

Clear Form



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.

3. This Statement covers From: 08/01/19 To 10/20/19

1. Committee I.D. Number **B-114418**

4. Committee's Mailing Address **PO Box 8131  
Ann Arbor, MI 48107**

2. Committee Name  
**Ann Arbor Citizens Millage Committee**

Area Code and Phone: (734) 215-7529  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address  
**Steven J. Norton  
1217 Olivia Ave, Ann Arbor, MI 48104**

Area Code and Phone **(734) 215-7529**

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.  PRE- ELECTION  
OR  
 POST- ELECTION  
Pre-Election or Post-Election Statement relates to:  
 PRIMARY  
 GENERAL  
 SCHOOL  
 SPECIAL  
 OTHER: \_\_\_\_\_  
Date of Election:  
11/05/19

8b.  FEBRUARY STATEMENT  
 APRIL STATEMENT  
 JULY STATEMENT  
 OCTOBER STATEMENT  
8c.  ANNUAL STATEMENT  
( \_\_\_\_\_ Coverage Year)

8d.  Post Petition Sample Filing under MCL 168.483a  
(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)  
8e.  AMENDMENT TO CAMPAIGN STATEMENT  
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f.  DISSOLUTION OF COMMITTEE REQUEST  
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.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

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**  
Type or Print Name

*St J. Norton*  
Digitally signed by Steven J. Norton  
Date: 2019.10.24 22:47:46 -04'00'  
Signature

FILED  
WASH TENAW COUNTY, MI  
2019 OCT 23 A 9:29  
AWRE KREINBAUM  
CLERK REGISTER



Clear Form

**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>63,150.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>63,150.00</u>	(18.) \$ <u>63,150.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>63,150.00</u>	(20.) \$ <u>63,150.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>4,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>4,000.00</u>	(21.) \$ <u>4,000.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>23,292.24</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>23,292.24</u>	(22.) \$ <u>23,292.24</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>23,292.24</u>	(24.) \$ <u>23,292.24</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>943.12</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>63,150.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>64,093.12</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>23,292.24</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>40,800.88</u>	*

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

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: Goyette Mechanical 3842 Gorey Avenue Flint, MI 48501  4. Date of Receipt _____  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>15,000.00</u>	\$ <u>15,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: Steven Norton 1217 Olivia Ave Ann Arbor, MI 48104  4. Date of Receipt <u>08/22/19</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>50.00</u>	\$ <u>50.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: Emile Lauzzana 2725 W Ellsworth Rd Ann Arbor, MI 48108  4. Date of Receipt <u>08/22/19</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>AAPS</u> Business Address <u>2555 S. State Street, Ann Arbor 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: Great Lakes Environmental Service, Inc. 405 E. Five Mile Rd Whitmore Lake, MI 48189  4. Date of Receipt <u>08/22/19</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>1,100.00</u>	\$ <u>1,100.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$16,300.00**

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

Clear Form

**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: <b>Marios Demetriou</b> 21564 Garrison Street Dearborn, MI 48124  4. Date of Receipt <u>08/27/19</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Superintendent</u> Employer <u>AAPS</u> Business Address <u>2555 S. State Street, Ann Arbor 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Rebecca Lazarus</b> 7375 E. Joy Rd Ann Arbor, MI 48105  4. Date of Receipt <u>08/28/19</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>Dawn Linden</b> 11842 Deer Creek Run Plymouth, MI 48710  4. Date of Receipt <u>08/29/19</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>AAPS</u> Business Address <u>2555 S. State Street, Ann Arbor 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>Glenn Nelson</b> 1323 S. Forest Ave. Ann Arbor, MI 48104  4. Date of Receipt <u>08/30/19</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	\$ <u>200.00</u>	\$ <u>200.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$650.00**

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

Enter this total  
on line 3a of  
Summary  
Page



Clear Form

**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: <b>Beckett &amp; Raeder</b> 535 West William, Suite 101 Ann Arbor MI 48103  4. Date of Receipt <u>09/06/19</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>1,200.00</u>	\$ <u>1,200.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Midwestern Consulting</b> 3815 Plaza Drive Ann Arbor MI 48108  4. Date of Receipt <u>09/09/19</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>1,000.00</u>	\$ <u>1,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>Dependable Supply Company, LLC</b> 12270 Belden Court Livonia MI 48150  4. Date of Receipt <u>09/12/19</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>10,000.00</u>	\$ <u>10,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>Liz Margolis</b> 1389 King George Blvd. Ann Arbor, MI 48104  4. Date of Receipt <u>09/13/19</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>50.00</u>	\$ <u>50.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$12,250.00**

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

\$12,250.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

**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: <b>Compass Group</b> 2400 Yorkmont Rd Charlotte NC 28217  4. Date of Receipt <u>09/23/19</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>7,000.00</u>	\$ <u>7,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Durham School Services</b> 2601 Navistar Drive Lisle IL 60532  4. Date of Receipt <u>09/23/19</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>5,000.00</u>	\$ <u>5,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>Arch Environmental Group</b> 37720 Interchange Drive Farmington Hills MI 48335  4. Date of Receipt <u>09/24/19</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>2,000.00</u>	\$ <u>2,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>David Comsa</b> 6701 Chirco Court Shelby Township MI 48316  4. Date of Receipt <u>09/13/19</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>50.00</u>	\$ <u>50.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal

**\$14,050.00**

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

Enter this total  
on line 3a of  
Summary  
Page



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**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: <b>GCA Services Group</b> 1350 Euclid Ave Cleveland OH 44115 4. Date of Receipt <u>10/01/19</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>10,000.00</u>	\$ <u>10,000.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 2 Name & Address: <b>Integrated Design Solutions</b> 1441 W Long Lake Rd Troy MI 48098 4. Date of Receipt <u>10/02/19</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>1,500.00</u>	\$ <u>1,500.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3 Name & Address: <b>Dan Hamalainen</b> 1135 Lincoln Ave Ann Arbor, MI 48104 4. Date of Receipt <u>10/05/19</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>50.00</u>	\$ <u>50.00</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4 Name & Address: <b>IBEW PAC Voluntary Fund</b> 900 Seventh St. NW Washington DC 20001 4. Date of Receipt <u>10/06/19</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>5,000.00</u>	\$ <u>5,000.00</u>
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal **\$16,550.00**

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

<b>\$16,550.00</b>
Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

**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: <b>Jack Panitch</b> 501 Burson Pl Ann Arbor MI 48104  4. Date of Receipt <u>10/10/19</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>100.00</u>	\$ <u>100.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 2 Name & Address: <b>Jeanice Swift</b> 201 S 1st Street #601 Ann Arbor MI 48104  4. Date of Receipt <u>10/11/19</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>AAPS</u> Business Address <u>2555 S. State 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	\$ <u>250.00</u>	\$ <u>250.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3 Name & Address: <b>IUPAT District Council 1M</b> 14587 Barber Ave Warren MI 48088  4. Date of Receipt <u>10/11/19</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>1,000.00</u>	\$ <u>1,000.00</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4 Name & Address: <b>Construction Laborers Local 499</b> 3080 Platt Rd Ann Arbor MI 48108  4. Date of Receipt <u>10/18/19</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>1,000.00</u>	\$ <u>1,000.00</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal

**\$2,350.00**

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

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

Clear Form

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: <u>Bricklayers Local No. 1 Michigan PAC</u> <u>21031 Ryan Rd</u> <u>Warren MI 48091</u>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
4. Date of Receipt <u>10/18/19</u>		<a href="#">Click Here for Memo Itemization</a>	
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: _____		\$ _____	\$ _____
4. Date of Receipt _____		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: _____		\$ _____	\$ _____
4. Date of Receipt _____		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: _____		\$ _____	\$ _____
4. Date of Receipt _____		<a href="#">Click Here for Memo Itemization</a>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$1,000.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) **\$63,150.00**

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

**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 <small>If contribution is from an individual, please enter last name first.</small>	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: <b>TMP Architecture</b> 1191 West Square Lake Road Bloomfield Hills, MI 48302  <small>If over \$100.00 cumulative, please provide:</small>  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 checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>graphic design</u>  5. DATE OF RECEIPT: <u>10/18/19</u> <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS:  <u>same</u>	\$ <u>4000.00</u>	\$ <u>4000.00</u>
Contribution #2 Name & Address:   <small>If over \$100.00 cumulative, please provide:</small>  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: _____ <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____
Contribution #3 Name & Address:   <small>If over \$100.00 cumulative, please provide:</small>  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: _____ <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____

Page Subtotal	<b>\$4,000.00</b>
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	<b>\$4,000.00</b>

Enter this total on  
line 6a of  
Summary Page



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**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: <b>Inland Press</b> <b>2001 West Lafayette Blvd</b> <b>Detroit, MI 48216</b>	4. Purpose: <u>postcard &amp; flyer printing</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u>	<u>09/26/19</u> Date of Expenditure	<u>\$ 2,612.77</u>	<u>\$ 2,612.77</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <b>Mass Mailing, LLC</b> <b>35468 Mound Rd.</b> <b>Sterling Heights, MI 48310</b>	4. Purpose: <u>postcard mailing</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u>	<u>09/19/19</u> Date of Expenditure	<u>\$ 410.58</u>	<u>\$ 410.58</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <b>Postmaster</b> <b>Detroit, MI</b>	4. Purpose: <u>postcard mailing</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u>	<u>09/19/19</u> Date of Expenditure	<u>\$ 2,186.06</u>	<u>\$ 2,186.06</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <b>Sawicki &amp; Son</b> <b>1521 W. Lafayette</b> <b>Detroit, MI 48216</b>	4. Purpose: <u>Yard sign printing</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u>	<u>10/03/19</u> Date of Expenditure	<u>\$ 2,257.80</u>	<u>\$ 2,257.80</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page **\$7,467.21**  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule)

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**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: <b>James Dries</b> <b>3840 Michael Rd N</b> <b>Ann Arbor, MI 48193</b>  <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 list services</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/26/19</u> Date of Expenditure	<u>\$ 912.24</u> \$ 912.24	<u>\$ 912.24</u>
Expenditure # 2 Name & Address: <b>Mass Mailing, LLC</b> <b>35468 Mound Rd.</b> <b>Sterling Heights, MI 48310</b>  <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>postcard mailing</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/08/19</u> Date of Expenditure	<u>\$ 945.17</u> \$ 1,355.75	<u>\$ 1,355.75</u>
Expenditure # 3 Name & Address: <b>Postmaster</b> <b>Detroit, MI</b>  <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>postcard mailing</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/08/19</u> Date of Expenditure	<u>\$ 5,668.56</u> \$ 7,854.62	<u>\$ 7,854.62</u>
Expenditure # 4 Name & Address: <b>Office Depot</b> <b>3765 Washtenaw Ave</b> <b>Ann Arbor MI 48104</b>  <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>flyer printing</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/11/19</u> Date of Expenditure	<u>\$ 275.60</u> \$ 275.60	<u>\$ 275.60</u>

Subtotal this page **\$7,801.57**  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule)

Enter this total  
on Line 8a of  
the Summary  
Page



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**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: <b>FedEx Office</b> <b>2800 S. State St</b> <b>Ann Arbor, MI 48104</b>	4. Purpose: <u>flyer printing</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/11/19 <small>Date of Expenditure</small>	\$ <u>67.58</u>	\$ <u>67.58</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<small>Click for Memo Itemization Type</small>			
Expenditure # 2 Name & Address: <b>Ann Arbor Observer</b> <b>2390 Winewood</b> <b>Ann Arbor, MI 48103</b>	4. Purpose: <u>advertising placement</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/11/19 <small>Date of Expenditure</small>	\$ <u>3,521.60</u>	\$ <u>3,521.60</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<small>Click for Memo Itemization Type</small>			
Expenditure # 3 Name & Address: <b>Inland Press</b> <b>2001 West Lafayette Blvd</b> <b>Detroit, MI 48216</b>	4. Purpose: <u>flyer printing</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/13/19 <small>Date of Expenditure</small>	\$ <u>1,238.65</u>	\$ <u>3,851.42</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<small>Click for Memo Itemization Type</small>			
Expenditure # 4 Name & Address: <b>Glenn Nelson</b> <b>1323 S. Forest Ave.</b> <b>Ann Arbor, MI 48104</b>	4. Purpose: <u>truck rental, fuel</u> 5. Ballot Proposal: <u>AAPS 2019 capital bond</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/13/19 <small>Date of Expenditure</small>	\$ <u>103.29</u>	\$ <u>103.29</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<small>Click for Memo Itemization Type</small>			

Subtotal this page **\$4,931.12**  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule)

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**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: <b>Glenn Nelson</b> 1323 S. Forest Ave. 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>mileage</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/13/19 Date of Expenditure	\$ <u>65.00</u>	\$ <u>168.29</u>
Expenditure # 2 Name & Address: <b>Inland Press</b> 2001 West Lafayette Blvd 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>postcard printing</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/17/19 Date of Expenditure	\$ <u>2,007.64</u>	\$ <u>5,859.06</u>
Expenditure # 3 Name & Address: <b>Ann Arbor Observer</b> 2390 Winewood 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>advertising placement</u>  5. Ballot Proposal: <u>AAPS 2019 capital bond</u>  County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/18/19 Date of Expenditure	\$ <u>1,019.70</u>	\$ <u>4,541.30</u>
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 **\$3,092.34**  
Grand Total of Schedules 4B  
(Complete on last page of Schedule) **\$23,292.24**

Enter this total on Line 8a of the Summary Page