



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: 10/22/19 To 11/25/19

1. Committee I.D. Number

4. Committee's Mailing Address

716 Lans Way
Ann Arbor, MI 48103

2. Committee Name
Coalition for Transparency and Fiscal Responsibility for AAPS

Area Code and Phone: (734) 635-2917
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
Amy Jordan
716 Lans Way
Ann Arbor, MI 48103

Area Code and Phone (734) 635-2917

6. Treasurer's Business Address
same

Area Code and Phone

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:
11/05/19

8b.
 FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(_____ Coverage Year)

8d:
 Post Petition Sample Filing under MCL 168.483a

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

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

8f. DISSOLUTION OF COMMITTEE REQUEST

Effective Date of Dissolution _____

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Amy Jordan
Type or Print Name

Amy Jordan
Signature

FILED
 LAWRENCE H. JONES
 CLERK
 WASHINGTON COUNTY, MI
 2019 DEC 11 11:17



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____
Coalition for Transparency and Fiscal Responsibility from AAPS
2. Committee Name _____

This Schedule itemizes: (Check either a or b. Use only for the purpose checked.)
a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)															
Debt #1 Owed to or by: Brad Jordan 716 Lans Way Ann Arbor, MI 48103	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred</u> <u>11/23/19</u> 6. <u>Original Amount of Debt</u> <u>\$ 60.00</u>	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____																			
Debt #2 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____																			
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____																			

Page Subtotal (Outstanding debt) \$60.00

Grand Total of all Schedules 4E \$60.00
(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name Coalition for Transparency and Fiscal Responsibility from AAPS

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>1,243.17</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1,243.17</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1,243.17</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
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.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1,243.17</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>1,243.17</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>60.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1,243.17</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1,243.17</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1,243.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name Coalition for Transparency and Fiscal Responsibility for AAPS

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Sawicki & Son 1521 W. LaFayette Detroit, MI 48216 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Signage</u> 5. Ballot Proposal: <u>\$1 Billion Bond by AAPS</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/31/19 Date of Expenditure	\$ <u>731.40</u>	\$ 731.40 Click for Memo Itemization Type
Expenditure # 2 Name & Address: Dollar Bill Copying 611 Church Street 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>Flyers</u> 5. Ballot Proposal: <u>\$1 Billion Bond by AAPS</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/25/19 Date of Expenditure	\$ <u>140.77</u>	\$ 872.17 Click for Memo Itemization Type
Expenditure # 3 Name & Address: Benchmark Design Studio PO Box 2922 Ann Arbor, MI 48106 <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>Signage</u> 5. Ballot Proposal: <u>\$1 Billion Bond by AAPS</u> County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/22/19 Date of Expenditure	\$ <u>371</u>	\$1243.17 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 _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	_____	_____ Click for Memo Itemization Type

Subtotal this page \$1243.17
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) \$1243.17

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Trans personal Physical Accessibility

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>Jenny Silva</u> <u>747 Lans way, Ann Arbor</u> <u>MI 48103</u> 4. Date of Receipt <u>10/21/19</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>20</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Wendy Rampson-Gage</u> <u>305 Pauline Blvd</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/21/19</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>70</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Andrew Smith</u> <u>1735 North brook Drive</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</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>90</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Maria Laber teaux</u> <u>2357 Springridge Dr</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</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>110</u> Click Here for Memo Itemization

Page Subtotal

\$110
\$1243.17

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency & Fiscal Responsibility from AAPA

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>Richard Cooke</u> <u>521 5th St</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</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>130</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Laura Alford</u> <u>212 Greenview Dr</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</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>180</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Jenny Silva</u> <u>747 Lans way, A2 MI 48103</u> 4. Date of Receipt <u>10/22/19</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>190</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Mary Ann Wattles</u> <u>2235 Miller Ave</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/22/19</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>200</u> Click Here for Memo Itemization

Page Subtotal \$90
 Grand Total of All Schedules 4A (Complete on last page of Schedule) \$1243.17

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency and Fiscal Responsibility from AARS

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>John Eaton</u> <u>1208 Edgewood Ave</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</u> 5. If over \$100.00 cumulative, please provide:	\$ <u>50</u>	\$ <u>250</u> 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: <u>John Eaton</u> <u>1208 Edgewood Ave</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</u> 5. If over \$100.00 cumulative, please provide:	\$ <u>10</u>	\$ <u>260</u> 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>Jennifer Manning</u> <u>2021 Devolson Ave</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>10/22/19</u> 5. If over \$100.00 cumulative, please provide:	\$ <u>20</u>	\$ <u>280</u> 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>Joseph Niman</u> <u>1424 Morehead Dr</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/22/19</u> 5. If over \$100.00 cumulative, please provide:	\$ <u>20</u>	\$ <u>300</u> 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 350.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule) \$1243.17

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency & Fiscal Responsibility from AAOS

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>Lisa Patrell</u> <u>520 Soule Blvd</u> <u>Ann Arbor, MI 48103</u>		4. Date of Receipt <u>10/23/19</u> 6. Amount \$ <u>10</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>310</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: <u>Leslie Mason</u> <u>1709 Hanover</u> <u>Ann Arbor, MI 48103</u>		4. Date of Receipt <u>10/23/19</u> 6. Amount \$ <u>10</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>320</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: <u>Holy Eliot</u> <u>1003 Miller Ave</u> <u>Ann Arbor, MI 48103</u>		4. Date of Receipt <u>10/23/19</u> 6. Amount \$ <u>30</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>350</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: <u>Kristine Nelson</u> <u>1538 Ardmore Ave</u> <u>Ann Arbor, MI 48103</u>		4. Date of Receipt <u>10/23/19</u> 6. Amount \$ <u>20</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>370</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$ 70

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

\$ 1243.17

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency + Fiscal Responsibility from AAPS

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>Susan Remington</u> <u>1417 Maxwell Ave</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/25/19</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>15</u>	\$ <u>385</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Monique Wardner</u> <u>2921 Overridge Dr</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>10/26/19</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>410</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Cathy Reistfield</u> <u>1689 Arlington Blvd</u> <u>Ann Arbor MI 48104</u> 4. Date of Receipt <u>10/26/19</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>30</u>	\$ <u>440</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>George Evans</u> <u>1392 Brookfield Dr</u> <u>Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/26/19</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>460</u> Click Here for Memo Itemization

Page Subtotal \$90

Grand Total of All Schedules 4A
(Complete on last page of Schedule) \$124317

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name Coalition for Transparency

Fiscal Responsibility from APPS

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>Leslie Keitaber</u> <u>1812 Norway Rd</u> <u>Ann Arbor, MI 48104</u>	4. Date of Receipt <u>10/28/19</u>	\$ <u>15</u>	\$ <u>475</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: <u>Francis Glorie</u> <u>827 Brooks, Ann Arbor, MI 48103</u>	4. Date of Receipt 11/22/19 <u>11/2/19</u>	\$ <u>60</u>	\$ <u>535</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: <u>Virginia Simon</u> <u>830 W. Washington St.</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>11/6/19</u>	\$ <u>20</u>	\$ <u>555</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: <u>Ann Stevenson</u> <u>1st Street, Ann Arbor, MI 48103</u>	4. Date of Receipt <u>11/22/19</u>	\$ <u>10</u>	\$ <u>565</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$ 105
\$ 1393.17

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency & Fiscal Responsibility from AMO

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>Lindsay Vlasak</u> <u>638 Lans way</u> <u>Ann Arbor, MI 48103</u>		\$ <u>20</u>	\$ <u>585</u>
4. Date of Receipt <u>11/22/19</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: <u>Susan Harwitz</u> <u>1520 Cambridge</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100</u>	\$ <u>685</u>
4. Date of Receipt <u>11/1/19</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: <u>Debra Bouque</u> <u>3769 Santa Fe Trail</u> <u>Ann Arbor MI 48108</u>		\$ <u>25</u>	\$ <u>710</u>
4. Date of Receipt <u>11/2/19</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: <u>Julie Geyer</u> <u>1240 Bardstown Trail</u> <u>Ann Arbor MI 48105</u>		\$ <u>10</u>	\$ <u>720</u>
4. Date of Receipt <u>11/1/19</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			

7
9/10 of 12

Page Subtotal \$155
 Grand Total of All Schedules 4A
 (Complete on last page of Schedule) \$1243.17
 Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency + Fiscal Responsibility from A/R

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>Cathy Reisfield</u> <u>1689 Arlington Blvd, Ann Arbor MI 48104</u>	4. Date of Receipt <u>11/2/19</u>	40 100	\$ <u>760</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: <u>Linda Pedrick</u> <u>654 Green hills Dr Ann Arbor, MI 48105</u>	4. Date of Receipt <u>11/1/19</u>	40	\$ <u>800</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: <u>M. Pzepka</u> <u>905 Indianola Ann Arbor, MI 48105</u>	4. Date of Receipt <u>11/2/19</u>	20	\$ <u>820</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: <u>Carol Retmer</u> <u>2817 Hampshire Rd</u> <u>Ann Arbor MI 48104</u>	4. Date of Receipt <u>10/28/19</u>	10	\$ <u>830</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$ 110
Grand Total of All Schedules 4A (Complete on last page of Schedule) 1243.17

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency & Fiscal Responsibility from MAPS

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>Phil Carroll</u> <u>1606 Lincoln Ave</u> <u>Ann Arbor MI</u>			
4. Date of Receipt <u>11/1/19</u>		\$ <u>20</u>	\$ <u>840</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: <u>Meredith McGehee</u> <u>2810 Hampshire Rd</u> <u>Ann Arbor 48104</u>			
4. Date of Receipt <u>10/30/19</u>		\$ <u>10</u>	\$ <u>850</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: <u>Monique Wardman</u> <u>2921 Overridge Dr</u> <u>Ann Arbor MI 48104</u>			
4. Date of Receipt <u>11/22/19</u>		\$ <u>70</u>	\$ <u>920</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: <u>Sandra Connella</u> <u>3125 Geddes</u> <u>Ann Arbor, MI 4810</u>			
4. Date of Receipt <u>11/7/19</u>		\$ <u>20</u>	\$ <u>940</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$ 120

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

\$ 1243.17

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency & Fiscal Responsibility from ADAS

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>Michaela Brennan</u> <u>2884 Ticknor Court</u> <u>Ann Arbor, MI 48104</u>	4. Date of Receipt <u>10/20/19</u>	\$ <u>20</u>	\$ <u>960</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: <u>Jeanne White</u> <u>1220 Bardstown Trail, Ann Arbor</u> <u>48105</u>	4. Date of Receipt <u>11/1/19</u>	\$ <u>20</u>	\$ <u>980</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: <u>Linda Harwood</u> <u>1010 Mark bergy</u> <u>Ann Arbor 48105</u>	4. Date of Receipt <u>11/1/19</u>	\$ <u>15</u>	\$ <u>995</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: <u>Shawn Salata</u> <u>2705 Colony</u> <u>Ann Arbor, MI 48104</u>	4. Date of Receipt <u>11/2/19</u>	\$ <u>15</u>	\$ <u>1010</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

970
1243.17

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

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency + Fiscal Responsibility from AARU

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>Cathy Seishab</u> <u>20781 Chaucer Dr</u> <u>Ann Arbor MI 48103</u>	4. Date of Receipt <u>11/1/19</u>	\$ <u>20</u>	\$ <u>1030</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: <u>Libby Hantor</u> <u>827 Bruce, Ann Arbor MI 48103</u>	4. Date of Receipt <u>10/25/19</u>	\$ <u>10</u>	\$ <u>1040</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: <u>Stephen Gutierrez</u> <u>411 Linda Vista St, Ann Arbor, MI 48103</u>	4. Date of Receipt <u>11/2/19</u>	\$ <u>20</u>	\$ <u>1060</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: <u>John Eaton</u> <u>1208 Edgewood Ave</u> <u>Arbor MI 48103</u>	4. Date of Receipt <u>11/2/19</u>	\$ <u>40</u>	\$ <u>1100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$ 90

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

\$ 1243.17

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____
2. Committee Name Coalition for Transparency & Fiscal Responsibility *Ann Arbor*

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 4. Date of Receipt 10/26/19

Name & Address: Erica Fitzgerald
708 Duncan St
Ann Arbor MI 48103

\$ 20 \$ 1120

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 10/26/19

Name & Address: Jill Castillo
385 Columbus Dr.
Ann Arbor, MI 48103

\$ 20 \$ 1140

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 11/22/19

Name & Address: Amy Jordan
716 Cans Way
Ann Arbor, MI 48103

\$ 43.17 \$ 1183.17

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt 11/23/19

Name & Address: Brad Jordan
716 Cans Way
Ann Arbor MI 48103

\$ 60 \$ 1243.17

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$143.17

Grand Total of All Schedules 4A
(Complete on last page of Schedule) \$1243.17

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____
2. Committee Name Coalition for Transparency and Fiscal Responsibility for AAPS

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Sawicki & Son 1521 W. LaFayette Detroit, MI 48216	4. Purpose: <u>Signage</u> 5. Ballot Proposal: <u>\$1 Billion Bond by AAPS</u>	<u>10/31/19</u> Date of Expenditure	<u>\$ 731.40</u>	<u>\$ 731.40</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: Dollar Bill Copying 611 Church Street Ann Arbor, MI 48104	4. Purpose: <u>Flyers</u> 5. Ballot Proposal: <u>\$1 Billion Bond by AAPS</u>	<u>10/25/19</u> Date of Expenditure	<u>\$ 140.77</u>	<u>\$ 872.17</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Benchmark Design Studio PO Box 2922 Ann Arbor, MI 48106	4. Purpose: <u>Signage</u> 5. Ballot Proposal: <u>\$1 Billion Bond by AAPS</u>	<u>10/22/19</u> Date of Expenditure	<u>\$ 371</u>	<u>\$ 1243.77</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose:	5. Ballot Proposal:	Date of Expenditure	Click for Memo Itemization Type
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type	

FILED
 WASHTEENAW COUNTY, MI
 2019 DEC -5 A 11:17
 LAWRENCE KESTENBAM
 COUNTY CLERK/REGISTRAR

Subtotal this page **\$1,243.17**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$1,243.17**

Enter this total
on Line 8a of
the Summary
Page

