



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: 04/21/14 To 06/05/14

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: _____
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
**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, 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 Grawi
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: 05/05/14

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.

FILED
 WASHTENAW COUNTY MI
 2014 JUN -9
 LAWRENCE K. HENNING
 COUNTY CLERK

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

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

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>23,639.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>23,639.00</u>	(18.) \$ <u>63,066.20</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>23,639.00</u>	(20.) \$ <u>63,066.20</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>2,748.00</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>2,748.00</u>	(21.) \$ <u>8,148.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>47,382.35</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>47,382.35</u>	(22.) \$ <u>63,430.00</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>47,382.35</u>	(24.) \$ <u>63,430.00</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>23,379.55</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>23,639.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>47,018.55</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>47,382.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-363.80</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)
3. Contribution # 1 Name & Address: Michael Allemang 3465 Vintage Valley Rd. Ann Arbor MI 48105		\$ 200	\$ 400
4. Date of Receipt <u>04/22/14</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: Anne Bagley 1315 S. Maple Rd. #307 Ann Arbor MI 48103		\$ 50	\$ 50
4. Date of Receipt <u>04/28/14</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 Rd. Ann Arbor MI 48105		\$ 120	\$ 270
4. Date of Receipt <u>04/21/14</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 # 4 Name & Address: Bill Brinkerhoff 325 W. Liberty Ann Arbor MI 48104		\$ 275	\$ 275
4. Date of Receipt <u>04/28/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Argus Farm Stop</u> Business Address <u>325 W. Liberty Ann Arbor Michigan 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$645.00**

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

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

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: Jean Cariberg 1902 Independence Ann Arbor MI 48104	4. Date of Receipt <u>05/02/14</u> \$ <u>100</u>	\$ <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 # 2 Name & Address: Judith Cawhorn 406 Hiscock St. Ann Arbor MI 48103	4. Date of Receipt <u>04/21/14</u> \$ <u>20</u>	\$ <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 # 3 Name & Address: Arun D'Souza 1502 Shadford Ann Arbor MI 48104	4. Date of Receipt <u>04/28/14</u> \$ <u>100</u>	\$ <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 # 4 Name & Address: Linda Diane Feldt 3 Keppler Court Ann Arbor MI 48103	4. Date of Receipt <u>04/21/14</u> \$ <u>25</u>	\$ <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 **\$245.00**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Leah Gillon 210 Pleasant Place Ann Arbor MI 48103 4. Date of Receipt <u>04/26/14</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>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Rene Greff 1305 Grant Street Ypsilanti MI 48197 4. Date of Receipt <u>04/28/14</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	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Charles Griffith 1500 DhuVarren Road Ann Arbor MI 48105 4. Date of Receipt <u>04/21/14</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>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Holly Heaviland 230 Crest Ann Arbor MI 48103 4. Date of Receipt <u>04/28/14</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	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization

Page Subtotal **\$300.00**

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Carsten Hohnke 1714 Abbott Ave. Ann Arbor MI 48103		\$ 100	\$ 100
4. Date of Receipt <u>04/30/14</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: Angela Jackson 3010 Geddes Ave. Ann Arbor MI 48104		\$ 100	\$ 100
4. Date of Receipt <u>04/23/14</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: Josephine Kelsey 1520 Arlington Blvd Ann Arbor MI 48104		\$ 25	\$ 25
4. Date of Receipt <u>04/28/14</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: Roger Kerson 402 Virginia Ann Arbor MI 48103		\$ 150	\$ 400
4. Date of Receipt <u>04/30/14</u>		Click Here for Memo Itemization	
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 type="checkbox"/> Fund Raiser			

Page Subtotal **\$375.00**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Brigit Macomber 815 Barton Dr. Ann Arbor MI 48105 4. Date of Receipt <u>04/28/14</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	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Eric Mahler 3267 Turnberry Lane Ann Arbor MI 48108 4. Date of Receipt <u>04/23/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Meritor, Inc</u> Business Address <u>2135 W. Maple Road Troy MI 48084</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>300</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Peter Mclsaac 1109 Lutz Ave Ann Arbor MI 48103 4. Date of Receipt <u>04/29/14</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	\$ <u>10</u>	\$ <u>10</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Richard Meisler 1203 Gardner Ann Arbor MI 48104 4. Date of Receipt <u>04/27/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Univ. 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	\$ <u>75</u>	\$ <u>150</u> Click Here for Memo Itemization

Page Subtotal

\$410.00

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Michael O'Donnell 435 Huntington Place Ann Arbor MI 48104	4. Date of Receipt <u>04/28/14</u> \$ <u>50</u>	\$ <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: Julia Owens 7 Jefferson Ct. Ann Arbor MI 48103	4. Date of Receipt <u>04/28/14</u> \$ <u>50</u>	\$ <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 # 3 Name & Address: Samuel Passmore 557 Allison Drive Ann Arbor MI 48103	4. Date of Receipt <u>05/04/14</u> \$ <u>50</u>	\$ <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 # 4 Name & Address: Jeremy Peters 3114 Chelsea Cir Ann Arbor MI 48108	4. Date of Receipt <u>04/28/14</u> \$ <u>50</u>	\$ <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		

Page Subtotal

\$200.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Susan Pollay 375 Lake Park Lane Ann Arbor MI 48103		\$ 500	\$ 600
4. Date of Receipt <u>04/28/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Ann Arbor DDA</u> Business Address <u>150 S. Fifth Ave. Ann Arbor 48104</u> 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: Phillip Roos 493 Orchard Hills Drive Ann Arbor MI 48104		\$ 250	\$ 250
4. Date of Receipt <u>04/22/14</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>Management Consulting</u> Employer <u>Rooster Works, LLC</u> Business Address <u>493 Orchard Hills Drive 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: Glen Sard 309 E. Cross St. Ypsilanti MI 48198		\$ 25	\$ 25
4. Date of Receipt <u>04/21/14</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: Sonia Schmerl 539 S. First St. Ann Arbor MI 48103		\$ 50	\$ 50
4. Date of Receipt <u>04/28/14</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 **\$825.00**

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Paul Sher 713 Miner St. Ann Arbor MI 48103 4. Date of Receipt <u>04/21/14</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>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Michael Shriberg 1473 Pine Valley Blvd. Ann Arbor MI 48104 4. Date of Receipt <u>04/22/14</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>75</u>	\$ <u>75</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Charles Smith 517 Krause St. Ann Arbor MI 48103 4. Date of Receipt <u>04/28/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Urban Planner</u> Employer <u>Wade Trim</u> Business Address <u>500 Griswold Detroit, Mi 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500</u>	\$ <u>500</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Chip Smith 517 Krause St. Ann Arbor MI 48103 4. Date of Receipt <u>04/29/14</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	\$ <u>100</u>	\$ <u>600</u> Click Here for Memo Itemization

Page Subtotal

\$725.00

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

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Gail Steih 3113 Miller Rd. Ann Arbor MI 48103		\$ 250	\$ 250
4. Date of Receipt <u>04/23/14</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: James Sullivan 1404 Linwood Ann Arbor MI 48103		\$ 25	\$ 25
4. Date of Receipt <u>05/03/14</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: Waleed Howrani 715 Miner Ann Arbor MI 48103		\$ 20	\$ 52
4. Date of Receipt <u>05/02/14</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: Donovan Benes 1203 Kingwood Ypsilanti MI 48197		\$ 20	\$ 20
4. Date of Receipt <u>04/24/14</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

\$315.00

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Donovan Bennes 1203 Kingwood Ypsilanti MI 48197 4. Date of Receipt <u>05/01/14</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>	\$ <u>40</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Susan Priller 1356 Ravenwood, Ann Arbor, MI 48103 4. Date of Receipt <u>04/25/14</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>\$10.00</u>	\$ <u>\$10.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: William Brinkerhoff 1011 Lincoln Ave., Ann Arbor, MI 48104 4. Date of Receipt <u>04/27/14</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Argus Farm Stop</u> Business Address <u>325 W. Liberty Ann Arbor MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>\$250.00</u>	\$ <u>525</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Virginia Rogers 1332 White St., Ann Arbor, MI 48104 4. Date of Receipt <u>04/28/14</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	\$ <u>\$20.00</u>	\$ <u>\$20.00</u> Click Here for Memo Itemization

Page Subtotal **\$300.00**

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-1020-002

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: Peter Woolf 1108 Mixtwood, Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>04/28/14</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: Christopher Taylor 1505 Brooklyn, Ann Arbor, MI 48104		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>04/28/14</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: Laurence Krieg 252 Carriage Way, Ypsilanti, MI 48197		\$ <u>3000</u>	\$ <u>3520</u>
4. Date of Receipt <u>04/25/14</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 # 4 Name & Address: Michael Olejnik 935 Westwood, Ann Arbor, MI 48103		\$ <u>\$25.00</u>	\$ <u>\$25.00</u>
4. Date of Receipt <u>04/25/14</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 **\$3,225.00**

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-1020-002

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: Lisa Wozniak 1018 Congress, Ypsilanti, MI 48197	4. Date of Receipt <u>04/25/14</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: University Bank Washtenaw, Ann Arbor, MI 48104	4. Date of Receipt <u>04/25/14</u>	\$ <u>1000</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 # 3 Name & Address: Dancing Sandwich Enterprises 422 Detroit St., Ann Arbor, MI 41804	4. Date of Receipt <u>04/25/14</u>	\$ <u>499</u>	\$ <u>499.00</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 Nacht 2533 N. Wagner, Ann Arbor, MI 48103	4. Date of Receipt <u>04/29/14</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Nacht & Associates</u> Business Address <u>One North Main, 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 **\$2,049.00**

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-1020-002
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>Linh Song</u> <u>1290 Bardstown Trail, Ann Arbor, MI 48105</u> 4. Date of Receipt <u>04/29/14</u>	\$ <u>2500</u>	\$ <u>2500</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Executive Director</u> Employer <u>AAPS Schools Educational Funding</u> Business Address <u>2555 S. State St. Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 2 Name & Address: <u>Janice Doyle</u> <u>2127 Woodside Dr., Ann Arbor, MI 48104</u> 4. Date of Receipt <u>04/29/14</u>	\$ <u>100</u>	\$ <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: <u>Lydia Fischer</u> <u>1526 Barnard Rd., Ann Arbor, MI 48103</u> 4. Date of Receipt <u>04/29/14</u>	\$ <u>50</u>	\$ <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 # 4 Name & Address: <u>Mary White</u> <u>1606 Morton, Ann Arbor, MI 48104</u> 4. Date of Receipt <u>04/29/14</u>	\$ <u>100</u>	\$ <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		

Page Subtotal **\$2,750.00**

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-1020-002

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: DTE Energy Services 1 Energy Plaza, Detroit, MI 48226 4. Date of Receipt <u>05/02/14</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>10000</u>	\$ <u>10000</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Michigan League of Conservation Voters 3029 Miller, Ann Arbor, MI 48103 4. Date of Receipt <u>05/02/14</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>1000</u>	\$ <u>1000</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Thomas Porter 635 N. Fifth Ave., Ann Arbor, MI 48104 4. Date of Receipt <u>05/02/14</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>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Susan Baskett 3 Trowbridge Ct., Ann Arbor, MI 48108 4. Date of Receipt <u>05/02/14</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>	\$ <u>25</u> Click Here for Memo Itemization

Page Subtotal **\$11,275.00**

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

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

1. Committee I. D. Number B-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: 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>Ad design</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 type="checkbox"/> Local	04/21/14 Date of Expenditure	\$ <u>545</u> \$ <u>1495</u>	
Expenditure # 2 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 type="checkbox"/> Local	04/21/14 Date of Expenditure	\$ <u>5000</u> \$ <u>7500</u>	
Expenditure # 3 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>Direct mail</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 type="checkbox"/> Local	04/25/14 Date of Expenditure	\$ <u>4775.95</u> \$ <u>7084.48</u>	
Expenditure # 4 Name & Address: Sawicki & Son 1521 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>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 type="checkbox"/> Local	04/25/14 Date of Expenditure	\$ <u>2236.6</u> \$ <u>5249.65</u>	

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\$12,557.55

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-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: TCF Bank 401 E. Liberty St., Ann Arbor, MI 48104	4. Purpose: <u>bank fee</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u>	<u>04/25/14</u> Date of Expenditure	<u>\$ 19.95</u>	<u>\$ 19.95</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: Martha Valadez 310 Maple St., Ypsilanti, MI 48198	4. Purpose: <u>campaign staff</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u>	<u>04/25/14</u> Date of Expenditure	<u>\$ 1050</u>	<u>\$ 2730</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Inland Press 2001 W. Lafayette Blvd., Detroit, MI 48216	4. Purpose: <u>Direct mail</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u>	<u>04/26/14</u> Date of Expenditure	<u>\$ 2702.56</u>	<u>\$ 9787.04</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: Orange Egg 5165 Hellner Rd., Ann Arbor, MI 48105	4. Purpose: <u>Ad placement</u> 5. Ballot Proposal: <u>Transit Improvement Millage</u>	<u>04/26/14</u> Date of Expenditure	<u>\$ 5930</u>	<u>\$ 5930</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

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\$9,702.51

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-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: Matt Ferris-Smith 3111 Brockman Blvd Ann Arbor, MI 48104-4718 <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>GOTV</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	<u>05/05/14</u> Date of Expenditure	<u>\$ 60</u> Amount	<u>\$ 60</u> Cumulative
Expenditure # 2 Name & Address: Erica Mooney 4620 Stein Rd Ann Arbor, MI 48105-9630 <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>GOTV</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	<u>05/05/14</u> Date of Expenditure	<u>\$ 90</u> Amount	<u>\$ 90</u> Cumulative
Expenditure # 3 Name & Address: Joey Ganga 3416 Platt Rd Rm 4 Ann Arbor, MI 48108-1872 <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>GOTV</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	<u>05/05/14</u> Date of Expenditure	<u>\$ 80</u> Amount	<u>\$ 80</u> Cumulative
Expenditure # 4 Name & Address: Danielle Klemola <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>GOTV</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	<u>05/05/14</u> Date of Expenditure	<u>\$ 80</u> Amount	<u>\$ 80</u> Cumulative

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\$310.00

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-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: Marco Arizankoski 1100 hull Ave. 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>GOTV</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	05/05/14 Date of Expenditure	\$ <u>70</u> \$ <u>70</u>	\$ <u>70</u>
Expenditure # 2 Name & Address: Eas Jamal Daragu 3655 Helen Ave Ypsilanti, MI 48197-3760 <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>GOTV</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	05/05/14 Date of Expenditure	\$ <u>90</u> \$ <u>90</u>	\$ <u>90</u>
Expenditure # 3 Name & Address: Kelly Watson 429 N Adams St Apt 3 Ypsilanti, MI 48197-2873 <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>GOTV</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	05/05/14 Date of Expenditure	\$ <u>210</u> \$ <u>210</u>	\$ <u>210</u>
Expenditure # 4 Name & Address: Mateso Mbala-Nkenga 3655 Helen Ave Ypsilanti, MI 48197-3760 <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>GOTV</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	05/05/14 Date of Expenditure	\$ <u>70</u> \$ <u>70</u>	\$ <u>70</u>

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\$440.00

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-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: Marco Arizankoski	4. Purpose: <u>GOTV</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	05/05/14 Date of Expenditure	\$ <u>70</u>	\$ <u>70</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 2 Name & Address: Martha Valadez 310 Maple St., Ypsilanti, MI 48198	4. Purpose: <u>campaign 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	05/09/14 Date of Expenditure	\$ <u>1800</u>	\$ <u>4530</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 3 Name & Address: Martha Valadez 310 Maple St., Ypsilanti, MI 48198	4. Purpose: <u>reimbursals</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	05/09/14 Date of Expenditure	\$ <u>156.43</u>	\$ <u>4686.43</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 4 Name & Address: Ecology Center 339 E. Liberty St., Ann Arbor, MI 48104	4. Purpose: <u>campaign 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	05/15/14 Date of Expenditure	\$ <u>2100</u>	\$ <u>2100</u>

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\$4,126.43

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-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: Alexis Blizman 28993 Glenarden, Farmington Hills, MI 48334 <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>travel and campaign expenses</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	05/15/14 Date of Expenditure	\$ <u>1605.61</u> \$ <u>1605.61</u>	\$ <u>1605.61</u>
Expenditure # 2 Name & Address: DiSano Strategies 5859 W. Saginaw, Lansing, MI 48917 <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	05/15/14 Date of Expenditure	\$ <u>250</u> \$ <u>250</u>	\$ <u>250</u>
Expenditure # 3 Name & Address: Get Out the Vote 100 W. 39th St., New York, NY 10018 <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>voter ID phone calls</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	05/15/14 Date of Expenditure	\$ <u>1937.76</u> \$ <u>1937.76</u>	\$ <u>1937.76</u>
Expenditure # 4 Name & Address: Sarah Berry 738 Harriet St., Ypsilanti, MI 48197 <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>GOTV</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	05/15/14 Date of Expenditure	\$ <u>100</u> \$ <u>100</u>	\$ <u>100</u>

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\$3,893.37

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-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: James Greggs 2025 Merrill St., Ypsilanti, MI 48197 <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>GOTV</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	05/15/14 Date of Expenditure	\$ <u>50</u> \$ <u>50</u>	\$ <u>50</u>
Expenditure # 2 Name & Address: Stefanie Stauffer 4847 Merrill St., Ypsilanti, MI 48197 <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>GOTV</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	05/15/14 Date of Expenditure	\$ <u>50</u> \$ <u>50</u>	\$ <u>50</u>
Expenditure # 3 Name & Address: Amy Jelks 745 Davis, 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>GOTV</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	05/15/14 Date of Expenditure	\$ <u>100</u> \$ <u>100</u>	\$ <u>100</u>
Expenditure # 4 Name & Address: Darren Troy Ormsby 1185 Jay Ave., 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>GOTV</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	05/15/14 Date of Expenditure	\$ <u>60</u> \$ <u>60</u>	\$ <u>60</u>

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\$260.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

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

BALLOT QUESTION COMMITTEE

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: TheRide 2700 S. Industrial Hwy., Ann Arbor, MI 48104 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>research</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	05/15/14 Date of Expenditure	\$ <u>59.43</u>	\$ <u>59.43</u>
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>Ad design</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	05/15/14 Date of Expenditure	\$ <u>925</u>	\$ <u>2420</u>
Expenditure # 3 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>Ad design</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	05/15/14 Date of Expenditure	\$ <u>100</u>	\$ <u>2520</u>
Expenditure # 4 Name & Address: Paypal San Jose, CA <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>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	05/15/14 Date of Expenditure	\$ <u>138.46</u>	\$ <u>242.26</u>

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\$1,222.89

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B-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: 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>direct mail</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	04/29/14 Date of Expenditure	\$ <u>9911.6</u> Date of Expenditure	\$ 19698.64 Click for Memo Itemization Type
Expenditure # 2 Name & Address: Orange Egg 5165 Hellner Road, Ann Arbor, MI 48105 <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>ad placement</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	04/30/14 Date of Expenditure	\$ <u>4958</u> Date of Expenditure	\$ 10888 Click for Memo Itemization Type
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: <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	_____ Date of Expenditure	\$ _____ Date of Expenditure	\$ _____ Click for Memo Itemization Type
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: <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	_____ Date of Expenditure	\$ _____ Date of Expenditure	\$ _____ Click for Memo Itemization Type

Subtotal this page **\$14,869.60**
 Grand Total of Schedules 4B (Complete on last page of Schedule) **\$47,382.35**

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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

2. Committee Name Partners in 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 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>05/15/14</u> 6. VENDOR NAME & ADDRESS:	\$ <u>2748</u>	\$ <u>7796</u> Click Here for Memo Itemization
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: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____ Click Here for Memo Itemization
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: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal _____

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

Enter this total on line 6a of Summary Page