



FILED

WASH:

JUN 3 4 30 PM '99

FOR OFFICIAL USE ONLY

**BALLOT QUESTION COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: Jan COUNTY 1997 To: May 27 1997
Mo Day Year Mo Day Year

1. Committee I.D. Number

114418

4. Committee's Mailing Address

411 Orchard Hills
Ann Arbor, MI 48104

2. Committee Name

CITIZEN MILLAGE
COMMITTEE

Area Code and Phone (734) 994-1049

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

Michael B. Lisull
411 Orchard Hills
Ann Arbor MI 48104

Area Code and Phone

734 994-1049

Driver License # (Optional)

6. Treasurer's Business Address

P.O. Box 7235
Ann Arbor MI 48107

Area Code and Phone

734 994-1049

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

NONE

Area Code and Phone

Driver License # (Optional)

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR

8b. POST-ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY GENERAL
 SCHOOL SPECIAL

Date of Election:

June 19 1999
Month Day Year

8c. ANNUAL STATEMENT
(19____ Coverage Year)

8d. QUALIFICATION
OR

NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. AMENDMENT TO CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

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.

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.

10. 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/lour knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper

Michael B. Lisull
Type or Print Name Signature

June 3 1999
Month Day Year

Authority granted und





**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 114418
2. Committee Name CITIZEN MILLAGE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Election
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>480.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>480.00</u>	(18.) \$ <u>480.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>9.77</u>	(19.) \$ <u>9.77</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>489.77</u>	(20.) \$ <u>489.77</u>
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.) \$ _____	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>- 0 -</u>	(21.) \$ <u>- 0 -</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 8a)	(8a.) \$ <u>868.31</u>	
b. Itemized Get-Out-the Vote (Schedule B-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.) \$ <u>868.31</u>	(22.) \$ <u>868.31</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>- 0 -</u>	(23.) \$ <u>- 0 -</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>868.31</u>	(24.) \$ <u>868.31</u>
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.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>- 0 -</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>985.20</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>489.77</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1474.97</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>868.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>606.66</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.
CFR 3/96 Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 114418
2. Committee Name CITIZEN MILLAGE COMMITTEE

Please enter contributor's name and address. If contribution is from an individual, please enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Doreen Poupert</u> Address: <u>2555 South State A2</u> 4. Date of Receipt <u>4/20/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	50	50
3. Contribution # 2 Name: <u>Vicky Rigney</u> Address: <u>2227 Placid Way A2</u> 4. Date of Receipt <u>4/20/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	25	25
3. Contribution # 3 Name: <u>James Lombard</u> Address: <u>2748 N. Maple A2</u> 4. Date of Receipt <u>4/23/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	50	50
3. Contribution # 4 Name: <u>Sari Skifrin</u> Address: <u>1347 Winn Drive</u> 4. Date of Receipt <u>5/10/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	25	25
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	150	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 114418
2. Committee Name CITIZEN MILLAGE COMMITTEE

Please enter contributor's name and address. If contribution is from an individual, please enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>George H. Cress</u> Address: <u>3789 Barton Farm Drive A2</u> 4. Date of Receipt <u>5/5/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	60	60
3. Contribution # 2 Name: <u>Michael B. Lissell</u> Address: <u>4110 Orchard Hills A2</u> 4. Date of Receipt <u>5/27/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100	100
3. Contribution # 3 Name: <u>Robert C. Rouike</u> Address: <u>3945 Wyanstone A2</u> 4. Date of Receipt <u>5/5/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	100	100
3. Contribution # 4 Name: <u>William W. Wade</u> Address: <u>202 - Wilshire A2</u> 4. Date of Receipt <u>5/7/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	20	20
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	280	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 114418
2. Committee Name CITIZEN MILLAGE COMMITTEE

Please enter contributor's name and address. If contribution is from an individual, please enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Cliff + Ingrid Sheldon</u> Address: <u>1416 Folkstone CT A2</u> 4. Date of Receipt <u>5/25/99</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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	50	50
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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI		
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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI		
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"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI		

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

50.
480

Enter this total on line 3a of Summary Page



**ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 114418
2. Committee Name CITIZEN MESSAGE COMMITTEE

Name & Address From Whom Received	Type of Receipt	6. Amount
Receipt #1 University Bank Ann Arbor MI Date of Receipt <u>4/30/95</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	9.77
Receipt #2 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #8 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #9 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #10 Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Other (Specify) _____	

Page Subtotal 9.77
Grand Total of All Schedules 4A -1
(Complete on last page of Schedule) 9.77

Enter this total
on line 4 of
Summary
Page



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

1. Committee I. D. Number 114418
2. Committee Name CITIZEN MILLAGE COMMITTEE

3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Ann Arbor Observer</u> Address: <u>201 Catherine Street A2</u> <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: <u>Advertising</u> Expenditure Code: <u>PA</u> 5. Ballot Issue: <u>Ann Arbor Public Schools Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/15/99</u>	<u>634.00</u>	<u>634.00</u>
Expenditure # 2 Name: <u>Kolosos Printing</u> Address: <u>310 E. Washington A2</u> <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: <u>Printing</u> Expenditure Code: <u>PA</u> 5. Ballot Issue: <u>Ann Arbor Public Schools Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/11/99</u>	<u>156.93</u>	<u>156.93</u>
Expenditure # 3 Name: <u>Kolosos Printing</u> Address: <u>310 E Washington A2</u> <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: <u>Printing</u> Expenditure Code: <u>PA</u> 5. Ballot Issue: <u>Ann Arbor Public Schools Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/20/99</u>	<u>77.38</u>	
Expenditure # 4 Name: Address: <input type="checkbox"/> Detail is itemized on Schedule SI <input type="checkbox"/> Payment of debt or obligation reported on previous statement	4. Purpose: _____ Expenditure Code: _____ 5. Ballot Issue: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

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

868.31
868.31

Enter this total on Line 8a of the Summary Page