



**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FILED  
WASHINGTON  
JUL 12 1999  
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: 5/30/99 To: 7/4/99  
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. Lissell  
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 14 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/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper

Michael B. Lissell  
Type or Print Name

[Signature]  
Signature

7/12/99  
Date





**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>1150.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>1150.00</u>	(18.) \$ <u>1630.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>6.43</u>	(19.) \$ <u>16.20</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>1156.43</u>	(20.) \$ <u>1646.20</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>365.82</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>- 0 -</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>365.82</u>	(21.) \$ <u>365.82</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 8a)	(8a.) \$ <u>1365.99</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.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>1365.99</u>	(24.) \$ <u>2234.30</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.)\$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>606.66</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1156.43</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1763.09</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1365.99</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>397.10</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All require 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>DABBS MICHAEL F</u> Address: <u>3124 FAWN MEADOW CT A2 NE</u> 4. Date of Receipt <u>5/1/99</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Brain Injury Association of Michigan</u> Business Address <u>8619 W. Glow River Brighton MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser <input type="checkbox"/> Itemized on Supplemental Itemization Schedule RI	150.00	150.00
3. Contribution # 2 Name: <u>Ann Arbor Educator's Political Action Committee</u> Address: <u>P.O. Box 1449 A2 MI</u> 4. Date of Receipt <u>5/2/99</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	1000.00	1000.00
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)	1150.00	1150.00

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 MILLAGE COMMITTEE

Name & Address From Whom Received	Type of Receipt	6. Amount
Receipt #1 University Bank Ann Arbor, MI Date of Receipt <u>6/30/99</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify) _____	6.43
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  
Grand Total of All Schedules 4A -1  
(Complete on last page of Schedule)

6.43  
6.43

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	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Ann Arbor News</u> Address: <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>6/15/93</u>	<u>819.36</u>	<u>819.36</u>
Expenditure # 2 Name: <u>Brain Injury Association of Michigan</u> Address: <u>8619 W. Grand River Brighton, MI</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>6/29/93</u>	<u>181.95</u>	<u>181.95</u>
Expenditure # 3 Name: <u>Michael F. Dobb</u> Address: <u>3124 Fawnmeadow Ann Arbor MI</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>Yard Signs</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>6/29/93</u>	<u>342.68</u>	<u>342.68</u>
Expenditure # 4 Name: <u>Ann Arbor Public School</u> Address: <u>Ann Arbor MI</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>Labels</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>7/2/93</u>	<u>12.00</u>	<u>12.00</u>

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

1365.99  
1365.99

Enter this total on Line 8a of the Summary Page



**ITEMIZED IN-KIND EXPENDITURES  
SCHEDULE 4B-2  
BALLOT QUESTION COMMITTEE**

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

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box or boxes) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure #1 Name: <u>CITIZEN MILLAGE COMMITTEE</u> Address: <u>411 Orchard Hill</u>  Ballot Issue: <u>ANN ARBOR PUBLIC SCHOOLS MILLAGE</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased Description <u>Postage</u> 5. DATE OF EXPENDITURE: <u>6/2/95</u> 6. VENDOR NAME & ADDRESS: <u>U.S. Postal Service</u>	72.66		72.66
Expenditure #2 Name: <u>CITIZEN MILLAGE COMMITTEE</u> Address: <u>411 Orchard Hill</u>  Ballot Issue: <u>Ann Arbor Public Schools Millage</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased Description <u>Signs</u> 5. DATE OF EXPENDITURE: <u>6/1/95</u> 6. VENDOR NAME & ADDRESS: <u>Franks Nursery</u>	23.66		23.66
Expenditure #3 Name: <u>CITIZEN MILLAGE COMMITTEE</u> Address: <u>411 Orchard Hill</u>  Ballot Issue: <u>Ann Arbor Public Schools Millage</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased Description <u>Printing</u> 5. DATE OF EXPENDITURE: <u>6/2/95</u> 6. VENDOR NAME & ADDRESS: <u>Kinko's</u>	269.50		269.50

Page Subtotal  
Grand Total of all Schedules 4B-2  
(Complete on last page of Schedule)


Enter this total on line 8c of the Summary Page      Enter this total on line 11 of the Summary Page