



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: 1/1/2020 To 4/20/2020

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

4. Committee's Mailing Address 2411 Meadowridge Ct.
Ann Arbor, MI 48105

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

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.

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 734 214-0101

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
(2020 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 B and the Summary Page.

FILED
WASHTENAW COUNTY
2020 APR 27 P
LAWRENCE KESTER
COUNTY CLERK/REG

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



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>3525.00</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>3525.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>25.00</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>25.00</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>88.37</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>88.37</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>3525.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>4121.18</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>88.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4032.81</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2017-006
2. Committee Name Yes to Our Mental Health and Public Safety

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Chuck Warpehoski 2020 Winewood Ann Arbor, MI 48103 4. Date of Receipt <u>1/3/2020</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>50.00</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Nick Roumel 2718 Hampshire Rd. Ann Arbor, MI 48104 4. Date of Receipt <u>1/3/2020</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>100.00</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Leigh Greden 2860 Gladstone Ave. Ann Arbor, MI 48104 4. Date of Receipt <u>1/4/2020</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Chief of Staff</u> Employer <u>Eastern Michigan University</u> 202 Welch Hall Eastern Michigan University Ypsilanti, MI 481 Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Tad Wysor 610 N. Miami Ypsilanti, MI 48198 4. Date of Receipt <u>1/4/2020</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	

Page Subtotal **375.00**

Grand Total of All Schedules 4A
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Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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 & Address: Suzanne Perkins 545 Archwood Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>1/4/2020</u></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>25.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 2 Name & Address: Cynthia Bodewes 14108 E Austin Rd. Manchester, MI 48158</p> <p>4. Date of Receipt <u>1/4/2020</u></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 # 3 Name & Address: Michelle Deatrick 5630 Meadow Ln. Ann Arbor, MI 48105</p> <p>4. Date of Receipt <u>1/10/2020</u></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 & Address: Denise Tanguay 5057 Red Fox Run Ann Arbor, MI 48105</p> <p>4. Date of Receipt <u>1/11/2020</u></p> <p>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</p>	<p>\$ <u>200.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

Page Subtotal

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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 & Address: Charles Monsma 2026 Hall Ave. Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>1/11/2020</u></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>3. Contribution # 2 Name & Address: Kathy Stroud 2271 Placid Way Ann Arbor, MI 48105</p> <p>4. Date of Receipt <u>1/12/2020</u></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>200.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: Scott Menzel 9450 Sandlewood Ct. Whitmore Lake, MI 48189</p> <p>4. Date of Receipt <u>1/13/2020</u></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>3. Contribution # 4 Name & Address: Evan Pratt 1626 Harbal Ave. Ann Arbor, MI 48105</p> <p>4. Date of Receipt <u>1/17/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Water Resources Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>705 N. Zeeb Rd. Ann Arbor, MI 48103</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>	

Page Subtotal

600.00

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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 & Address: Justin Hodge 1440 Andrea St. Ypsilanti, MI 48198</p> <p>4. Date of Receipt <u>1/23/2020</u></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>3. Contribution # 2 Name & Address: Hugo Mack 2658 Stadium View Drive #3 Ypsilanti, MI 48197</p> <p>4. Date of Receipt <u>1/23/2020</u></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>25.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: Felicia Brabec 3167 Crimson Ct. Ann Arbor, MI 48108</p> <p>4. Date of Receipt <u>1/25/2020</u></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>3. Contribution # 4 Name & Address: Decky Alexander 3485 Greenleaf Rd. Ann Arbor, MI 48105</p> <p>4. Date of Receipt _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Professor/ Director</u> Employer <u>Eastern Michigan University</u> Business Address <u>Ypsilanti, MI, USA 48197</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>	

Page Subtotal **375.00**

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

Enter this total
on line 3a of
Summary
Page



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BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
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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 & Address: Glenn Nelson 1323 S. Forest Ave. Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>1/25/2020</u></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>3. Contribution # 2 Name & Address: Karen Holman 1248 Rambling Road Ypsilanti MI 48198</p> <p>4. Date of Receipt <u>1/25/2020</u></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>3. Contribution # 3 Name & Address: Cherisa Allen 1738 Meadow Woods Blvd. Ypsilanti, MI 48197</p> <p>4. Date of Receipt <u>1/25/2020</u></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>3. Contribution # 4 Name & Address: Stacy Kearney 46532 Registry Dr. Canton, MI 48187</p> <p>4. Date of Receipt <u>1/25/2020</u></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>25.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	

Page Subtotal **225.00**

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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: Amy Reiser 6260 Sterling Trail Dexter, MI 48130 4. Date of Receipt <u>1/25/2020</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	\$ 25.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Lisa Gentz 7815 Hampton Ct. Ypsilanti, MI 48197 4. Date of Receipt <u>1/25/2020</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	\$ 100.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Eli Savit 201 W. Summit Ann Arbor, MI 48103 4. Date of Receipt <u>1/25/2020</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	\$ 50.00 \$ _____ Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Susan Baskettt 3 Trowbridge Ct. Ann Arbor, MI 48108 4. Date of Receipt <u>1/25/2020</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	\$ 25.00 \$ _____ Click Here for Memo Itemization	

Page Subtotal 200.00

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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 & Address: Anna Frushour 5298 Crown Ct. Ann Arbor, MI 48108</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>\$ 100.00</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 2 Name & Address: Monica Williams 2150 Chevrolet St. Ypsilanti, MI 48198</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>\$ 50.00</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 3 Name & Address: Ricky Jefferson 113 Devonshire St. Ypsilanti, MI 48197</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>\$ 25.00</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 4 Name & Address: Brenda Stumbo 9622 Endicott Ln. Ypsilanti, MI 48197</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>\$ 50.00</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

Page Subtotal 225.00

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

225.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
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 & Address: Ned Staebler 2030 Hill St. Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>1/26/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Wayne State University</u> Business Address <u>440 Burroughs Street Detroit, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>250.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2 Name & Address: Sue Shink 600 W. Joy Rd. Ann Arbor, MI 48105</p> <p>4. Date of Receipt <u>1/26/2020</u></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>3. Contribution # 3 Name & Address: John Martin 2572 Walnut Rd. Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>1/26/2020</u></p> <p>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</p>	<p>\$ <u>200.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4 Name & Address: Peri Stone-Palmquist 1008 W. Cross Ypsilanti, MI 48197</p> <p>4. Date of Receipt <u>1/26/2020</u></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>	

Page Subtotal **650.00**

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(Complete on last page of Schedule)

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on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
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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 & Address: Kirk Profit 4370 Stonemeadow Ct. Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>2/1/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>GCSI Inc.</u> Business Address <u>120 N Washington Square #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</p>	<p>\$ <u>200.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2 Name & Address: Mark Ptaszek 2500 Tessmar Rd. Ann Arbor, MI 48197</p> <p>4. Date of Receipt <u>2/4/2020</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Undersheriff</u> Employer <u>Washtenaw County</u> Business Address <u>2201 Hogback Rd. 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</p>	<p>\$ <u>200.00</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: Jason Morgan for County Commission 2860 Gladstone Ave. Ann Arbor, 48104</p> <p>4. Date of Receipt <u>2/15/2020</u></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>3. Contribution # 4 Name & Address:</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____ \$ _____</p> <p>Click Here for Memo Itemization</p>	

Page Subtotal **450.00**

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

3525.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2017-006
2. Committee Name Yes to Our Mental Health and Public Safety

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Andrew LaBarre 2411 Meadowridge Ct. Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Facebook Ads</u> 5. DATE OF RECEIPT: <u>1/8/2020</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Facebook 1 Hacker Way, Menlo Park, CA 94025	\$ <u>25.00</u>	\$ <u>25.00</u>
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____

Page Subtotal _____
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) _____

Enter this total on
line 6a of
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 YTDMP

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 guarantor, 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. 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
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

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

This Schedule Itemizes:		(Check either a or b. Use only for the purpose checked.)		
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee		OR b. <input type="checkbox"/> 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) 6. 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>	5/23/18 \$ 1,000.00 7/10/18 \$ 200.00 \$ _____ \$ _____ \$ _____	\$ <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>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: <u>Washtenaw County Community and Justice Foundation</u> <u>3840 Maple Dr.</u> <u>Ypsilanti, MI 48197</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>9/19/2017</u> 6. Original Amount of Debt: <u>3000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>3000.00</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				19400.00
Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.)				19400.00

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 B2017006

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

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Act Blue 366 Summer St. Somerville, MA 02144 <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 donations</u> 5. Ballot Proposal: <u>Yes To Our Mental Health and Public Safety</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>2/5/2020</u> <small>Date of Expenditure</small>	<u>\$ 33.41</u> \$ _____	\$ _____
Expenditure # 2 Name & Address: Vantiv World Pay 8500 Governors Hill Dr. Cincinnati, 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>online fees for donations</u> 5. Ballot Proposal: <u>same</u> County: <u>same</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>2/11/2020</u> <small>Date of Expenditure</small>	<u>\$ 54.46</u> \$ _____	\$ _____
Expenditure # 3 Name & Address: Vantiv World Pay 8500 Governors Hill Dr. Cincinnati, 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>online fees for donations</u> 5. Ballot Proposal: <u>same</u> County: <u>same</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/10/2020</u> <small>Date of Expenditure</small>	<u>\$ 0.50</u> \$ _____	\$ _____
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	 <small>Date of Expenditure</small>	 \$ _____	 \$ _____

Subtotal this page	88.37
Grand Total of Schedules 4B (Complete on last page of Schedule)	88.37

Enter this total on Line 8a of the Summary Page

