



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: 02/20/14 To 04/20/14

1. Committee I.D. Number **B-2010-002**

4. Committee's Mailing Address **Partners for Transit
P.O. Box 7545
Ann Arbor, MI 48107**

2. Committee Name
Partners for Transit

Area Code and Phone: (734) 444-8305
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 to the filing official.

5. Treasurer's Name and Residential Address
**Carmencita Princen
402 Maple Ridge
Ann Arbor MI 48103**

Area Code and Phone (734) 930-0581

6. Treasurer's Business Address
**Carmencita Princen
University of Michigan
214 S. State St., Ann Arbor, MI 48104**

Area Code and Phone (734) 615-8402

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

**Carolyn Grawl
Ann Arbor Center for Independent Living
3941 Research Park Dr., Ann Arbor, MI 48108**

Area Code and Phone (734) 971-0277

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:
05/06/14

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 CARMENCITA PRINCEN

Type or Print Name

C. Princen

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2010-002

2. Committee Name Partners for Transit

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>39,427.20</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>39,427.20</u>	(18.) \$ <u>39,427.20</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>39,427.20</u>	(20.) \$ <u>39,427.20</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>5,400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>5,400.00</u>	(21.) \$ <u>5,400.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>16,047.65</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>16,047.65</u>	(22.) \$ <u>16,047.65</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>16,047.65</u>	(24.) \$ <u>16,047.65</u>
IN-KIND EXPENDITURES		
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>
DEBTS AND OBLIGATIONS		
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>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>39,427.20</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>39,427.20</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>16,047.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>16,047.65</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-2010-002
2. Committee Name Partners for Transit

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: Michael Ford 1394 Brookfield Drive, Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>01/20/14</u></p> <p>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</p>	<p>\$ <u>100</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2 Name & Address: Nancy Jean Shore/Charles Warpehoski 2020 Winewood Ave. Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>02/20/14</u></p> <p>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</p>	<p>\$ <u>100</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: Michael Benham 3255 Charing Cross Rd. Ann Arbor MI 48108</p> <p>4. Date of Receipt <u>02/20/14</u></p> <p>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</p>	<p>\$ <u>100</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4 Name & Address: Allen Jason Freer/Deborah Freer 18849 Hillcreset St. Livonia 48152</p> <p>4. Date of Receipt <u>02/20/14</u></p> <p>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</p>	<p>\$ <u>100</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	

Page Subtotal **\$400.00**

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-2010-002

2. Committee Name Partners for Transit

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: Susan Pollay 375 Parklake Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>02/20/14</u></p> <p>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</p>	<p>\$ <u>100</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2 Name & Address: Eli Cooper 1431 Natalie Lane #202 Ann Arbor MI 48105</p> <p>4. Date of Receipt <u>02/20/14</u></p> <p>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</p>	<p>\$ <u>100</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: Ecology Center 339 E. Liberty Ste 300 Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>02/20/14</u></p> <p>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</p>	<p>\$ <u>2500</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4 Name & Address: Transport Workers Union of America 501 Third St, NW, 9th floor, D.C. 20001</p> <p>4. Date of Receipt <u>02/21/14</u></p> <p>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</p>	<p>\$ <u>5000</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	

Page Subtotal **\$7,700.00**

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

\$7,700.00
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-2010-002
2. Committee Name Partners for Transit

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: Adam Goodman 615 Hiscock Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>03/01/14</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 2 Name & Address: John Hieftje For Mayor Campaign 2204 Brockman Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>03/03/14</u></p> <p>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</p>	<p>\$ <u>1000</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 3 Name & Address: Jean Sager 2045 Jackson Ave. #210 Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>03/03/14</u></p> <p>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</p>	<p>\$ <u>25</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 4 Name & Address: Robert Gunn/Leah Gunn 1308 E. Stadium Blvd. Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>03/03/14</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

Page Subtotal **\$1,225.00**

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-2010-002
2. Committee Name Partners for Transit

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: Charles Ream 1911 Packard St. Ann Arbor MI 48104	4. Date of Receipt <u>03/03/14</u>	\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Stephen Dobson/Judith Dobson 3350 Geddes Ann Arbor MI 48106	4. Date of Receipt <u>03/05/14</u>	\$ <u>1000</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Martha Darling/Gilbert Omenn 3340 E. Dobson Place Ann Arbor MI 48105	4. Date of Receipt <u>03/05/14</u>	\$ <u>1000</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Vickie Wellman/Ian Keith MaGgregor 2461 Towner Blvd. Ann Arbor, MI 48104	4. Date of Receipt <u>03/10/14</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 **\$2,150.00**

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-2010-002

2. Committee Name Partners for Transit

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: Jeff Irwin Leadership Fund PO Box 14021, Lansing, MI 48901	4. Date of Receipt <u>03/13/14</u>	\$ <u>1000</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: Ann Arbor Medical Cannabis Guild 112 S. Main St., Suite C Ann Arbor MI 48104	4. Date of Receipt <u>03/17/14</u>	\$ <u>200</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: Peter Allen/Sarah Allen 2224 Applewood Court Ann Arbor MI 48103	4. Date of Receipt <u>03/18/14</u>	\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Michael Garfield 310 Hiscock Ann Arbor MI 48103	4. Date of Receipt <u>03/19/14</u>	\$ <u>250</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Ecology Center</u> Business Address <u>339 E. Liberty, Suite 300. 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	

Page Subtotal **\$1,450.00**

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-2010-002
2. Committee Name Partners for Transit

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>Michael Morris/Leslie Morris</u> <u>1023 Young Place Ann Arbor MI 48105</u>		\$ <u>200</u>	
4. Date of Receipt <u>02/23/14</u>		Click Here for Memo Itemization	
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			
3. Contribution # 2 Name & Address: <u>Jonathan Trobe/Joan Lowenstein</u> <u>502 Burson Place Ann Arbor MI 48104</u>		\$ <u>200</u>	
4. Date of Receipt <u>02/24/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Jaffe Law</u> Business Address <u>201 S. Main St., Suite 300 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			
3. Contribution # 3 Name & Address: <u>Henry Pollack/Lana Pollack</u> <u>345 Sumac Lane, Ann Arbor, Mi 48105</u>		\$ <u>500</u>	
4. Date of Receipt <u>02/26/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>University of Michigan</u> Business Address <u>Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Gillian Ream</u> <u>726 Prospect Rd. Ypsilanti 48198</u>		\$ <u>100</u>	
4. Date of Receipt <u>02/27/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$1,000.00**

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-2010-002
2. Committee Name Partners for Transit

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: Richard Sheridan/Carol Sheridan 2338 Yorkshire Ann Arbor MI 48104	4. Date of Receipt <u>03/21/14</u>	\$ <u>1000</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Mento Innovations</u> Business Address <u>505 East Liberty, LL500 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: Norman /Deborah Herbert 3681 Wagner Ridge Ct. Ann Arbor MI 48103	4. Date of Receipt <u>03/24/14</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: Harvey Somers/Janya Somers 2129 Autumn Hill Dr. Ann Arbor MI 48103	4. Date of Receipt <u>03/25/14</u>	\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Kent Johnson/Mary Johnson 2594 E. Delhi Rd. Ann Arbor MI 48103	4. Date of Receipt <u>03/28/14</u>	\$ <u>300</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Univ. of Michigan Hospital</u> Business Address <u>1500 E. Medical Center Drive, Ann Arbor, MI 48109</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 **\$1,450.00**

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-2010-002

2. Committee Name Partners for Transit

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: Robert Boonin
1545 Chapleu Dr. Ann Arbor MI 48103

4. Date of Receipt 03/31/14

\$ 400 \$ _____

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

Occupation Attorney Employer Dykema

Business Address 2723 S. State, Ste. 400, Ann Arbor, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Eisenhower Center
3200 E. Eisenhower Ann Arbor MI 48108

4. Date of Receipt 03/31/14

\$ 3000 \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Downtown Home and Garden
210 S. Ashley Ann Arbor MI 48104

4. Date of Receipt 03/31/14

\$ 25 \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Glenn Nelson/Margaret Nelson
1323 S. Forest Ave Ann Arbor MI 48104

4. Date of Receipt 04/01/14

\$ 100 \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$3,525.00**

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-2010-002

2. Committee Name Partners for Transit

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: <u>Susan Miller/Allen Batteau</u> <u>2016 Shadford Rd Ann Arbor MI 48104</u></p> <p>4. Date of Receipt <u>04/01/14</u></p> <p>6. Amount \$ <u>30</u></p> <p>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____</p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 2 Name & Address: <u>Jerold Lax/Judith Lax</u> <u>1015 Bershire Ann Arbor MI 48104</u></p> <p>4. Date of Receipt <u>04/01/14</u></p> <p>6. Amount \$ <u>100</u></p> <p>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____</p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 3 Name & Address: <u>Robert Guenzel/Pamela Guenzel</u> <u>1703 Morton Ave Ann Arbor MI 48104</u></p> <p>4. Date of Receipt <u>04/01/14</u></p> <p>6. Amount \$ <u>150</u></p> <p>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____</p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation <u>Retired</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4 Name & Address: <u>L S Blizman</u> <u>28700 Herndonwood, Framington Hills MI 48334</u></p> <p>4. Date of Receipt <u>04/03/14</u></p> <p>6. Amount \$ <u>100</u></p> <p>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____</p> <p>5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		

Page Subtotal **\$380.00**

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-2010-002

2. Committee Name Partners for Transit

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: Amanda Edmonds 320 Garland St Ypsilanti MI 48198	4. Date of Receipt <u>04/03/14</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: Kristen Cuhran/Natalie Holbrook 11 S Normal St Ypsi MI 48197	4. Date of Receipt <u>04/03/14</u>	\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Linda Gobler/Dennis Schornack 4232 Redbud Tr. Dr. Williamston MI 48895	4. Date of Receipt <u>04/03/14</u>	\$ <u>75</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Christine Laughren 605 N River St Ypsi MI 48198	4. Date of Receipt <u>04/03/14</u>	\$ <u>40</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 **\$265.00**

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-2010-002

2. Committee Name Partners for Transit

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: Arthur Brannon III 303 Westbrook Circle Naperville IL 60565		\$ <u>20</u>	
4. Date of Receipt <u>04/03/14</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: Teresa Gillotti 321 E Cross St Apt 1 Ypsi MI 48198		\$ <u>40</u>	
4. Date of Receipt <u>04/03/14</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: Grace Sweeney/Peter Murdock 504 N. River St. Ypsi MI 48198		\$ <u>100</u>	
4. Date of Receipt <u>04/04/14</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: Anthony Derezinski 1345 Glendalockk Cir. Ann Arbor MI 48104		\$ <u>200</u>	
4. Date of Receipt <u>04/07/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$360.00

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-2010-002

2. Committee Name Partners for Transit

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 04/14/14

Name & Address:
Kim Hawes/Randall Hawes
5990 Orchard Bend Bloomfield Hills MI 48301

\$ 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 04/14/14

Name & Address:
Michael Staebler
Ste.1800, 4000 Town Center Southfield MI 48075

\$ 100 \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 04/17/14

Name & Address:
Sally Haines Living TRT
1911 Packard St. Ann Arbor MI 48104

\$ 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 # 4 4. Date of Receipt 04/17/14

Name & Address:
Sheila Hamp
2000 Brush St., Sste 440 Detroit MI 48226

\$ 5000 \$ _____

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

Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$5,200.00**

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-2010-002

2. Committee Name Partners for Transit

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: Renee Vettorello 7203 Bethel Drive Saline MI 48176		\$ <u>25</u>	\$ _____
4. Date of Receipt <u>04/12/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Lucia Heinold/Henry Heinold 1224 Wines Dr. Ann Arbor MI 48103		\$ <u>40</u>	\$ _____
4. Date of Receipt <u>04/14/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Janis Bobrin 3465 Vintage Valley Ann Arbor MI 48106		\$ <u>50</u>	\$ _____
4. Date of Receipt <u>04/07/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Ervin Leasing 3893 Research Park Dr. Ann Arbor MI 48108		\$ <u>3000</u>	\$ _____
4. Date of Receipt <u>04/15/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

\$3,115.00

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-2010-002

2. Committee Name Partners for Transit

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: Pamela White 1406 Russell Rd. Ann Arbor MI 48103	4. Date of Receipt <u>04/10/14</u>	\$ <u>200</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>not working-disabled</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Wanda Wysor/John III 1041 E. Forest Ypsi MI48196	4. Date of Receipt <u>04/12/14</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 # 3 Name & Address: Nathaniel Voght 337 Fowler St. Howell MI 48843	4. Date of Receipt <u>04/10/14</u>	\$ <u>10</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Clark Charnetski/Mary Charnetski 2646 Traver Blvd. Ann Arbor MI 48105	4. Date of Receipt <u>04/07/14</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	

Page Subtotal **\$285.00**

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-2010-002

2. Committee Name Partners for Transit

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>Eli Nathans/Caroline Nathans</u> <u>1210 Clague St. Ann Arbor MI 48103</u> 4. Date of Receipt <u>04/15/14</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Stephen Adams</u> <u>2280 Mershon Drive Ann Arbor, MI 48103-6047</u> 4. Date of Receipt <u>02/22/14</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Laurence Krieg</u> <u>252 Carriage Way Ypsilanti, MI 48197</u> 4. Date of Receipt <u>03/20/14</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>500</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Kimberly Truzzi</u> <u>531 Hollis Ave Ypsilanti, MI 48198</u> 4. Date of Receipt <u>03/22/14</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>20</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$595.00**

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-2010-002

2. Committee Name Partners for Transit

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 Green 4505 dexter rd. ann arbor, MI 48103	4. Date of Receipt <u>03/24/14</u>	\$ <u>1000</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>self employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Prudence Rosenthal 2105 Devonshire Road Ann Arbor, MI 48104	4. Date of Receipt <u>03/26/14</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 # 3 Name & Address: Paul Hillegonds 47088 Brooks Lane PLYMOUTH, MI 48170	4. Date of Receipt <u>03/27/14</u>	\$ <u>250</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Elizabeth Noren 1516 Glen Leven rd Ann Arbor, MI 48103	4. Date of Receipt <u>03/28/14</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	

Page Subtotal **\$1,300.00**

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-2010-002

2. Committee Name Partners for Transit

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: Joan Lowenstein 502 Burson Place Ann Arbor, MI 48104		\$ <u>100</u>	\$ <u>300</u>
4. Date of Receipt <u>03/28/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Jaffe Law</u> Business Address <u>201 S. Main St., Ste. 300, AA 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: Janis Bobrin 3465 Vintage Valley Rd Ann Arbor, MI 48105		\$ <u>100</u>	\$ _____
4. Date of Receipt <u>03/28/14</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: Michael Allemang 3465 Vintage Valley Road Ann Arbor, MI 48105		\$ <u>100</u>	\$ _____
4. Date of Receipt <u>03/28/14</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: Sarah Newman 509 8th Street Ann Arbor, MI 48103		\$ <u>100</u>	\$ _____
4. Date of Receipt <u>03/29/14</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

Grand Total of All Schedules 4A
(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-2010-002

2. Committee Name Partners for Transit

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: Dion Frischer 3349 Burbank Drive Ann Arbor, MI 48105-1516	4. Date of Receipt <u>03/31/14</u>	\$ <u>50</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Aaron Stark 180 Fairhills Drive Ypsilanti, MI 48197	4. Date of Receipt <u>04/01/14</u>	\$ <u>50</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Nancy Shiffler 2877 Sorrento Ave Ann Arbor, MI 48104	4. Date of Receipt <u>04/03/14</u>	\$ <u>100</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: David Lovinger 1131 Oak Ave Evanston, IL 60202	4. Date of Receipt <u>04/04/14</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	

Page Subtotal **\$225.00**

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-2010-002

2. Committee Name Partners for Transit

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>Rochelle Stoler</u> <u>2100 Devonshire Road Ann Arbor, MI 48104</u> 4. Date of Receipt <u>04/04/14</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</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Waleed Howrani</u> <u>715 Miner Street Ann Arbor, MI 48103</u> 4. Date of Receipt <u>04/04/14</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>12</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Touching Health, LLC</u> <u>3570 Dexter Ann Arbor Rd. Ann Arbor, MI 48103</u> 4. Date of Receipt <u>04/05/14</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</u> \$ _____ Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Roger Kerson</u> <u>402 Virginia Ann Arbor, MI 48103</u> 4. Date of Receipt <u>04/09/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>RK Communications</u> Business Address <u>402 Virginia Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>250</u> \$ _____ Click Here for Memo Itemization	

Page Subtotal

\$372.00

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-2010-002

2. Committee Name Partners for Transit

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: Rebecca Head 910 Edgewood Ann Arbor, MI 48103 4. Date of Receipt <u>04/09/14</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>75</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Harvey Somers 2129 Autumn Hill Drive Ann Arbor, MI 48103 4. Date of Receipt <u>04/09/14</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>100</u>	\$ <u>150</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Michael Allemang 2129 Autumn Hill Drive Ann Arbor, MI 48103 4. Date of Receipt <u>04/11/14</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</u>	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Margaret Teall 1208 Brooklyn Ave. Ann Arbor, MI 48104 4. Date of Receipt <u>04/16/14</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal

\$325.00

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-2010-002

2. Committee Name Partners for Transit

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4. Date of Receipt <u>04/17/14</u>	
Samuel Firke 2809 Craig Rd. Ann Arbor, MI 48103	\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
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 <u>04/17/14</u>	
John Azzolini 3321 Yellowstone Dr Ann Arbor, MI 48105	\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 Name & Address:	4. Date of Receipt <u>04/17/14</u>	
Anya Dale 821 Sunrise Ct. Ann Arbor, MI 48103	\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 Name & Address:	4. Date of Receipt <u>04/17/14</u>	
Patti Smith 110 Depot St. Ann Arbor, MI 48104	\$ <u>25</u>	\$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$195.00**

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-2010-002

2. Committee Name Partners for Transit

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: Nolan Orfield 600 Brierwood Ct. Ann Arbor, MI 48103	4. Date of Receipt <u>04/17/14</u>	\$ <u>40</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: Carey Jernigan 2700 Gladstone Ann Arbor, MI 48104	4. Date of Receipt <u>04/18/14</u>	\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Harvey Somers 2129 autumn hill dr ann arbor, MI 48103	4. Date of Receipt <u>04/18/14</u>	\$ <u>20</u>	\$ <u>170</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Karen Juzswik 1458 Kingwood Ypsilanti, MI 48197	4. Date of Receipt <u>04/18/14</u>	\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>General Motors</u> Business Address <u>Renaissance Center, Detroit, MI 48243</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

\$210.00

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-2010-002

2. Committee Name Partners for Transit

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:
Richard Meisler
1203 Gardner Ann Arbor, MI 48104

4. Date of Receipt 04/19/14

\$ 75 \$ _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 2
Name & Address:
Vijay Sankaran
1707 HARDING ROAD ANN ARBOR, MI 48104

4. Date of Receipt 04/19/14

\$ 100 \$ _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address:

4. Date of Receipt _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4
Name & Address:

4. Date of Receipt _____

\$ _____ \$ _____

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

[Click Here for Memo Itemization](#)

Page Subtotal **\$175.00**

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-2010-002

2. Committee Name Partners for Transit

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: Jan Newman
1071 Young Place Ann Arbor, MI 48105

4. Date of Receipt 04/14/14

6. Amount \$ 200

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

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

Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Sarah and David Gryniewicz
2004 Manchester Rd. Apt 5 Ann Arbor, MI 48104

4. Date of Receipt 04/02/14

6. Amount \$ 99

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

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Barbara Reed/Philip Zazove
2903 Craig Rd Ann Arbor, MI 48103

4. Date of Receipt 04/08/14

6. Amount \$ 50

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

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Nicola and Ann Subotic
1760 Traver Rd Ann Arbor, MI 48105

4. Date of Receipt 04/07/14

6. Amount \$ 50

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

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$399.00**

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-2010-002
2. Committee Name Partners for Transit

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: Arthur Nusbaum Rev Trust 917 Olivia Ave. Ann Arbor, MI 48104	4. Date of Receipt <u>04/09/14</u>	\$ <u>200</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Steppingstone Properties</u> Business Address <u>123 N. Ashley, Ann Arbor, MI 41804</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: J M Jung P.O. Box 7060 Novi, MI 48376	4. Date of Receipt <u>04/08/14</u>	\$ <u>1000</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>self employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Peter and Henrietta Heydon 3562 W. Huron River Drive, Ann Arbor 48103	4. Date of Receipt <u>04/07/14</u>	\$ <u>5000</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired Professor</u> Employer <u>Mosaic Foundation Of R & P Heydon</u> Business Address <u>324 E. Washington, 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 # 4 Name & Address: Richard and Norma Sarns 3645 Daleview Dr. Ann Arbor MI 48105	4. Date of Receipt <u>04/17/14</u>	\$ <u>200</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$6,400.00**

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-2010-002

2. Committee Name Partners for Transit

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: Alan Caldwell 2685 Page Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>04/16/14</u></p> <p>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</p>	<p>\$ <u>20</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2 Name & Address: Waleed Howrani 715 Miner Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/16/14</u></p> <p>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</p>	<p>\$ <u>20</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: Sharon Ongaro 506 Pauline Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/10/14</u></p> <p>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</p>	<p>\$ <u>20</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4 Name & Address: Sarah Andrew 789 Halcyon Ct. Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/10/14</u></p> <p>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</p>	<p>\$ <u>20</u> \$ _____</p> <p>Click Here for Memo Itemization</p>	

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-2010-002

2. Committee Name Partners for Transit

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: Julia Roberts 508 W. Stadium Ann Arbor MI 48103	\$ 20	
4. Date of Receipt <u>04/10/14</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 type="checkbox"/> Fund Raiser		
3. Contribution # 2 Name & Address: Hillary Bisnett 1810 Stadium Place, Apt. 6 Ann Arbor MI 48103	\$ 20	
4. Date of Receipt <u>04/10/14</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 type="checkbox"/> Fund Raiser		
3. Contribution # 3 Name & Address: Terra Reed 401 W. Hoover #4 Ann Arbor MI 48103	\$ 20	
4. Date of Receipt <u>04/10/14</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 type="checkbox"/> Fund Raiser		
3. Contribution # 4 Name & Address: Rebecca Meuinck 3115 Oakwood St. Ann Arbor MI 48104	\$ 20	
4. Date of Receipt <u>04/10/14</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 type="checkbox"/> Fund Raiser		

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-2010-002

2. Committee Name Partners for Transit

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: Chuck Warpehoski 2020 Winewood Ann Arbor MI 48103	4. Date of Receipt <u>04/10/14</u>	\$ <u>20</u>	\$ <u>120</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Interfaith Council for Peace and Justice</u> Business Address <u>1679 Broadway, AA MI 48105</u> Type of Contribution: <input 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: Grace Sweeney 504 N. River St. Ypsilanti MI 48198	4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Amanda Edmonds 320 Garland St. Ypsilanti MI 48198	4. Date of Receipt <u>04/03/14</u>	\$ <u>10</u>	\$ <u>110</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Growing Hope</u> Business Address <u>32 N. Washington St., #11, Ypsilanti MI 48197</u> Type of Contribution: <input 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: Kristen Cuhran 111 S. Normal St. Ypsilanti MI 48197	4. Date of Receipt <u>04/03/14</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 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-2010-002

2. Committee Name Partners for Transit

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 Laughren 605 N. River St. Ypsilanti MI		\$ 10	
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Pete Murdock 504 N. River St. Ypsilanti MI 48198		\$ 10	
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Paul Schreiber 922 Pleasant Dr. Ypsilanti MI 48197		\$ 10	
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Valerie Bieberich 318 Washtenaw Rd. Ypsilanti MI 48197		\$ 10	
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			

Page Subtotal **\$40.00**

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-2010-002

2. Committee Name Partners for Transit

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>Sally Lawler</u> <u>1911 Packard St. Ann Arbor MI 48104</u>		\$ <u>10</u>	\$ _____
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>Mark Maynard</u> <u>307 N Washington St. Ypsilanti MI 48197</u>		\$ <u>10</u>	\$ _____
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Gregory McIntosh</u> <u>605 N. River St. Ypsilanti MI 48198</u>		\$ <u>10</u>	\$ _____
4. Date of Receipt <u>04/03/14</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 type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Karen Juzswik</u> <u>1458 Kingwood St. Ypsilanti MI 48197</u>		\$ <u>10</u>	\$ <u>110</u>
4. Date of Receipt <u>04/03/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>General Motors</u> Business Address <u>300 Renaissance Center, Detroit MI 48243</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$40.00**

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-2010-002

2. Committee Name Partners for Transit

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>Karl Geil</u> <u>502 N Adams Ypsilanti MI 48197</u>	\$ <u>10</u>	\$ _____
4. Date of Receipt <u>04/03/14</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		
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: <u>Courtney Miller</u> <u>407 E. Forest Ave. Ypsilanti MI 48197</u>	\$ <u>10</u>	\$ _____
4. Date of Receipt <u>04/03/14</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		
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: <u>Martha Krieg</u> <u>252 Carriage Way Ypsilanti MI 48197</u>	\$ <u>20</u>	\$ _____
4. Date of Receipt <u>04/03/14</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		
Click Here for Memo Itemization		
3. Contribution # 4 Name & Address: _____	\$ _____	\$ _____
4. Date of Receipt _____		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **\$40.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$39,427.20**

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2010-00

2. Committee Name Partners for Transit

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: Kolossos Printing, Inc. 301 W. Liberty 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>Envelopes</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/20/14 Date of Expenditure	\$ <u>580.45</u> \$	
Expenditure # 2 Name & Address: Inland Press 2001 W. 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>Postcards</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/21/14 Date of Expenditure	\$ <u>2308.53</u> \$	
Expenditure # 3 Name & Address: U.S. P. S., Liberty Station 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: 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/27/14 Date of Expenditure	\$ <u>245</u> \$	
Expenditure # 4 Name & Address: Inland Press 2001 W. 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>Handout cards</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/28/14 Date of Expenditure	\$ <u>950.82</u> \$	

Subtotal this page

\$4,084.80

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-2010-0

2. Committee Name Partners for Transit

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: Martha Valadez 310 Maple Street Ypsilanti, MI 48198 <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>contract staff</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/28/14 Date of Expenditure	\$ 980 \$	
Expenditure # 2 Name & Address: Casey Frushour 1177 Addington Ann Arbor, MI 48108 <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>website development</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/18/14 Date of Expenditure	\$ 950 \$	
Expenditure # 3 Name & Address: Cash <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>petty cash</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/26/14 Date of Expenditure	\$ 200 \$	
Expenditure # 4 Name & Address: Main Street Strategies 530 W Ionia St Lansing MI 48933 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Campaign support</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/26/14 Date of Expenditure	\$ 2500 \$	

Subtotal this page

\$4,630.00

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-2010-0

2. Committee Name Partners for Transit

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Sawicki & son 1521 W. Lafayette, Detroit MI 48216 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Yard signs</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/09/14 Date of Expenditure	\$ <u>3013.05</u> \$	
Expenditure # 2 Name & Address: Cash <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>petty cash</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/08/14 Date of Expenditure	\$ <u>200</u> \$	
Expenditure # 3 Name & Address: Ann Arbor Observer 2390 Winewood Ann Arbor, Michigan 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertisement</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/15/14 Date of Expenditure	\$ <u>3316</u> \$	
Expenditure # 4 Name & Address: Martha Valadez 310 Maple Street Ypsilanti, MI 48198 <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>contract staff</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/11/14 Date of Expenditure	\$ <u>700</u> \$	

Subtotal this page

\$7,229.05

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-2010-0

2. Committee Name Partners for Transit

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Paypal.com San Jose, CA	4. Purpose: <u>credit card processing fee</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/22/14 Date of Expenditure	\$ <u>103.8</u>	
<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: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local		\$ _____	
Expenditure # 3 Name & Address:	4. Purpose: 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local		\$ _____	
Expenditure # 4 Name & Address:	4. Purpose: 5. Ballot Proposal: <u>Transit Improvement Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local		\$ _____	

Subtotal this page **\$103.80**

Grand Total of Schedules 4B
(Complete on last page of Schedule) **\$16,047.65**

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number B-2010-0
2. Committee Name Partners for Transit

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/03/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Ypsilanti Fundraiser</u>	6. Address and Name (if any) of the place where the activity was held <u>Ladies Literary Club 218 Washington Ypsilanti, MI 48197</u> <input type="checkbox"/> Private Residence
---	---	---	---

7. Total Contributions \$ 942.00

8. Other Receipts \$ 0.00

9. Gross Receipts (Add lines 7 and 8) \$ 942.00

10. Total Cost of Event \$ 0.00

*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
FUND RAISER
SCHEDULE 4E

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 20130
2. Committee Name Partners for Transit

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>04/10/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>19</u>	5. Type of Fund Raising Activity <u>Trivia Night Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held <u>Overline State Brewing</u> <u>2019 W. Stadium Blvd,</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions \$ 475.00

8. Other Receipts \$ 0.00

9. Gross Receipts \$ 475.00
(Add lines 7 and 8)

10. Total Cost of Event \$ 0.00

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

1. Committee I. D. Number B-2010-002
2. Committee Name Partners for Transit

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: Gillian Ream-Gainsley 726 Prospect Rd. Ypsilanti, MI 48198 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input checked="" type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" 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 <u>room rental</u> 5. DATE OF RECEIPT: <u>04/03/14</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Ladies Literary Club 218 N. Washington St. Ypsilanti, MI 48197	\$ <u>85</u>	
Contribution #2 Name & Address: Sidetrack Bar and Grill 56 e. Cross St. Ypsilanti, MI 48198 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input checked="" 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>catering</u> 5. DATE OF RECEIPT: <u>04/03/14</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Sidetrack Bar and Grill 56 e. Cross St. Ypsilanti, MI 48198	\$ <u>50</u>	
Contribution #3 Name & Address: Beezy's 20 N. Washington St. 48197 Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input checked="" 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>catering</u> 5. DATE OF RECEIPT: <u>04/03/14</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Beezy's 20 N. Washington St. 48197 Ypsilanti, MI 48197	\$ <u>30</u>	

Page Subtotal **\$165.00**
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B-2010-0
2. Committee Name Partners for Transit

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: Bona Sera Cafe 200 W. Michigan Ave. Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input checked="" 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>catering</u> 5. DATE OF RECEIPT: <u>07/03/14</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Bona Sera Cafe 200 W. Michigan Ave. Ypsilanti, MI 48197	\$ <u>30</u>	
Contribution #2 Name & Address: Arbor Brewing Company 114 E. Washington St. Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input checked="" type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" 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 <u>8 growlers @ \$9</u> 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Arbor Brewing Company 114 E. Washington St. Ann Arbor, MI 48104	\$ <u>72</u>	
Contribution #3 Name & Address: Ecology Center 339 E. Liberty Ste 300 Ann Arbor, MI 48104 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 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>campaign staff</u> 5. DATE OF RECEIPT: <u>04/20/14</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>5048</u>	

Page Subtotal

\$5,150.00

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

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B-2010-0

2. Committee Name Partners for Transit

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: Ecology Center 339 E. Liberty Ste 300 Ann Arbor, MI 48104 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 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>use of office equipment</u> 5. DATE OF RECEIPT: <u>04/20/14</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>185</u>	\$ <u>5233</u>
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal

\$185.00

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

\$5,400.00

Enter this total on
line 6a of
Summary Page