



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>21,684.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>21,684.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>1,677.56</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>23,361.56</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>400.00</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>12,931.57</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>12,931.57</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>12,931.57</u>	(24.) \$ _____
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>43.09</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>23,361.56</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>23,404.65</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>12,931.57</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>10,473.08</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dr. Glenn Nelson 1323 S Forest Ann Arbor, MI 48104		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>05/23/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>economic consultant</u> Employer <u>self-employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Ms Christine M Stead 515 Huronview Blvd Ann Arbor, MI 48103		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>07/15/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Computer Sciences Corp.</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Brit Satchwell 2202 Rivenoak Ct Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>07/27/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Ann Arbor Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Steven J Norton 1217 Olivia Ave Ann Arbor, MI 48104		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>07/28/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Okno Group</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$750.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Ann Arbor Administrators Association	4. Date of Receipt <u>07/29/09</u>	\$ <u>2500</u>	\$ <u>2500</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: AAEA 4141 Jackson Rd Ann Arbor, MI 48103	4. Date of Receipt <u>07/31/09</u>	\$ <u>2000</u>	\$ <u>2000</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Bradford Mellor 2927 Oakdale Drive Ann Arbor, MI 48108	4. Date of Receipt <u>08/20/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Donna Lasinski 4977 St Annes Ct Ann Arbor, MI 48103	4. Date of Receipt <u>09/01/09</u>	\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>self-employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$4,750.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Liz Margolis 1389 King George Blvd. Ann Arbor, MI 48104		\$ <u>75</u>	\$ <u>75</u>
4. Date of Receipt <u>09/03/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 2 Name & Address: Arleen Song 3480 River Pines Dr An Arbor, MI 48103		\$ <u>150</u>	\$ <u>150</u>
4. Date of Receipt <u>09/03/09</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Univ of Michigan</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Todd Roberts 3480 River Pines Dr Ann Arbor, MI 48103		\$ <u>150</u>	\$ <u>150</u>
4. Date of Receipt <u>09/03/09</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>AAPS</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Paula Greeno 100 Dhu Varren Rd Ann Arbor, MI 48105		\$ <u>75</u>	\$ <u>75</u>
4. Date of Receipt <u>09/08/09</u>		Click Here for Memo Itemization	
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			

Page Subtotal **\$450.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Matthew Toschlog 803 Sycamore Pl Ann Arbor, MI 48104 4. Date of Receipt <u>09/13/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Quantum Signal LLC</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Amy Shepherd 725 Arlington Blvd. Ann Arbor, MI 48104 4. Date of Receipt <u>09/14/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Family CEO</u> Employer <u>None</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lewis Fulcher 1928 Ridge Ave Ann Arbor, MI 48104 4. Date of Receipt <u>09/15/09</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> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Janice & Andy Lieberman 1504 Shadford Road Ann Arbor, MI 48104 4. Date of Receipt <u>09/15/09</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> Click Here for Memo Itemization

Page Subtotal **\$300.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jennifer Brogno 1821 Harley Dr. Ann Arbor, MI 48103 4. Date of Receipt <u>09/17/09</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>35</u>	\$ <u>35</u>
3. Contribution # 2 Name & Address: Courtney Kiley 1315 Franklin Blvd Ann Arbor, MI 48103 4. Date of Receipt <u>09/18/09</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 Name & Address: Dan Ezekiel 523 4th St. Ann Arbor, MI 48103 4. Date of Receipt <u>09/19/09</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 # 4 Name & Address: Marian Tanau 1407 Ferdon Rd. Ann Arbor, MI 48104 4. Date of Receipt <u>09/19/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>musician</u> Employer <u>Detroit Symphony Orchestras</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>150</u>	\$ <u>150</u>

Page Subtotal **\$285.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Sara Aeschbach 620 Trego Circle Ann Arbor, MI 48103 4. Date of Receipt <u>09/21/09</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> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Laurie Barnett 3425 Vintage Valley Rd Ann Arbor, MI 48105 4. Date of Receipt <u>09/21/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Communications</u> Employer <u>self-employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Johnson Controls PO Box 2012 Milwaukee, WI 53201 4. Date of Receipt <u>09/21/09</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>1000</u>	\$ <u>1000</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Eleanor Hoag 1719 Waltham Drive Ann Arbor, MI 48103 4. Date of Receipt <u>09/22/09</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> Click Here for Memo Itemization

Page Subtotal

\$1,325.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1
Name & Address:

4. Date of Receipt 09/22/09

Letitia J Byrd
421 Brookside Dr
Ann Arbor, MI 48105

\$ 100 \$ 100

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address:

4. Date of Receipt 09/22/09

Robin Wax
3093 Override Drive
Ann Arbor, MI 48104

\$ 200 \$ 200

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address:

4. Date of Receipt 09/22/09

Norman Herbert
3681 Wagner Ridge Ct.
Ann Arbor, MI 48103

\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation financial consultant Employer self-employed

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address:

4. Date of Receipt 09/22/09

Wendy Correll
2956 Provincial Drive
Ann Arbor, MI 48104

\$ 100 \$ 100

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation self employed Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$650.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Paul Morrison 4141 Jackson Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>09/23/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>AAEA Executive Director</u> Employer <u>MEA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Lee Ann Dickinson-Kelley 3371 Breckland Ct. Ann Arbor, MI 48108		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>09/25/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>educator</u> Employer <u>Ann Arbor Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Matt Hilton 4159 Rolling Meadow Ln. Ypsilanti, MI 48197		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>09/25/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Ann Arbor Public Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Michael Dempsey 2167 Stone Valley Dr Ann Arbor, MI 48103		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>09/27/09</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		Click Here for Memo Itemization	

Page Subtotal **\$500.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Deborah Beuche 1063 Young Place Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>community volunteer</u> Employer <u>self employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>09/28/09</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Leah Gunn 1308 East Stadium Blvd. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>09/28/09</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Ann Arbor Administrators Association 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	4. Date of Receipt <u>09/28/09</u> \$ <u>2500</u>	\$ <u>5000</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Scott Westerman Jr 1926 Hampton Ct Ann Arbor, MI 48103 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	4. Date of Receipt <u>09/28/09</u> \$ <u>500</u>	\$ <u>500</u> Click Here for Memo Itemization

Page Subtotal **\$3,200.00**

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

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

3. Contribution #		4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: Myrna Miller 1050 Scott Pl Ann Arbor, MI 48105		09/28/09	\$ 25	\$ 25
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				Click Here for Memo Itemization
Name & Address: Christina Perros 2710 Englave Dr Ann Arbor, MI 48103		09/29/09	\$ 100	\$ 100
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				Click Here for Memo Itemization
Name & Address: Deborah Tirico 2320 Tall Oaks Dr Ann Arbor, MI 48103		09/29/09	\$ 100	\$ 100
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				Click Here for Memo Itemization
Name & Address: Griff Mc Donald 3906 Penberton Drive Ann Arbor, MI 48105		09/30/09	\$ 150	\$ 150
5. If over \$100.00 cumulative, please provide: Occupation <u>Investment Advisor</u> Employer <u>Retirement Income Solutions</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				Click Here for Memo Itemization

Page Subtotal **\$375.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Helen Starman 2201 Brockman Blvd Ann Arbor, MI 48104		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>09/30/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Development Director</u> Employer <u>Interfaith Hospitality Network of Washtenaw County</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Patricia O'Connor 1210 Wisteria #411 Ann Arbor, MI 48104		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>09/30/09</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Susan Chandler 2211 Devonshire Rd. Ann Arbor, MI 48104		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>09/30/09</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jody Taratuta 832 Sliman Street Ferndale, MI 48220		\$ <u>1000</u>	\$ <u>1000</u>
4. Date of Receipt <u>10/02/09</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>District Manager</u> Employer <u>Chartwells</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,300.00**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1
Name & Address:

4. Date of Receipt 10/02/09

Joyce Hunter
1676 Coburn Dr.
Ann Arbor, MI 48108

\$ 100 \$ 100

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Administrator Employer Ann Arbor Public Schools

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2

4. Date of Receipt 10/05/09

Name & Address:
William Dunifon
5590 Creekview Drive
Ann Arbor, MI 48108

\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation consultant Employer self-employed

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3

4. Date of Receipt 10/06/09

Name & Address:
Betsy and Ben McCallister
1021 Belmont Rd
Ann Arbor, MI 48104

\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation Physician Employer Michigan Heart

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4

4. Date of Receipt 10/06/09

Name & Address:
Doris H Sperling
1265 Lincolnshire
Ann Arbor, MI 48103

\$ 50 \$ 50

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

\$650.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dan & Kay Long 1524 Warwick Ct Ann Arbor, MI 48103	4. Date of Receipt <u>10/06/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Margaret & John Faulkner 2200 Navarre Circle Ann Arbor, MI 48104	4. Date of Receipt <u>10/06/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Janet & Louis Callaway 4562 Cross Creek Dr Ann Arbor, MI 48108	4. Date of Receipt <u>10/06/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Malcom & Juanita Cox 111 N Ashley Ann Arbor, MI 48104	4. Date of Receipt <u>10/06/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	

Page Subtotal

\$400.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1
Name & Address: Cheryl & Bruce Elliott
2121 Wallingford
Ann Arbor, 48104

4. Date of Receipt 10/06/09

6. Amount \$ 200

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Carl A Brauer Jr
1200 Earhart Rd
Ann Arbor, MI

4. Date of Receipt 10/06/09

6. Amount \$ 100

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Charles & Linda Borgsdorf
409 Argo Dr
Ann Arbor, MI 48105

4. Date of Receipt 10/06/09

6. Amount \$ 200

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Pamela Guenzel
1703 Morton Avenue
Ann Arbor, MI 48104

4. Date of Receipt 10/07/09

6. Amount \$ 100

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Education Consultant Employer self-employed

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$600.00**

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kristie Keeton 211 South Revena Blvd Ann Arbor, MI 48103	4. Date of Receipt <u>10/07/09</u>	\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>IHA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kate Share 1225 Fair Oaks Pkwy Ann Arbor, MI 48104	4. Date of Receipt <u>10/07/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Nutritionist</u> Employer <u>The Corner Health Center</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Cynthia Page Bogen 1081 Bandera Dr Ann Arbor, MI 48103	4. Date of Receipt <u>10/07/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Johnson Brothers Construction 209 South Fourth Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/08/09</u>	\$ <u>400</u>	\$ <u>400</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		Click Here for Memo Itemization	

Page Subtotal **\$750.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dale Magee 621 Sunset Ann Arbor, MI 48103	4. Date of Receipt <u>10/08/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Joyce & George Schlecht 1818 Waltham Ann Arbor, MI 48103	4. Date of Receipt <u>10/08/09</u>	\$ <u>150</u>	\$ <u>150</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Lola & Lee Jones 1325 Pepper Pike Ann Arbor, MI 48105	4. Date of Receipt <u>10/08/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Kristin E. Johnson 2655 Deake St Ann Arbor, MI 48108	4. Date of Receipt <u>10/09/09</u>	\$ <u>75</u>	\$ <u>75</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		Click Here for Memo Itemization	

Page Subtotal

\$375.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Laurita Thomas 14 Eastbury Court Ann Arbor, MI 48105	4. Date of Receipt <u>10/09/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>U of M</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Theresa & Bradford Angelini 1315 Beechwood Dr Ann Arbor, MI 48103	4. Date of Receipt <u>10/09/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Doug & Mary Kelley 910 Sunset Rd Ann Arbor, MI 48103	4. Date of Receipt <u>10/09/09</u>	\$ <u>25</u>	\$ <u>25</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Richard & Nancy Darnell 1001 Pomona Rd Ann Arbor, MI 48103	4. Date of Receipt <u>10/09/09</u>	\$ <u>10</u>	\$ <u>10</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		Click Here for Memo Itemization	

Page Subtotal

\$235.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Eileen Freed 2575 Bedford Road Ann Arbor, MI 48104	4. Date of Receipt <u>10/12/09</u>	\$ <u>35</u>	\$ <u>35</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Madeline Drake 1421 Culver Ann Arbor, MI 48103	4. Date of Receipt <u>10/12/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Sheila Carpenter 3490 Oak Hollow Dr Ann Arbor, MI 48103	4. Date of Receipt <u>10/13/09</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>consultant</u> Employer <u>Fidelity Investments</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Cathy Shakespeare 306 N Revena Blvd Ann Arbor, MI 48103	4. Date of Receipt <u>10/13/09</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Professor of Accounting</u> Employer <u>University of Michigan</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$385.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1
Name & Address:
George Schumacher
1408 Bardstown Trail
Ann Arbor, MI 48105

4. Date of Receipt 10/13/09

\$ <u>35</u>	\$ <u>35</u>
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5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2
Name & Address:
Douglas D Freeth
2128 Melrose Ave
Ann Arbor, MI 48104

4. Date of Receipt 10/13/09

\$ <u>100</u>	\$ <u>100</u>
---------------	---------------

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address:
Kate Higgins
1511 Morton
Ann Arbor, MI 48104

4. Date of Receipt 10/14/09

\$ <u>10</u>	\$ <u>10</u>
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5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4
Name & Address:
Craig Beery
11531 N Shore
Whitmore Lake, MI 48189

4. Date of Receipt 10/14/09

\$ <u>35</u>	\$ <u>35</u>
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5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$180.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Erin Borges 475 Hollywood Drive Saline, MI 48176	4. Date of Receipt <u>10/14/09</u>	\$ <u>20</u>	\$ <u>20</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kenneth Weesterman 715 Granger Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>99</u>	\$ <u>99</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: William F Brinkerhoff 1011 Lincoln Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Cerenis Therapeutics</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Dick & Rita Nowland 3322 Alpine Ann Arbor, MI 48108	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	

Page Subtotal

\$519.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Herb & Carol Amster 2601 Heatherway Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>consultant</u> Employer <u>self-employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Judie & Jerry Lax 1015 Berkshire Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Nancy & Phil Margolis 228 Riverview Dr Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>physician</u> Employer <u>Univ. of Michigan</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jeffrey Irwin 2542 Bellwod Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Co. Commissioner</u> Employer <u>L. H. Stearns Co.</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$550.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Nicole Brittis 2818 Walnut Ridge Drive Ann Arbor, MI 48103	4. Date of Receipt <u>10/14/09</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Anthony A Derezinski 1345 Glendaloch Circle Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Dale E Heikkinen 1914 Wayne St Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Piano technician</u> Employer <u>self employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Ruth Moscow-Cohen 1101 Berkshire Rd Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Clinical social worker</u> Employer <u>self-employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$450.00**

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

Enter this total
on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Melinda & Wayne Colquitt 1908 Austin Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kate & Howard Markel 1522 Granger Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Grants officer</u> Employer <u>McGregor Fund</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Peter & Sarah Allen 2224 Applewood Ct Ann Arbor, MI 48103	4. Date of Receipt <u>10/14/09</u>	\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>self employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jennifer A Williams 1935 Oakleigh Place Ann Arbor, MI 48103	4. Date of Receipt <u>10/14/09</u>	\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Obstetrician</u> Employer <u>IHA, Ann Arbor</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$600.00**

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

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on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Joetta Mial 1200 Minglewood Ann Arbor, MI 48103	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Dr Glenn Nelson 1323 S Forest Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>economic consultant</u> Employer <u>self employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Matthew D Shapiro 2024 Vinewood Blvd Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Simone Lightfoot 3263 Chelsea Cir Ann Arbor, MI 48108	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Penelope & Paul Schreiber 922 Pleasant Drive Ypsilanti, MI 48197	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Lloyd E Powell PO Box 7722 Ann Arbor, MI 48107	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Mike & Cindy Masini 2950 Hickory Ln Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Christopher Taylor 1505 Brooklyn Ave Ann Arbor, MI 48104	4. Date of Receipt <u>10/14/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$350.00**
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Kenneth & Margaret Guire</u> <u>2108 Shadford</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/14/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 2 Name & Address: <u>Monique Uzelac</u> <u>1875 Timber Trail</u> <u>Ann Arbor, MI 48103</u>		\$ <u>75</u>	\$ <u>75</u>
4. Date of Receipt <u>10/15/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 3 Name & Address: <u>Julia Koli</u> <u>7755 Warner Rd</u> <u>Saline, MI 48176</u>		\$ <u>35</u>	\$ <u>35</u>
4. Date of Receipt <u>10/15/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 4 Name & Address: <u>Ronald Fear</u> <u>857 Plum Village Drive</u> <u>Monroe, MI 48161</u>		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>10/15/09</u>		Click Here for Memo Itemization	
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			

Page Subtotal **\$260.00**
 Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Alex Leydenfrost 905 Hutchins Avenue Ann Arbor, MI 48103	4. Date of Receipt <u>10/15/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Michael Smith 508 Second Street Ann Arbor, MI 48103	4. Date of Receipt <u>10/15/09</u>	\$ <u>75</u>	\$ <u>75</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: David Coupland 804 Mt. Vernon Ann Arbor, MI 48103	4. Date of Receipt <u>10/16/09</u>	\$ <u>50</u>	\$ <u>50</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Richard Landau 5340 Plymouth Rd. Ste. 200 Ann Arbor, MI 48105	4. Date of Receipt <u>10/16/09</u>	\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>RJ Landau Partners PLLC</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$325.00**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418
2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Shannon & Daniel Stewart 3052 Cottontail Ct Ann Arbor, MI 48103	4. Date of Receipt <u>10/16/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: David D Arsen 300 Linda Vista Ave Ann Arbor, MI 48103	4. Date of Receipt <u>10/16/09</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Michigan State Univ</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Suzanne L DeVine 860 S Zeeb Road Ann Arbor, MI 48103	4. Date of Receipt <u>10/16/09</u>	\$ <u>100</u>	\$ <u>100</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		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Abigail S Alwin 112 Fairview St Ann Arbor, MI 48103	4. Date of Receipt <u>10/16/09</u>	\$ <u>150</u>	\$ <u>150</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		Click Here for Memo Itemization	

Page Subtotal **\$450.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Ernest W Poortinga 1415 E. Stadium Blvd Ann Arbor, MI 48104		\$ <u>30</u>	\$ <u>30</u>
4. Date of Receipt <u>10/16/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 2 Name & Address: Jill & David Thacher 1108 Belmar Place Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>10/16/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 3 Name & Address: Ann S Telfer 682 Boston Ct Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/16/09</u>		Click Here for Memo Itemization	
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			
3. Contribution # 4 Name & Address: Friends of Liz Brater PO Box 7955 Ann Arbor, MI 48107		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/16/09</u>		Click Here for Memo Itemization	
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			

Page Subtotal **\$280.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-114418

2. Committee Name Citizens Millage Committee

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1
Name & Address:
Carl Spina
235 Old Creek Dr
Saline, MI 48176

4. Date of Receipt 10/17/09

\$ 40 \$ 40

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2
Name & Address:

4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address:

4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4
Name & Address:

4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$40.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$21,684**

Enter this total 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 B-114418
2. Committee Name Citizens Millage Committee

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Washtenaw Friends of Education P.O. Box 157 Dexter, MI 48130	Date of Receipt <u>10/07/09</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>cost sharing</u>	\$ <u>1677.56</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			\$ 1,677.56
Grand Total of All Schedules 4A-1 (Complete on last page of Schedule)			\$ 1,677.56



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 Citizens Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104 <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>Flier printing</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>08/28/09</u> Date of Expenditure	\$ <u>361.13</u>	\$ <u>361.13</u>
Expenditure # 2 Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216 <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 sign printing</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/28/09</u> Date of Expenditure	\$ <u>2236.60</u>	\$ <u>2236.60</u>
Expenditure # 3 Name & Address: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104 <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>flier and letterhead printing</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/28/09</u> Date of Expenditure	\$ <u>769.41</u>	\$ <u>1130.54</u>
Expenditure # 4 Name & Address: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104 <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>flier printing</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/28/09</u> Date of Expenditure	\$ <u>521.40</u>	\$ <u>1651.94</u>

Subtotal this page

\$3,888.54

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

Enter this total
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the Summary
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-114418

2. Committee Name Citizens Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216 <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>campaign buttons</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/28/09</u> Date of Expenditure	\$ <u>505.62</u> \$ <u>2742.22</u>	
Expenditure # 2 Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216 <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 sign printing</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/29/09</u> Date of Expenditure	\$ <u>2236.60</u> \$ <u>4978.82</u>	
Expenditure # 3 Name & Address: White Pine Printers 5204 Jackson Road Ann Arbor, Michigan 48103 <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>mail piece printing</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/08/09</u> Date of Expenditure	\$ <u>1699.18</u> \$ <u>1699.18</u>	
Expenditure # 4 Name & Address: Unit Packaging Corp. 119 Enterprise Dr Ann Arbor, MI 48103-9557 <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 postage</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/08/09</u> Date of Expenditure	\$ <u>4435.40</u> \$ <u>4435.40</u>	

Subtotal this page **\$8,876.80**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **~~12,765.84~~**

Enter this total on Line 8a of the Summary Page



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

1. Committee I. D. Number B-114418

2. Committee Name Citizens Millage Committee

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: PayPal Inc. 2211 N. First St. San Jose, CA 95131 <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>payment processing fees</u> 5. Ballot Proposal: <u>WISD Proposal I</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/18/09</u> Date of Expenditure	\$ <u>166.23</u> \$ <u>166.23</u>	\$ <u>166.23</u>
Expenditure # 2 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____
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: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____

Subtotal this page **\$166.23**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$12,931.57**

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee i. D. Number B-114418

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 & Address: Steven J Norton 1217 Olivia Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation Consultant Employer Name & Address: Okno Group 1217 Olivia Ave, Ann Arbor MI 48104 <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>meeting space rental</u> 5. DATE OF RECEIPT: <u>08/04/09</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: MITC Conference Center 1000 Oakbrook Dr Ann Arbor, MI 48104	\$ <u>400</u> \$ <u>400</u>	
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	

Page Subtotal	\$400.00
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	\$400.00

Enter this total on
line 6a of
Summary Page