



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number B-114418		3. This Statement covers From: <u>09/01/13</u> To <u>10/20/13</u>	
2. Committee Name Ann Arbor Citizens Millage Committee		4. Committee's Mailing Address PO Box 8131 Ann Arbor, MI 48107	
5. Treasurer's Name and Residential Address Steven J. Norton 1217 Olivia Ave Ann Arbor, MI 48104		Area Code and Phone _____ 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.	
Area Code and Phone (734) 730-2216			
6. Treasurer's Business Address same		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)	
Area Code and Phone (734) 995-5934		Area Code and Phone _____	
8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE-ELECTION OR 8b. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: <u>11/05/13</u>		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: _____	
		8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8c, 8d, or 8f to indicate which Statement is being amended) 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ 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.	
<p>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.</p> <p>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.</p>			
9. 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 Record Keeper Steven J Norton		Date 10/25/13	
Type or Print Name		Signature	

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 WASHTEENAW COUNTY MI
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-114418
2. Committee Name Ann Arbor 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>7,213.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>7,213.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>7,213.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>1,613.00</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>1,613.00</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>2,515.97</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>2,515.97</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(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.) \$ <u>1,613.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>307.42</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>7,213.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>7,520.42</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2,515.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,004.45</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 Ann Arbor 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: Glenn Nelson 1323 Forest Ave Ann Arbor, MI 48104		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>09/03/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Economist</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: Margaret Dewar 1323 Forest Ave Ann Arbor, MI 48104		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>09/03/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</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	
3. Contribution # 3 Name & Address: Florence Norton 1200 Earheart Rd., Apt 314 Ann Arbor, MI 48105		\$ <u>500</u>	\$ <u>500</u>
4. Date of Receipt <u>09/10/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</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: Jack Panitch 501 Burson Pl Ann Arbor, MI 48104		\$ <u>250</u>	\$ <u>250</u>
4. Date of Receipt <u>09/10/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</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

\$1,250.00

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 Ann Arbor 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: Christine Stead 515 Huron View Blvd Ann Arbor, MI 48103		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>09/18/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Blue Cottage Consulting</u> Business Address <u>303 Detroit St, Ann Arbor, MI 48104</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	
3. Contribution # 2 Name & Address: Helen Starman 2201 Brockman Blvd Ann Arbor, MI 48104		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>09/20/13</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: Andrew Thomas 1425 W Stadium Blvd Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>09/24/13</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: Karen Downing 2204 Navarre Circle Ann Arbor, MI 48104		\$ <u>30</u>	\$ <u>30</u>
4. Date of Receipt <u>09/27/13</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 **\$430.00**

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 Ann Arbor 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: Erica Gordon 610 Huronview Blvd. Ann Arbor, MI 48103	4. Date of Receipt <u>10/02/13</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: Sheila Carpenter 3490 Oak Hollow Ann Arbor, MI 48103	4. Date of Receipt <u>10/03/13</u>	\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</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: Dr. Jeanice Swift 5860 Wilson Rd Colorado Springs, CO 80919	4. Date of Receipt <u>10/04/13</u>	\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Ann Arbor Public Schools</u> Business Address <u>2555 S. State St, Ann Arbor 48104</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	
3. Contribution # 4 Name & Address: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104	4. Date of Receipt <u>10/04/13</u>	\$ <u>125</u>	\$ <u>125</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Program Director</u> Employer <u>University of Michigan</u> Business Address <u>500 S. State St., Ann Arbor, MI 48109-1382</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 **\$660.00**

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 Ann Arbor 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: Amy Pachera 960 Honey Creek Drive Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>10/08/13</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 Levenstein 300 Linda Vista Ave Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/08/13</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: W. Scott Westerman Jr. 1926 Hampton Ct Ann Arbor, MI 48103		\$ <u>1000</u>	\$ <u>1000</u>
4. Date of Receipt <u>10/08/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</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: Debbie Tirico 2320 Tall Oaks Dr Ann Arbor, MI 48103		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>10/08/13</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>community volunteer</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		Click Here for Memo Itemization	

Page Subtotal **\$1,350.00**

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 Ann Arbor 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: Stephanie Hale 1316 Beechwood Drive Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>VP Sales</u> Employer <u>Arden Companies</u> Business Address <u>30400 Telegraph Rd #200 Bingham Farms, MI 48025</u> 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 # 2 Name & Address: Catherine Halloran 2232 Gray Fox Court Ann Arbor, MI 48103 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> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lisa Bell 4922 Gullane Drive Ann Arbor, MI 48103 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: Laurie Greenberg 4949 Birkdale Drive Ann Arbor, MI 48103 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 **\$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 Ann Arbor 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: Mary Drew 8 Haverhill Ct Ann Arbor, MI 48105		\$ <u>25</u>	\$ <u>25</u>
4. Date of Receipt <u>10/12/13</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: James Dries 3840 Michael Rd N Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/12/13</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: Dr. Richard Burney 4319 Miller Rd Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>10/12/13</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: Miller, Canfield 150 West Jefferson Detroit, MI 48226		\$ <u>150</u>	\$ <u>150</u>
4. Date of Receipt <u>10/12/13</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 Ann Arbor 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: Michael Hamlin 30870 Greenland Livonia, MI 48154 5. If over \$100.00 cumulative, please provide: Occupation <u>General contractor</u> Employer <u>Heaney General Contracting</u> Business Address <u>7560 Carpenter Rd, Ypsilanti Twp, MI 48197</u> 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>10/12/13</u> \$ <u>1000</u>	\$ <u>1000</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: David Comsa 6701 Chirco Court Shelby Township, MI 48316 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>10/15/13</u> \$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Harvey Sommers 2129 Autumn Hill Dr Ann Arbor, MI 48103 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	4. Date of Receipt <u>10/15/13</u> \$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 4 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	4. Date of Receipt _____ \$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$1,150.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) ~~\$1,150.00~~

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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 Ann Arbor 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)
<p>3. Contribution # 1 Name & Address: Steven J Norton 1217 Olivia Ave Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>09/27/13</u></p> <p>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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>1143</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>1143</u></p>
<p>3. Contribution # 2 Name & Address: Glenn Nelson 1323 S. Forest Ave Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>09/10/13</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Economist</u> Employer <u>self-employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>470</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>720</u></p>
<p>3. Contribution # 3 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 4 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

Page Subtotal **\$1,613.00**

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

\$7,213.00

Enter this total
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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 Ann Arbor 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: Unit Packaging & Mailing 119 Enterprise Dr Ann Arbor, MI 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>mailing services & postage</u> 5. Ballot Proposal: <u>AAPS 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	10/15/13 Date of Expenditure	\$ <u>2515.97</u> Click for Memo Itemization Type	\$ 2515.97
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	\$ _____ Click for Memo Itemization Type	\$ _____
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	\$ _____ Click for Memo Itemization Type	\$ _____
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	\$ _____ Click for Memo Itemization Type	\$ _____

Subtotal this page

\$2,515.97

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

\$2,515.97

Enter this total on Line 8a of the Summary Page



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

1. Committee I. D. Number B-114418
2. Committee Name Ann Arbor 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 type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>postcard printing</u> 5. DATE OF RECEIPT: <u>09/27/13</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: PFL.com 100 PFL Way Livingston, MT 59047	\$ <u>1143</u>	\$ <u>1143</u>
Contribution #2 Name & Address: Glenn Nelson 1323 S. Forest Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation Economist Employer Name & Address: self-employed <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 checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>flyer printing</u> 5. DATE OF RECEIPT: <u>09/10/13</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Fedex Office 2800 S. State St. Ann Arbor, MI 48104	\$ <u>470</u>	\$ <u>470</u>
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 **\$1,613.00**

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) **\$1,613.00**

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

This Schedule itemizes:

(Check either a or b. Use only for the purpose checked.)

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.

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 (Description) 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: Steven Norton 1217 Olivia Ave Ann Arbor, MI 48104	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>09/27/13</u> 6. <u>Original Amount of Debt</u> <u>\$ 1,143.00</u>	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$	\$ <u>1,143.00</u> <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									
Debt #2 Owed to or by: Glenn Nelson 1323 S. Forest Ave Ann Arbor, MI 48104	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>09/19/13</u> 6. <u>Original Amount of Debt</u> <u>\$ 470.00</u>	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$	\$ <u>470.00</u> <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									

Page Subtotal (Outstanding debt) **\$1,613.00**

Grand Total of all Schedules 4E **\$1,613.00**
(Complete on last page of Schedule showing amounts owed by or to the committee.)

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