



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI

2002 JUL 10 A 10:51

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: 5/26/2001 to 7/10/2002
 Mo Day Year Mo Day Year

4. Committee's Mailing Address
411 Orchard Hills
Ann Arbor MI 48104

Area Code and Phone (734) 994-1099

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.

1. Committee I.D. Number
B-114418

2. Committee Name
CITIZEN MILLAGE COMMITTEE

5. Treasurer's Name and Residential Address
Michael B. Lisoff
411 Orchard Hills
Ann Arbor MI 48104

Area Code and Phone (734) 994-1095

6. Treasurer's Business Address
SAME AS ABOVE

Area Code and Phone ()

Driver License # (Optional)

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

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 10 2002
 Month Day Year

8c. ANNUAL STATEMENT
 (_____ 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 knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper Michael B Lisoff Date 7/10/2002
 Type or Print Name Signature Month Day Year

Authority granted und





MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-119418
2. Committee Name C.A. 2003 Millage Const

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>675.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>156.74</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>731.74</u>	(18.) \$ <u>1006.74</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>731.74</u>	(20.) \$ <u>1006.74</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>67.85</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ _____	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>67.85</u>	(21.) \$ <u>67.85</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>960.00</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.) \$ <u>960.00</u>	(22.) \$ <u>1261.87</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>960.00</u>	(24.) \$ <u>1261.87</u>
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		
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>375.08</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>731.74</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = _____
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>960.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>146.82</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 BQ SUMM 8/2000 Authority granted under P.A. 388 of 1976



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

1. Committee I.D. Number B-119418
2. Committee Name CITIZEN WALLACE COMMITTEE

Please enter contributor's 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 <u>5/28/02</u> Name: <u>Scott Westerman</u> Address: <u>1926 HAMPTON Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	125.00	125.00
3. Contribution # 2 4. Date of Receipt <u>5/29/02</u> Name: <u>Mary Westerman</u> Address: <u>1926 HAMPTON Ann Arbor MI 48103</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	125.00	125.00
3. Contribution # 3 4. Date of Receipt <u>5/29/02</u> Name: <u>Bruce Wallace</u> Address: <u>2203 Lafayette Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Hospice Methodist</u> Business Address <u>126 S MAIN Ann Arbor</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # 4 4. Date of Receipt <u>6/1/02</u> Name: <u>Helen Schumaker Sr</u> Address: <u>3273 Lakewood Ann Arbor MI 48103</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	50.00	50.00
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	450.00	

Enter this total on line 3a of Summary Page



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

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

Please enter contributor's 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 <u>6/17/02</u> Name: <u>Theodore Lawrence</u> Address: <u>2740 Louisa Hill Rd</u> <u>Ann Arbor MI 48107</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	100.00	100.00
3. Contribution # 2 4. Date of Receipt <u>6/2/02</u> Name: <u>John D. Hilson</u> Address: <u>701 N Fourth Ave</u> <u>Ann Arbor MI 48109</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	100.00	100.00
3. Contribution # 3 4. Date of Receipt <u>6/2/02</u> Name: <u>Letitia Byrd</u> Address: <u>421 Beachside Dr</u> <u>Ann Arbor MI 48105</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	25.00	25.00
3. Contribution # 4 4. Date of Receipt _____ Name: _____ Address: _____ 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		
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	225.00 675.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I. D. Number B-114418
2. Committee Name CITIZEN MILLSIDE 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 Public School</u> Address: <u>State St</u> <u>Ann Arbor MI 48106</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>LoS. 1</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>5/24</u>	<u>10.00</u> <u>10.00</u>	<u>10.00</u>
Expenditure # 2 Name: <u>Michael Dobby</u> Address: <u>3124 Foundry - 0</u> <u>Ann Arbor MI 48106</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>Mailing - STAMP</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>6/26/00</u>	<u>950.00</u>	<u>950.00</u>
Expenditure # 3 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: _____ Expenditure Code: _____ 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
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: _____ Expenditure Code: _____ 5. Ballot Proposal: _____ 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)

960.00
960.00

Enter this total on Line 8a of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I. D. Number B-11441A
2. Committee Name Citizen Millage Committee

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 and Address: <u>Vicky Rigney</u> <u>2227 Placidway</u> <u>Ann Arbor MI 48106</u> If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business 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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____	67.85	67.85
Contribution #2 Name and Address: If over \$100.00 cumulative, please provide: Occupation \\ Employer _____ Business 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: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution #3 Name and Address: If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business 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: _____ 6. VENDOR NAME & ADDRESS: _____		

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

67.85
67.85

Enter this total on
line 6a of
Summary Page
CFR BQ 4-IK 8/2000