



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: Apr. 20 To May 2/14

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

4. Committee's Mailing Address
P.O. B 7545
AZ, MI 48109

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 AZ MI 48103
Area Code and Phone 734-930-0581

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

6. Treasurer's Business Address
Graham Inst. U.M.
214 S. State, AZ, MI 48104
Area Code and Phone 734-615-8402

8d: _____
8e: AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

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: _____

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)

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 [Signature]
Type or Print Name Signature

FILED
JUN 13 P 2
LAWRENCE KESTENBARK/REGISTRAR
WASHTENAW COUNTY, MI



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>23,899.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>23,899.00</u>	(18.) \$ <u>63,430.00</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>23,899.00</u>	(20.) \$ <u>63,430.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-1K, 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>23,483.35</u>	
14. Amount received during reporting period' (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>23,899.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>47,382.35</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>0.00</u>	*

FILED
 WASHTEENAW COUNTY, MI
 2010 JUN 13 P 39
 LAWRENCE KESTER, JUDGE
 COUNTY CLERK/REGISTRAR

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



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
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FILED
 WASHTENAW COUNTY, MI
 2014 JUN 13 P 3:39
 LAWRENCE KESTENBAUM
 COUNTY CLERK/REGISTRAR

*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 Allemang 3465 Vintage Valley Rd. Ann Arbor MI 48105</p> <p>4. Date of Receipt <u>04/22/14</u></p> <p>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</p>	<p>\$ <u>200</u></p>	<p>\$ <u>400</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Anne Bagley 1315 S. Maple Rd. #307 Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/28/14</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>50</u></p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Janis Bobrin 3465 Vintage Valley Rd. Ann Arbor MI 48105</p> <p>4. Date of Receipt <u>04/21/14</u></p> <p>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</p>	<p>\$ <u>120</u></p>	<p>\$ <u>270</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Bill Brinkerhoff 325 W. Liberty Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>04/28/14</u></p> <p>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</p>	<p>\$ <u>275</u></p>	<p>\$ <u>275</u></p> <p>Click Here for Memo Itemization</p>

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 Carlberg 1902 Independence Ann Arbor MI 48104		
4. Date of Receipt <u>05/02/14</u>	\$ <u>100</u>	\$ <u>100</u>
Click Here for Memo Itemization		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>
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: Arun D'Souza 1502 Shadford Ann Arbor MI 48104		
4. Date of Receipt <u>04/28/14</u>	\$ <u>100</u>	\$ <u>100</u>
Click Here for Memo Itemization		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>
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 **\$245.00**

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: 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
(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: Carsten Hohnke 1714 Abbott Ave. Ann Arbor MI 48103		
4. Date of Receipt <u>04/30/14</u>		
	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: Angela Jackson 3010 Geddes Ave. Ann Arbor MI 48104		
4. Date of Receipt <u>04/23/14</u>		
	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: Josephine Kelsey 1520 Arlington Blvd Ann Arbor MI 48104		
4. Date of Receipt <u>04/28/14</u>		
	\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 Name & Address: Roger Kerson 402 Virginia Ann Arbor MI 48103		
4. Date of Receipt <u>04/30/14</u>		
	\$ <u>150</u>	\$ <u>400</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 type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **\$375.00**

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

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

\$410.00



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

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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 O'Donnell 435 Huntington Place Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>04/28/14</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>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 2 Name & Address: Julia Owens 7 Jefferson Ct. Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/28/14</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>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 3 Name & Address: Samuel Passmore 557 Allison Drive Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>05/04/14</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>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 4 Name & Address: Jeremy Peters 3114 Chelsea Cir Ann Arbor MI 48108</p> <p>4. Date of Receipt <u>04/28/14</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>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>

Page Subtotal

\$200.00

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)
<p>3. Contribution # 1 Name & Address: Susan Pollay 375 Lake Park Lane Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/28/14</u></p> <p>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</p>	<p>\$ <u>500</u></p>	<p>\$ <u>600</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: Phillip Roos 493 Orchard Hills Drive Ann Arbor MI 48104</p> <p>4. Date of Receipt <u>04/22/14</u></p> <p>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</p>	<p>\$ <u>250</u></p>	<p>\$ <u>250</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: Glen Sard 309 E. Cross St. Ypsilanti MI 48198</p> <p>4. Date of Receipt <u>04/21/14</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>25</u></p>	<p>\$ <u>25</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: Sonia Schmerl 539 S. First St. Ann Arbor MI 48103</p> <p>4. Date of Receipt <u>04/28/14</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>50</u></p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>

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>		
	\$ <u>50</u>	\$ <u>50</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: Michael Shriberg 1473 Pine Valley Blvd. Ann Arbor MI 48104		
4. Date of Receipt <u>04/22/14</u>		
	\$ <u>75</u>	\$ <u>75</u>
Click Here for Memo Itemization		
5. If over \$100.00 cumulative, please provide:		
Occupation _____ Employer _____		
Business Address _____		
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 Name & Address: Charles Smith 517 Krause St. Ann Arbor MI 48103		
4. Date of Receipt <u>04/28/14</u>		
	\$ <u>500</u>	\$ <u>500</u>
Click Here for Memo Itemization		
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		
3. Contribution # 4 Name & Address: Chip Smith 517 Krause St. Ann Arbor MI 48103		
4. Date of Receipt <u>04/29/14</u>		
	\$ <u>100</u>	\$ <u>600</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 **\$725.00**

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: Gail Steih 3113 Miller Rd. Ann Arbor MI 48103		
4. Date of Receipt <u>04/23/14</u>		
	\$ <u>250</u>	\$ <u>250</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		
4. Date of Receipt <u>05/03/14</u>		
	\$ <u>25</u>	\$ <u>25</u>
Click Here for Memo Itemization		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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		
4. Date of Receipt <u>05/02/14</u>		
	\$ <u>20</u>	\$ <u>52</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		
4. Date of Receipt <u>04/24/14</u>		
	\$ <u>20</u>	\$ <u>20</u>
Click Here for Memo Itemization		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 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 # 2 Name & Address: Christopher Taylor 1505 Brooklyn, 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>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Laurence Krieg 252 Carriage Way, Ypsilanti, MI 48197 4. Date of Receipt <u>04/25/14</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>3000</u>	\$ <u>3520</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Michael Olejnik 935 Westwood, 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>\$25.00</u>	\$ <u>\$25.00</u> Click Here for Memo Itemization

Page Subtotal

\$3,225.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-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		
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Page Subtotal

\$2,049.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: Linh Song 1290 Bardstown Trail, Ann Arbor, MI 48105 4. Date of Receipt <u>04/29/14</u> 5. If over \$100.00 cumulative, please provide: 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	\$ <u>2500</u>	\$ <u>2500</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Janice Doyle 2127 Woodside Dr., Ann Arbor, MI 48104 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>100</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Lydia Fischer 1526 Barnard Rd., 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>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Mary White 1606 Morton, Ann Arbor, MI 48104 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>100</u> Click Here for Memo Itemization

Page Subtotal **\$2,750.00**

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

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

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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: Edith Croake 14 Ridgemor Drive Ann Arbor, MI 48104 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 # 2 Name & Address: Janis Bobrin 3465 Vintage Valley Ann Arbor, MI 48105 4. Date of Receipt <u>04/21/14</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>370</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Waleed Howrani 715 Miner 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>20</u>	\$ <u>72</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Harvey Somers 2129 Autumn Hill Drive 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>20</u>	\$ <u>190</u> Click Here for Memo Itemization

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\$240.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-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: _____ Michael Allemang 3465 Vintage Valley Ann Arbor, MI 48105	\$ <u>50</u>	\$ <u>450</u>
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 # 2 Name & Address: _____ Edith Croake 14 Ridgemor Drive Ann Arbor, MI 48103	\$ <u>25</u>	\$ <u>125</u>
4. Date of Receipt <u>04/29/14</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 # 3 Name & Address: _____ Catherine Marquardt 310 Hiscock Ann Arbor, MI 48103	\$ <u>40</u>	\$ <u>40</u>
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: _____ Waleed Howrani 715 Miner Street Ann Arbor, MI 48103	\$ <u>5</u>	\$ <u>77</u>
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		

Page Subtotal **\$120.00**

Grand Total of All Schedules 4A
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