI 48105

500.00
 \$ 500.00 \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Exec. Dir. Employer CHRT

Business Address 2929 Plymouth Rd. # 245 Ann Arbor, MI 48105

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 2/8/19

Name & Address:
Katie Scott
926 Loyola Dr. Ann Arbor, MI 48103

100.00
 \$ 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 Raiser

3. Contribution # 3 4. Date of Receipt 2/9/19

Name & Address:
Kirk Profit
4370 Stonemeadow Ct. Ann Arbor, MI 48103

250.00
 \$ 250.00 \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Officer Employer Government Consultant Services, Inc.

Business Address 120 N. Washington Sq. #110 Lansing, MI 48933

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt 2/13/19

Name & Address:
Brian Mackie
2401 Meadowridge Ct. Ann Arbor, MI 48105

100.00
 \$ 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 Raiser

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 B-2017-006

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>	100.00 \$ _____ 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>	100.00 \$ _____ 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>	100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Ruth Ann Jammick</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 <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	\$ <u>100.00</u>	300.00 \$ _____ 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 B-2017-006
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>	1000.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Ruth Ann Jannick</u> <u>7776 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 <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	\$ <u>100.00</u>	400.00 \$ _____ 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

B-2017-006

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>Yousef Rabhi</u> <u>1255 Kensington Dr. Ann Arbor, MI 48104</u> 4. Date of Receipt <u>2/22/19</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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Andy LaBarre</u> <u>2411 Meadowridge Ct. Ann Arbor, MI 48105</u> 4. Date of Receipt <u>2/22/19</u> 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	\$ <u>200.00</u>	\$ <u>450.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Jan Barney Newman</u> <u>1071 Young Pl. Ann Arbor, MI 48105</u> 4. Date of Receipt <u>2/23/19</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>Nelly Patrick</u> <u>2064 South 7th St. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>2/23/19</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>50.00</u>	\$ <u>50.00</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

B-2017-006

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>Erane Washington</u> <u>8409 S. Huron River Dr. Ypsilanti, MI 48197</u> 4. Date of Receipt <u>2/24/19</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 # 2 Name & Address: <u>David Nacht</u> <u>25323 N. Wagner Rd. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>2/25/19</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 # 3 Name & Address: <u>Judy Gardner</u> <u>8301 Berkshire Dr. Superior Twp., MI 48198</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 type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Nancy Durance</u> <u>4616 Spring Mountain Dr. Brighton, MI 48116</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 type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization

Page Subtotal

250.00

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 B-2017-006
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 Greden</u> <u>2015 Woodside Rd. Ann Arbor, MI 48104</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
4. Date of Receipt <u>2/26/19</u>		Click Here for Memo Itemization	
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			
3. Contribution # 2 Name & Address: <u>Renee Greden</u> <u>2015 Woodside Rd. Ann Arbor, MI 48104</u>		\$ <u>250.00</u>	\$ <u>1,250.00</u>
4. Date of Receipt <u>2/26/19</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Michael Staebler</u> <u>202 E. Washington, Suite 601 Ann Arbor, MI 48104</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
4. Date of Receipt <u>2/26/19</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Leigh Greden</u> <u>2860 Gladstone Ave. Ann Arbor, MI 48104</u>		\$ <u>100.00</u>	\$ <u>350.00</u>
4. Date of Receipt <u>2/26/19</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 850.00

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 B-2017-006

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> Click Here for Memo Itemization
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>100.00</u> Click Here for Memo Itemization
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> Click Here for Memo Itemization
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> Click Here for Memo Itemization

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 B-2017-006

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> \$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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			
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:		Click Here for Memo Itemization	
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			
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> \$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer <u>[scribble]</u>			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Mark Creekmore</u> <u>2051 Chaucer Dr. Ann Arbor, MI 48103</u>		4. Date of Receipt <u>2/26/19</u>	\$ <u>150.00</u> \$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
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			

Page Subtotal 605.00

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

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on line 3a of
Summary
Page



BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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

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 <u>2/26/19</u>		
Name & Address: <u>Patricia Cortes</u> <u>2118 Springwood Ct. Ann Arbor, MI 48103</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

3. Contribution # 2	4. Date of Receipt <u>2/26/19</u>		
Name & Address: <u>Patricia Scribner</u> <u>4295 Spring Lake Blvd. Ann Arbor, MI 48108</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

3. Contribution # 3	4. Date of Receipt <u>2/26/19</u>		
Name & Address: <u>Kathy Griswold</u> <u>3565 Fox Hunt Dr. Ann Arbor, MI 48105</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

3. Contribution # 4	4. Date of Receipt <u>2/26/19</u>		
Name & Address: <u>Leah Gunn</u> <u>2115 Nature Cove Ct., Apt. 207 Ann Arbor, MI 48104</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 500.00

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 B-2017-006

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>	\$ <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>	\$ <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>	\$ <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>	\$ <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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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

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

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>Travis Radma</u> <u>2600 Champagne Dr. Ann Arbor, MI 48108</u> 4. Date of Receipt <u>3/10/19</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>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Evan Pratt</u> <u>1626 Harbal Dr. Ann Arbor, MI 48105</u> 4. Date of Receipt <u>3/11/19</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 # 3 Name & Address: <u>Sue Shunk</u> <u>600 W. Joy Rd. Ann Arbor, MI 48105</u> 4. Date of Receipt <u>3/24/19</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>Felicia Brabeo</u> <u>3167 Crimson Ct. Ann Arbor, MI 48108</u> 4. Date of Receipt <u>4/3/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Psychologist</u> Employer <u>Self</u> <u>2350 Washolenaw Ave. A</u> Business Address <u>2350 Washolenaw Ave. 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	\$ <u>250.00</u>	\$ <u>350.00</u> Click Here for Memo Itemization

Page Subtotal

475.00

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 B-2017-006
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 Frwin</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> 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 100.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule) 16680.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2017-0
2. Committee Name Yes to Our Mental Health and Public Safety

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/29/19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>30</u>	5. Type of Fund Raising Activity General interaction and speeches.	6. Address and Name (If any) of the place where the activity was held <u>The Frushours</u> <u>5298 Crown Ct.</u> <u>Ann Arbor, MI 48108</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$ 2,605.00
 8. Other Receipts \$ 0.00
 9. Gross Receipts (Add lines 7 and 8) \$ 0.00
 10. Total Cost of Event \$ 0.00

*Includes In-Kind Contributions and All Expenditures Made For the Event

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.