



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: 7/23/18 To 8/27/18

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

4. Committee's Mailing Address **PARTNERS FOR TRANSIT
PO BOX 8093
ANN ARBOR, MI 48107**

2. Committee Name
PARTNERS FOR TRANSIT

Area Code and Phone: 734-369-9263
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
**ERICA JOLOKAI
316 S STATE ST
ANN ARBOR, MI 48104**
Area Code and Phone 734-369-9236

6. Treasurer's Business Address
**ERICA JOLOKAI
316 S STATE ST
ANN ARBOR, MI 48104**
Area Code and Phone 734-369-9263

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

Area Code and Phone

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR
 POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____

Date of Election:
8/7/18

8b. FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(____ Coverage Year)

8d: Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

FILED
WASHTENAW COUNTY, MI
2018 AUG 29 A
LAWRENCE J. WESTER
COUNTY CLERK/RECORDER

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 ERICA JOLOKAI
Type or Print Name

Erica Jolokai
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>5050.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>5050.00</u>	(18.) \$ <u>37965.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>5050.00</u>	(20.) \$ <u>37965.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0</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>0</u>	(21.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>19389.58</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>19389.58</u>	(22.) \$ <u>38,037.85</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>19389.58</u>	(24.) \$ <u>38,037.85</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</u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>15,208.76</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>5050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>20,258.76</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>19,389.58</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>869.18</u>	*

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



MICHIGAN DEPARTMENT OF STATE
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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: GAINSLEY, GILLIAN 409 N ADAMS YPSILANTI, MI 48197		\$ 50.	\$ 50.
4. Date of Receipt <u>7/31/18</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: TRANSPORTATION WORKERS UNION 501 3RD ST NW WASHINGTON DC 20001		\$ 5000.	\$ 5000.
4. Date of Receipt <u>8/9/18</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:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 5050.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule) 5050.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2010002

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	4. Purpose: <u>DIRECT MAIL POST</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>7/31/18</u> Date of Expenditure	\$ <u>3709.51</u>	\$ <u>18080.14</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: INLAND PRESS 2001 W LAFAYETTE BLVD DETROIT, MI 48216	4. Purpose: <u>DIRECT MAIL PRINT AND POST</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>7/31/18</u> Date of Expenditure	\$ <u>5246.51</u>	\$ <u>18080.14</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: ORANGE EGG ADVERTISING 5165 HELLNER RD STE 200 ANN ARBOR, MI 48105	4. Purpose: <u>RADIO ADVERTISING</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>8/3/18</u> Date of Expenditure	\$ <u>4920.</u>	\$ <u>4920.</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: ECOLOGY CENTER 339 E LIBERTY ST STE 300 ANN ARBOR, MI 48104	4. Purpose: <u>MISC EXPENSES</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>8/8/18</u> Date of Expenditure	\$ <u>502.46</u>	\$ <u>10502.46</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		

Subtotal this page **14378.48**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule)

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2010002
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: ECOLOGY CENTER 339 E LIBERTY STE 300 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>CAMPAIGN MANAGEMENT</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>8/8/18</u> Date of Expenditure	\$ <u>4000.</u>	\$ <u>10502.46</u>
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: FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>ADVERTISING</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>8/6/18</u> Date of Expenditure	\$ <u>1009.05</u> \$ <u>1009.05</u>
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: PAYPAL 2211 N FIRST ST SAN JOSE, CA 95131 <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>ONLINE DONATION PROCESSING</u> 5. Ballot Proposal: <u>TRANSIT MILLAGE RENEWAL</u>	<u>8/9/18</u> Date of Expenditure	\$ <u>2.05</u> \$ <u>133.30</u>
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: <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: Date of Expenditure	\$ _____ Date of Expenditure	\$ _____
County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type	Subtotal this page 5011.10			
Grand Total of Schedules 4B (Complete on last page of Schedule)				19,389.58

Enter this total on Line 8a of the Summary Page

