



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-2006-012 | | 3. This Statement covers From: <u>04/23/12</u> To <u>05/28/12</u> | |
| 2. Committee Name Stop City Income Tax | | 4. Committee's Mailing Address Area Code and Phone <u>(734) 252-9774</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small> | |
| 5. Treasurer's Name and Residential Address Steve Pierce 118 S Washington St Ypsilanti MI 48197 Area Code and Phone <u>(734) 252-9774</u> | | | |
| 6. Treasurer's Business Address 118 S Washington St Ypsilanti MI 48197 Area Code and Phone <u>(734) 252-9774</u> | | 7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____ | |
| 8. TYPE OF STATEMENT: 8a. <input type="checkbox"/> PRE-ELECTION OR 8b. <input checked="" type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SPECIAL Date of Election: <u>05/08/12</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 8a, 8b, 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 <u>Steve Pierce</u> Type or Print Name | | <u>Steve Pierce</u> Signature | |
| | | Date <u>06/07/12</u> | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

| | | Column I This Period | Column II Cumulative for Election Cycle |
|---|-----------|-----------------------------|--|
| RECEIPTS | | | |
| 3. Contributions | | | |
| a. Itemized Contributions (Schedule 4A, Column 6) | (3a.) \$ | <u>2,413.00</u> | |
| b. Unitemized Contributions (less than \$20.01 - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of Contributions | (3c.) \$ | <u> </u> | (18.) \$ <u> </u> |
| 4. Other Receipts (Schedule 4A-1, Column 6) | (4.) \$ | <u> </u> | (19.) \$ <u> </u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4) | (5.) \$ | <u>2,413.00</u> | (20.) \$ <u>13,868.00</u> |
| IN-KIND CONTRIBUTIONS | | | |
| 6. In-Kind Contributions | | | |
| a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7) | (6a.) \$ | <u>130.00</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>130.00</u> | (21.) \$ <u>130.00</u> |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized Direct Expenditures (Schedule 4B, Column 7) | (8a.) \$ | <u>4,802.17</u> | |
| b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) | (8b.) \$ | <u> </u> | |
| c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) | (8c.) \$ | <u> </u> | |
| d. Unitemized Expenditures (\$50.00 or less-no Schedule) | (8d.) \$ | <u> </u> | |
| e. Subtotal of Expenditures | (8e.) \$ | <u>4,802.17</u> | (22.) \$ <u>8,307.70</u> |
| 9. Independent Expenditures (Schedule 4B-1, Column 7) | (9.) \$ | <u> </u> | (23.) \$ <u> </u> |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) | (10.) \$ | <u>4,802.17</u> | (24.) \$ <u>8,307.70</u> |
| IN-KIND EXPENDITURES | | | |
| 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) | (11.) \$ | <u> </u> | (25.) \$ <u>1,938.90</u> |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 4E) | (12a.) \$ | <u> </u> | |
| b. Owed to the Committee (Schedule 4E) | (12b.) \$ | <u> </u> | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>7,948.47</u> | |
| 14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) | (14.) + | <u>2,413.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | <u>10,361.47</u> | |
| 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) | (16.) - | <u>4,802.17</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>5,559.30</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-2006-012

2. Committee Name Stop City Income Tax

| 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: Steve and Mary Jentzen 112 S Washington Ypsilanti MI 48197 | 4. Date of Receipt <u>04/23/12</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: Claudia Gustafson 967 Washtenaw Ave Ypsilanti MI 48197 | 4. Date of Receipt <u>04/24/12</u> | \$ <u>50</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: Jill Arcure 208 Elm Ypsilanti MI 48197 | 4. Date of Receipt <u>04/23/12</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: Sandra French 5629 Pine View Drive Ypsilanti MI 48197 | 4. Date of Receipt <u>04/26/12</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

\$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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

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

4. Date of Receipt 04/26/12

Name & Address:

Barbara Maes 923 Sheridan Ypsilanti MI 48197

\$ 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

3. Contribution # 2

4. Date of Receipt 04/27/12

Name & Address:

Rick Taylor 101 N Lincoln Street Ypsilanti MI 48198

\$ 20

\$ 20

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

4. Date of Receipt 04/30/12

Name & Address:

Ann Savickas 812 Charles Ypsilanti MI 48198

\$ 100

\$ 300

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

[Click Here for Memo Itemization](#)

Occupation employee Employer City of Ann Arbor

Business Address 301 E. Huron St Ann Arbor MI 48107

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

4. Date of Receipt 04/30/12

Name & Address:

Rebecca Eller 708 Carver Ypsilanti MI 48198

\$ 195

\$ 195

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

[Click Here for Memo Itemization](#)

Occupation none Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

\$365.00

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

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Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 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: Diane Hays 209 Pearl St Suite 202 Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>100</u> | \$ <u>100</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 2 Name & Address: Steven Wild 1606 Anderson Ann Arbor MI 48104 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>150</u> | \$ <u>150</u> Click Here for Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self</u> Business Address <u>1606 Anderson Ann Arbor MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 Name & Address: Mary Delcamp 309 Oak St Ypsilanti MI 48198 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>25</u> | \$ <u>25</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 Name & Address: John Post 108 Washtenaw Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>75</u> | \$ <u>75</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **\$350.00**

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

Enter this total
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Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

3

| 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: Donna Middleton-Post 1845 Burns Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>25</u> | \$ <u>25</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 2 Name & Address: Patrick Quinn 703 Oxfod Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>50</u> | \$ <u>100</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 Name & Address: Oneill Young 2012 McKinley Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>10</u> | \$ <u>10</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 Name & Address: Spencer Young 114 Woodward Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>5</u> | \$ <u>5</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal

\$90.00

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-2006-012

2. Committee Name Stop City Income Tax

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

4. Date of Receipt 04/30/12

Name & Address:

Lydia Will 111 S Adams Ypsilanti MI 48197

\$ 10 \$ 10

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

4. Date of Receipt 04/30/12

Name & Address:

Kelsey Fink 206 S Washington Ypsilanti MI 48197

\$ 15 \$ 15

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

4. Date of Receipt 04/30/12

Name & Address:

Elijah Jenzten 112 S Washington Ypsilanti MI
48197

\$ 5 \$ 5

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

4. Date of Receipt 04/30/12

Name & Address:

Cyril and Christine Berry 8545 Moon Rd Saline MI
48176

\$ 100 \$ 100

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

\$130.00

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

Page 5 of 12

Enter this total
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Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2006-012

2. Committee Name Stop City Income Tax

| 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: Tom Collins 566 Davis Ypsilanti MI 48198 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 2 Name & Address: Mike & Judy Maynard 7269 Wellington Circle Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>100</u> | \$ <u>100</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 Name & Address: Jason Ledbetter 810 N. River Ypsilanti MI 48198 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>12</u> | \$ <u>12</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 Name & Address: Dawn Gendich 213 W. Michigan, Loft F Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal

\$152.00

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-2006-012

2. Committee Name Stop City Income Tax

| 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: Mike Gendich 213 W. Michigan, Loft F Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>20</u> | \$ <u>20</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 2 Name & Address: Joe Golder 1002 Washtenaw Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>10</u> | \$ <u>10</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 Name & Address: Byron Shimpp 1020 Washtenaw Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>10</u> | \$ <u>10</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 Name & Address: Andy Gillman 909 Woods Road Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>20</u> | \$ <u>20</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **\$60.00**

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-2006-012

2. Committee Name Stop City Income Tax

| 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 Grettum 12 Oak St Ypsilanti MI 48198 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 2 Name & Address: Trey Bailey 2008 Day Ann Arbor MI 48104 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 Name & Address: Rick Phillips 6 N Normal Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 Name & Address: Zachary Harding 916 Pearl Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$80.00**

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-2006-012

2. Committee Name Stop City Income Tax

| 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: Brock Sipple 610 Martin Place Ypsilanti MI 48198 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>5</u> | \$ <u>5</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 2 Name & Address: Vivian Phillips 6 N Normal Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>20</u> | \$ <u>20</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 Name & Address: Melodie Gable 1501 Pearl Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>20</u> | \$ <u>20</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 Name & Address: Harold Gable 1501 Pearl Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>20</u> | \$ <u>20</u> Click Here for Memo Itemization |
| 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 checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal

\$65.00

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-2006-012

2. Committee Name Stop City Income Tax

| 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: John Wagner 620 Vought Ypsilanti MI 48198 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>20</u> | \$ <u>20</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 2 Name & Address: Patrick Johnston 16 S Normal Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>10</u> | \$ <u>10</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 Name & Address: Beverly Buck 305 S Washington Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>10</u> | \$ <u>10</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 Name & Address: Kristin Perkins 217 Woodward Ypsilanti MI 48197 | 4. Date of Receipt <u>04/30/12</u> | \$ <u>10</u> | \$ <u>60</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal

\$50.00

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-2006-012

2. Committee Name Stop City Income Tax

| 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 Ing 215 Woodward Ypsilanti MI 48197 | | 4. Date of Receipt <u>04/30/12</u> \$ <u>10</u> | \$ <u>10</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 checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 2 Name & Address: Tom Manchester 206 N Huron Ypsilanti MI 48197 | | 4. Date of Receipt <u>05/07/12</u> \$ <u>500</u> | \$ <u>500</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Manchester Associates</u> Business Address <u>206 N Huron, Ypsilanti, MI 48197</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 # 3 Name & Address: Harvey Krage PO Box 971548 Ypsilanti MI 48197 | | 4. Date of Receipt <u>05/08/12</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: Jan Katz 1824 Roosevelt Ypsilanti MI 48197 | | 4. Date of Receipt _____ \$ <u>36</u> | \$ <u>36</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

\$571.00

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-2006-012

2. Committee Name Stop City Income Tax

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

4. Date of Receipt 05/07/12

Name & Address:

Angelica Bryant 4839 Munger Rd Ypsilanti MI
48197

\$ 200 \$ 200

[Click Here for Memo Itemization](#)

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

Occupation Bus Owner Employer BC Contractors

Business Address 4839 Munger Rd Ypsilanti MI 48197

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

4. Date of Receipt

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$200.00

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

\$2,413.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number B0200612

2. Committee Name Stop City Income Tax

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|--|--|
| 3. Date Event Was Held <u>04/30/12</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u> | 5. Type of Fund Raising Activity <u>reception</u> | 6. Address and Name (If any) of the place where the activity was held <u>Haabs</u> <u>18 W Michigan Ave</u> <u>Ypsilanti MI 48197</u> <input type="checkbox"/> Private Residence |
|---|---|--|--|

7. Total Contributions \$ 1,282.00

8. Other Receipts \$ _____

9. Gross Receipts \$ _____
(Add lines 7 and 8)

10. Total Cost of Event \$ 395.84

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

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

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

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

| 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: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>food</u> 5. Ballot Proposal: <u>CIT Water St</u> | 05/07/12 Date of Expenditure | \$ <u>55.89</u> | \$ <u>1994.79</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 type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 2 Name & Address: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>food</u> 5. Ballot Proposal: <u>CIT Water St</u> | 05/02/12 Date of Expenditure | \$ <u>197.92</u> | \$ <u>2,192.71</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 3 Name & Address: Maggie Brandt 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>food</u> 5. Ballot Proposal: <u>CIT Water St</u> | 05/02/12 Date of Expenditure | \$ <u>197.92</u> | \$ <u>197.92</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input checked="" type="checkbox"/> Fund Raiser | County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 4 Name & Address: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: 5. Ballot Proposal: <u>CIT Water St</u> | 04/27/12 Date of Expenditure | \$ <u>179.15</u> | \$ <u>2,371.86</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 type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |

Subtotal this page

\$630.88

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

| 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: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>postage</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> | 04/23/12 Date of Expenditure | \$ <u>64</u> | \$ <u>2435.86</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 2 Name & Address: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>food</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> | 05/10/12 Date of Expenditure | \$ <u>363.35</u> | \$ <u>2,799.21</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 3 Name & Address: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>food</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> | 05/14/12 Date of Expenditure | \$ <u>63.12</u> | \$ <u>2,862.33</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |
| Expenditure # 4 Name & Address: HDL 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>postage</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> | 05/01/12 Date of Expenditure | \$ <u>858.40</u> | \$ <u>858.40</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Click for Memo Itemization Type | | |

Subtotal this page

\$1,348.87

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

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-200612

2. Committee Name Stop City Income Tax

| 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: HDL 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>printing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 05/10/12 Date of Expenditure | \$ <u>105.00</u> | \$ <u>963.40</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |
| Expenditure # 2 Name & Address: Unit Packaging 119 Enterprise Drive Ann Arbor Charter Township, MI 48103 | 4. Purpose: <u>mailing</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 05/04/12 Date of Expenditure | \$ <u>278.52</u> | \$ <u>278.52</u> |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |
| Expenditure # 3 Name & Address: Steve Pierce 118 S Washington St Ypsilanti MI 48197 | 4. Purpose: <u>repay loan</u> 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 05/28/12 Date of Expenditure | \$ <u>2438.90</u> | \$ <u>5,301.23</u> |
| <input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |
| Expenditure # 4 Name & Address: | 4. Purpose: | | \$ | \$ |
| | 5. Ballot Proposal: <u>CIT Water St</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | Date of Expenditure | | |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser | Click for Memo Itemization Type | | | |

Subtotal this page

\$2,822.42

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

\$4,802.17

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 B0200612

2. Committee Name Stop City Income Tax

| 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: Mike Eller 22 N Washington St Ypsilanti MI 48197 If over \$100.00 cumulative, please provide: Occupation Business Owner Employer Name & Address: DJM Land Company 22 N Washington St Ypsilanti MI 48197 <input type="checkbox"/> Fund Raiser | 4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: <u>04/23/12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Fast Signs 3410 Washtenaw Avenue Ann Arbor | \$ 130 | \$ 130 |
| 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

\$130.00

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

\$130.00

Enter this total on
line 6a of
Summary Page

