



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.

<p>1. Committee I.D. Number B-2017-006</p> <p>2. Committee Name Yes to Our Mental Health and Public Safety</p>		<p>3. This Statement covers From: <u>7/20/2019</u> To <u>10/20/2019</u></p> <p>4. Committee's Mailing Address 2411 Meadowridge Ct. Ann Arbor, MI 48105</p> <p>Area Code and Phone: <u>734 945-1298</u> 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.</p>	
<p>5. Treasurer's Name and Residential Address</p> <p>Andy LaBarre 2411 Meadowridge Ct. Ann Arbor, MI 48105 Area Code and Phone 734 945-1298</p>			
<p>6. Treasurer's Business Address</p> <p>2010 Hogback Rd., Suite 4 Ann Arbor, MI 48105</p> <p>Area Code and Phone 734 214-0101</p>		<p>7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone</p>	
<p>8. TYPE OF STATEMENT:</p> <p>8a. <input type="checkbox"/> PRE- ELECTION OR <input type="checkbox"/> POST- ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____</p> <p>Date of Election: _____</p>		<p>8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input checked="" type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input type="checkbox"/> ANNUAL STATEMENT (_____ Coverage Year)</p>	
<p>8d: <input type="checkbox"/> Post Petition Sample Filing under MCL 168.483a</p> <p>(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)</p> <p>8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)</p>		<p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST</p> <p>Effective Date of Dissolution _____</p> <p>By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.</p>	
<p>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.</p>			
<p>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.</p>			
<p>Current Treasurer or Designated Record Keeper</p> <p>Andrew LaBarre</p> <p>_____</p> <p>Type or Print Name</p>		<p><i>Andrew LaBarre</i></p> <p>_____</p> <p>Signature</p>	

FILED
 WASHTEENAW COUNTY
 2019 OCT 25 10:50 AM
 LAWRENCE KESTER
 COUNTY CLERK/REGISTRAR



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

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

2. Committee Name Yes to Our Mental Health and Public

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>0</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>0</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>0</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>0</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>16,400.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>596.18</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>596.18</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>596.18</u>	*

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



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DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

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

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 endorser 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 8 minus Item 9)
Debt #1 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for Consulting Services</u> 5. Date Debt Was Incurred: <u>9/15/17</u> 6. Original Amount of Debt: <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>2,500.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for Consulting Services</u> 5. Date Debt Was Incurred: <u>10/11/17</u> 6. Original Amount of Debt: <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>5,000.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for Consulting Services</u> 5. Date Debt Was Incurred: <u>11/15/17</u> 6. Original Amount of Debt: <u>\$ 2,500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>7,500.00</u>
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>7,500.00</u>
Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.)				

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

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



MICHIGAN DEPARTMENT OF STATE
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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 8 minus Item 9)
Debt #1 Owed to or by: <u>Alex Yerkey</u> <u>3658 View Dr.</u> <u>Dexter, MI 48130</u>	4. Type: <u>Fees for consulting services</u> 5. Date Debt Was Incurred: <u>12/15/17</u> 6. Original Amount of Debt: <u>\$ 2,500.00</u>	7. Date and amount of each payment: <u>5/23/18 \$ 1,000.00</u> <u>7/10/18 \$ 200.00</u> \$ _____ \$ _____ \$ _____	8. Cumulative payment to date on debt: <u>\$ 0</u>	9. Outstanding Balance at close of this period (Item 8 minus Item 9): <u>\$ 8,000.00</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. 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: \$ _____				<input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				<input type="checkbox"/> FORGIVEN
Page Subtotal (Outstanding debt)				<u>16,400.00</u>
Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.)				<u>16,400.00</u>

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