



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI

2004 JUL 30 P 3: 14

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

PEGGY HILL FOR OFFICIAL USE ONLY
COUNTY CLERK/REGISTER

1. Committee I.D. Number 38-2781981		4. Committee's Mailing Address CMC PO BOX 8307 Ann Arbor MI 48107-8307 Area Code and Phone (734) 645.6731 <small>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.</small>	
2. Committee Name Citizens Millage Committee		5. Treasurer's Name and Residential Address William J. Godfrey, 3875 Vorhies Rd, A2, MI 48105 Area Code and Phone (734) 645.6731 Driver License # (Optional)	
6. Treasurer's Business Address P.O. Box 8307 Ann Arbor, MI 48107 Area Code and Phone (734) 214.1600		7. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) N/A Area Code and Phone () Driver License # (Optional)	
8. TYPE OF STATEMENT: 8a. <input type="checkbox"/> PRE-ELECTION OR 8b. <input checked="" type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: June 14 2004 Month Day Year		8c. <input type="checkbox"/> ANNUAL STATEMENT (Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non-Qualification: Month Day Year	
		8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution Month Day Year <small>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.</small>	

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 William J. Godfrey, William J. Godfrey Date 7 14 04
Type or Print Name Signature Month Day Year

Authority granted under P.A. 388 of 1976

B-1144180019



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

WASHTENAW COUNTY, MI

2004 JUL 30 P 3:14

1. Committee I.D. Number

38-2781981

2. Committee Name

Citizens Millage Committee

PEGGY M. HAINES
COUNTY CLERK/REGISTER

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ 9,090.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 9,090.00	(18.) \$ 25,012
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 9,090.00	(20.) \$ 25,012
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ 4,916.52	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ -0-	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 4,916.52	(21.) \$ 4,916.52
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 18,057.91	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ 0	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ 0	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ 0	
e. Subtotal of Expenditures	(8e.) \$ 18,057.91	(22.) \$ 24,620.22
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ 0	(23.) \$ 0
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 18,057.91	(24.) \$ 24,620.22
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ 0	(25.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ 0	
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.) \$ 9,514.69
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 9,090.00
15. SUBTOTAL Add lines 13 and 14	(15.) = 18,604.69
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 18,057.91
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 546.78

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.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/1/04</u> Name: <u>David Skaff</u> Address: <u>3224 Honeysuckle, A², MI 48103</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 ⁻	# 25 ⁻
3. Contribution # 2 4. Date of Receipt <u>6/1/04</u> Name: <u>Aprill Agency</u> Address: <u>703 S. Main St, A², MI 48104</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	250 ⁻	250 ⁻
3. Contribution # 3 4. Date of Receipt <u>6/1/04</u> Name: <u>Tile, Marble and Terrazo Local BAC 32</u> Address: <u>21031 Ryan Rd, Warren, MI 48091</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	500 ⁻	500 ⁻
3. Contribution # 4 4. Date of Receipt <u>6/2/04</u> Name: <u>Marc Margolis</u> Address: <u>1389 King George Blvd, A², MI 48104</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 ⁻	50 ⁻
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 825 ⁻	

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 38-2781981
2. Committee Name Citizens 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>6/2/04</u> Name: <u>Robert Matras</u> Address: <u>6 Bay Field Lane, Dearborn, MI 48120</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	# 300-	# 300-
3. Contribution # 2 4. Date of Receipt <u>6/2/04</u> Name: <u>Richard Nowland</u> Address: <u>3322 ALPINE, ANN ARBOR, MI 48108</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-	50-
3. Contribution # 3 4. Date of Receipt <u>6/2/04</u> Name: <u>J. A. McDonough</u> Address: <u>2515 Country Village Ct, A², MI 48103</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	10-	10-
3. Contribution # 4 4. Date of Receipt <u>6/2/04</u> Name: <u>Joan Brush</u> Address: <u>4 MEDFORD CIRCLE, ANN ARBOR, MI 48104</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	15-	15-
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 375-	

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on line 3a of
Summary
Page



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

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/2/04</u> Name: <u>Daniel Heumann</u> Address: _____ 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>50-</u>	# <u>50-</u>
3. Contribution # 2 4. Date of Receipt <u>6/5/04</u> Name: <u>Norman Herbert</u> Address: <u>3681 Wagner Ridge Ct, Ann Arbor MI 48103</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>50-</u>	<u>50-</u>
3. Contribution # 3 4. Date of Receipt <u>6/5/04</u> Name: <u>James Anderson</u> Address: <u>2160 S. HURON, Ann Arbor, MI 48104</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>300-</u>	<u>300-</u>
3. Contribution # 4 4. Date of Receipt <u>6/5/04</u> Name: <u>Marcia Militello</u> Address: <u>NA</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-</u>	<u>25-</u>

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Summary
Page



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

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/5/04</u> Name: <u>Christine Black</u> Address: <u>2411 Shannondale, Ann Arbor, MI 48104</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	# 10 ⁻	# 10 ⁻
3. Contribution # 2 4. Date of Receipt <u>6/7/04</u> Name: <u>Johnson Controls</u> Address: <u>P.O. Box 2012, Milwaukee, WI 53201-2012</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	950 ⁻	950 ⁻
3. Contribution # 3 4. Date of Receipt <u>6/7/04</u> Name: <u>Michigan Regional Council of Carpenters</u> Address: <u>3800 Woodward Ave, Suite 1200, Detroit, MI 48201</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	# 1,000 ⁻	# 1,000 ⁻
3. Contribution # 4 4. Date of Receipt <u>6/8/04</u> Name: <u>Citizens For Better Schools</u> Address: <u>4319 Miller, Ann Arbor, MI 48103</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	# 350 ⁻	# 350 ⁻
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 2310	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/8/04</u> Name: <u>Richard Burney</u> Address: <u>4319 MILLER, Ann Arbor, Mi, 48103</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	# 400 ⁻	# 400 ⁻
3. Contribution # 2 4. Date of Receipt <u>6/5/04</u> Name: <u>Jennifer McCue</u> Address: <u>2268 Westaire Cte, A2 48103</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	15 ⁻	15 ⁻
3. Contribution # 3 4. Date of Receipt <u>6/5/04</u> Name: <u>Maureen Lenseur</u> Address: <u>2380 S. Seventh, A2, MI 48103</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	25
3. Contribution # 4 4. Date of Receipt _____ Name: <u>Susan Little</u> Address: <u>123 Longmen Lane, A2, MI 48103</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 ⁻	# 25 ⁻
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 465	

Enter this total
on line 3a of
Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/5/04</u> Name: <u>Hans Maier</u> Address: <u>705 Halcyon Cte, A², MI 48103</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 ⁻	# 50 ⁻
3. Contribution # 2 4. Date of Receipt <u>6/14/04</u> Name: <u>Anna Heatlie</u> Address: <u>4215 Ruby, YPSILANTI, MI 48197</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	200 ⁻	200 ⁻
3. Contribution # 3 4. Date of Receipt <u>6/14/04</u> Name: <u>Michigan Chapter of National Electrical Contractors</u> Address: <u>1026 N. Washington, LANSING, MI 48906</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	1,250 ⁻	1,250 ⁻
3. Contribution # 4 4. Date of Receipt <u>6/14/04</u> Name: <u>Zingerman's</u> Address: <u>422 Detroit St. A², MI 48104</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	300 ⁻	300 ⁻
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 1800 ⁻	

Enter this total on line 3a of Summary Page



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

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/14/04</u> Name: <u>Kathy Grijalva</u> Address: <u>3810 Tremont Place, Ann Arbor, MI 48105</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	# 10-	# 10-
3. Contribution # 2 4. Date of Receipt <u>6/14/04</u> Name: <u>Donald Peurach</u> Address: <u>1906 Winstead Blvd, Ann Arbor, MI 48103</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-	25-
3. Contribution # 3 4. Date of Receipt <u>6/14/04</u> Name: <u>Linda Elenbogen</u> Address: <u>3950 Kipling Dr., Ann Arbor, MI 48105-2834</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-	50-
3. Contribution # 4 4. Date of Receipt <u>6/14/04</u> Name: <u>Washtenaw County Labourers Employers Cooperative</u> Address: <u>NA</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	700-	700-
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule	# 785-	

Enter this total
on line 3a of
Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>6/17/04</u> Name: <u>Andrew Baumann</u> Address: <u>48042 Ashwood Dr., Plymouth, MI 48170</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 ⁻	# 50 ⁻
3. Contribution # 2 4. Date of Receipt <u>6/29/04</u> Name: <u>Stephen Dobson</u> Address: <u>1531 Edinburgh, A2, MI 48104</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	1,000 ⁻	1,000 ⁻
3. Contribution # 3 4. Date of Receipt <u>6/29/04</u> Name: <u>J Paul Dixon</u> Address: <u>1405 Arborview Blvd, Ann Arbor, MI 48103</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 ⁻	50 ⁻
3. Contribution # 4 4. Date of Receipt <u>7/04/04</u> Name: <u>Great Lakes Environmental</u> Address: <u>603 E. Sibley St., Howell, MI 48843-2439</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	500 ⁻	500 ⁻

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

1,600⁻

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens 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>7/04/04</u> Name: <u>Patrick Vaughan</u> Address: <u>4038 Thornoaks, Ann Arbor, MI 48104</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	\$ 55-	\$ 55-
3. Contribution # 2 4. Date of Receipt <u>7/04/04</u> Name: <u>Eugene Sperling</u> Address: <u>NA 3875 Vorhies Rd, A2, MI 48105</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	500-	500-
3. Contribution # 3 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		
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

\$ 355-
\$ 9090

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on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I.D. Number _____

2. Committee Name _____

Name & Address From Whom Received	Date of Receipt	Type of Receipt	6. Amount
Receipt #1 Name: Address: <input type="checkbox"/> Fund Raiser	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 #2 Name: Address: <input type="checkbox"/> Fund Raiser	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 Name: Address: <input type="checkbox"/> Fund Raiser	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 Name: Address: <input type="checkbox"/> Fund Raiser	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 Name: Address: <input type="checkbox"/> Fund Raiser	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 Name: Address: <input type="checkbox"/> Fund Raiser	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 Name: Address: <input type="checkbox"/> Fund Raiser	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)

Enter this total on
line 4 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 38-2781981
2. Committee Name Citizens 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>Ann Arbor Education Assoc.</u> If over \$100.00 cumulative, please provide: Occupation Employer Business Address <u>Jackson Rd.</u> <u>A2, MI</u> <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 <u>Database</u> 5. DATE OF RECEIPT: <u>June 30, 2004</u> 6. VENDOR NAME & ADDRESS: <u>Jim Dries, 3840 Michael Rd.</u> <u>Dexter, MI 48130</u>	<u>303.35</u>	<u>303.35</u>
Contribution #2 Name and Address: <u>Ann Arbor Education Association</u> If over \$100.00 cumulative, please provide: Occupation <u>''</u> Employer Business Address <u>''</u> <u>''</u> <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 <u>Postcards</u> 5. DATE OF RECEIPT: <u>June 30, 2004</u> 6. VENDOR NAME & ADDRESS: <u>Ann A Compton Printing</u> <u>23689 Research Dr., Farmington Hills MI 48335</u>	<u>2391.17</u>	<u>2391.17</u>
Contribution #3 Name and Address: <u>Ann Arbor Education Assoc.</u> If over \$100.00 cumulative, please provide: Occupation Employer Business Address <u>''</u> <u>''</u> <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 <u>Palm Cards</u> 5. DATE OF RECEIPT: <u>June 30, 2004</u> 6. VENDOR NAME & ADDRESS: <u>Compton Printing</u>	<u>1119.00</u>	303.35 <u>3813.52</u>
Page Subtotal Grand Total of all Schedules 4-IK (Complete on last page of Schedule)		<u>3813.52</u>	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I. D. Number 38-2781981
2. Committee Name Citizens 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>Ann Arbor Education Assoc.</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 <u>Buttons</u> 5. DATE OF RECEIPT: <u>June 30, 2004</u> 6. VENDOR NAME & ADDRESS: <u>Compton Printing</u>	1103.00	4916.52
Contribution #2 Name and Address: If over \$100.00 cumulative, please provide: Occupation <u> </u> 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)

1103.00
4916.52

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 38-278,981
2. Committee Name Citizens 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 News</u> 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: <u>Endorsement Ad.</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/8/04</u>	<u>4069.08</u>	<u>4069.08</u>
Expenditure # 2 Name: <u>Commercial Blueprint, Inc</u> 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: <u>Yard Signs</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>" " " "</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/29/04</u>	<u>1416.80</u>	<u>1416.80</u>
Expenditure # 3 Name: <u>U.S. Postmaster</u> 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: <u>Postage</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: County: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/2/04</u>	<u>2200 -</u>	<u>6200</u> <u>#4000 to RJ Way for Postage</u>
Expenditure # 4 Name: <u>U.S. Postmaster</u> 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: <u>Postage</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: County: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/8/04</u>	<u>2400 -</u>	<u>8600</u>

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

\$10,085.88

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 DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 38-2781981
2. Committee Name Citizens 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>U.S. Postmaster</u> 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: <u>Postage</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/9/04</u>	<u>\$ 1600 - \$ 10,200</u>	
Expenditure # 2 Name: <u>Ann Arbor Printing</u> 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: <u>Postcards</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>" " " "</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/3/04</u>	<u>2510.06</u>	<u>3,741.37</u> <u>includes</u> <u>1231.31</u> <u>from last</u> <u>report</u>
Expenditure # 3 Name: <u>Ann Arbor Printing</u> 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: <u>" " " "</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>" " " "</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/9/04</u>	<u>1782.34</u>	<u>5523.71</u>
Expenditure # 4 Name: <u>Compton Printing</u> 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: <u>" " " "</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: <u>" " " "</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/29/04</u>	<u>1134.20</u>	<u>1134.20</u>

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

\$ 7026.60

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 DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 38-2781981
2. Committee Name Citizens 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>Joann Williams</u> 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: <u>Envelopes</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: <u>June 14 AAPS Bond/Sinking Fund</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/29/04</u>	<u>\$ 130 -</u>	<u>\$130 -</u>
Expenditure # 2 Name: <u>Jean Lieverman</u> 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: <u>Internet Fee</u> Expenditure Code: <u>CO</u> 5. Ballot Proposal: <u>" " " "</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>6/8/04</u>	<u>\$ 29.95</u>	<u>\$ 29.95</u>
Expenditure # 3 Name: <u>NTS, Inc.</u> 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: <u>Auto Dialing GOTV</u> Expenditure Code: <u>IC</u> 5. Ballot Proposal: <u>" " " "</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local		<u>769.48</u>	<u>769.48</u>
Expenditure # 4 Name: <u>Washtenaw County</u> 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: <u>Late Fee</u> Expenditure Code: _____ 5. Ballot Proposal: <u>"</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local		<u>25.00</u>	

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

\$ 954.43
18,057.91
Enter this total on Line 8a of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 4B-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code.) 5. Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	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 #2 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	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 #3 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	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	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 all Schedules 4B-1
(Complete on last page of Schedule

Enter this total on line 9 of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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

1. Committee I. D. Number _____

2. Committee Name _____

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) 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: _____ Address: _____ Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	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 <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ - _____			
Expenditure #2 Name: _____ Address: _____ Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	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 <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ - _____			
Expenditure #3 Name: _____ Address: _____ Ballot Proposal: _____ <input type="checkbox"/> Statewide <input type="checkbox"/> Local County _____	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 <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____ - _____			

Subtotal this Page

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
Summary Page



**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name & Address:</p> <p>For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>	<p>-</p>	<p>\$ _____</p>
<p>Expenditure #2 Name & Address:</p> <p>For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		<p>\$ _____</p>
<p>Expenditure #3 Name & Address:</p> <p>For Activity Type "b" - "f", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> <p>Statewide Proposal Name _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Ballot Proposal \$ _____</p> <p>Local Proposal Name _____ Indicate County _____</p>		<p>\$ _____</p>

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

Enter this total on
Line 8b of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 38-2781981
2. Committee Name Citizens Millage Committee

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

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 (Indicate type and you may assign an expenditure code) 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>One Eleven Realty LP</u> <u>3875 Vorhies Rd.</u> <u>Ann Arbor, MI 48105</u>	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>5/13/04</u> 6. Original Amount of Debt: <u>\$ 10,000</u>	6/25/04 <u>10,000</u> / / \$ / / \$ / / \$ / / \$	<u>\$10,000</u>	<u>- 0 -</u> <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$		<input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ _____ _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$		<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt
Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held _____ Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held <input type="checkbox"/> Private Residence
---	--	----------------------------------	--

7. Total Contributions of \$20.00 or less _____

8. Total Contributions of \$20.01 or more _____

9. SUBTOTAL (Add lines 7 and 8) _____

10. Other Receipts _____

11. Gross Receipts (Add lines 9 and 10) _____

12. Total Cost of Event _____

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.