

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL

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: 07/21/08	то 08/25/08			
1. Cammittee I.D. Number	4. Committee's Mailing Address				
P-2002-010	118 S. Washington St. Ypsilanti, MI 48197				
2. Committee Name	r panariu, ivii 40 /3/	O 45			
THE COMMITTEE FOR BETTER GOVERNMENT	Area Code and Phone (734) 482-9682 If the address in this box is different from the coorganization, mail may be sent to this address.				
5. Treasurer's Name and Residential Address					
Steve Pierce 118 S. Washington St. Ypsilanti, MI 48197	Area Code and Phone	HED DINTY			
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Mailin	ng Address (If the constrictee has a Designated			
1013 San Mateo SE Albuquerque, NM 87108	Record Keeper)				
Area Code and Phone (505) 349-3470		Area Code and Phone			
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL	ACCUSADY E-TO MIDERENIE AND	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON			
COMMITTEES REGISTERED ON STATE LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED	STATE AND COUNTY LEVEL			
8a. TRIANNUAL STATEMENTS	ON COUNTY LEVEL	CALL AND COUNTY ELEVER			
Even Year April 25 January 31 July 25 July 25	8d ANNUAL STATEMENT (Coverage Year) 8e. PRE-ELECTION OR 8f. POST-ELECTION	8g. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. DISSOLUTION OF COMMITTEE			
Cotober 25 Cotober 25	Pre-Election or Post-Election Statement relates to:				
8b.QUARTERLY STATEMENTS	PRIMARY GENERAL	Effective Date of Dissolution			
CAUCUS COMMITTEES (ONLY) January 31 April 25 July 25 October 25	CONVENTION SCHOOL SPECIAL CAUGUS Date of Election, Convention or Caugus:	By checking this item, NWe certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	08/05/08	Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.			
A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, of the information listed in items 2, 4, 5, 6 or 7 has changed state the Statement of Organization should accompany this Campa deadline of a required campaign statement, that campaign	expenditures and outstanding debts count against noe the information was shown on the committee's ign Statement. If a request for a Reporting Wah	the \$1,000 Reporting Waiver threshold. If any statement of Organization, an amendment to			
Verification: I certify that all reasonable diligence was used knowledge and belief the contents are true, accurate and contents.	in the preparation of this statement and attached inplete.	schedules (if any) and to the best of my			
Current Treasurer or Steve Pierce	stere l'é	PCC Date 09/04/08			
Designated Record Keeper Type or Print Name	Signature				



1. Committee I.D. Number P-2002-010

SUMMARY PAGE
EPENDENT OR POLITICAL COMMITTEE

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

2. Committee Name THE COMMITTEE FOR BETTER GOVERNMENT

INDEPENDENT OR POLITICAL COMMITTEE	· · · · · · · · · · · · · · · · · · ·	
RECEIPTS 3. Contributions	Column I This Period	Column II Cumulative for Calendar Year
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a) \$1,425.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) S NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$1,425.00	(18.) \$2,605.00
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) IN-KIND CONTRIBUTIONS	(5.) \$ 1,425.00	(20.) \$ 2,605.00
6. In-Kind Contributions a. Itemized (Schedule 2-lK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$	(21.)\$
8. Expenditures a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(85.) \$	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ (8d.)	
e. Subtotal of Expenditures	(8e.) \$ 2,535.09	(22.)\$ 2,544.74
9. Independent Expenditures (Schedule 28-1, Column 7)	(9.) \$	(23.)\$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES	(10.) \$ 2,535.09	(24.) \$
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) DEBTS AND OBLIGATIONS	(11.)\$	(25.) \$
12. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.) \$	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ 0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$1,171.35	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 1,425.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 2,596.35	
Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 2,535.09	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 61.26	*



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 2A

INDEPENDENT OR POLIT		Committee Name THE	COMMITTEE FOR I	BETTER GOVERNMENT
Please enter contributor's name and addres and middle Initial. Check box to indicate if of Committee (Both are commonly called PAC	contribution is from a Political Commit	l, enter last name, first na tee or an independent	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
Contribution # 1 Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt 08/02/08			date of receipt)
Karen Maurer			_{\$} 50	s 100
35 S Summit Ypsilanti, MI 48197		*		
5. If over \$100.00 cumulative, please pro	ovide:		Click Here for	Memo Itemization Type
Occupation Business Owner	Employer Maurer Mgt	•	Ontak Horo lot	Wellio Herinzagor sype
Business Address 35 S Summit Ypsilanti,	MI 48197		•	
Type of Contribution:	Loan from a person	Fund Raiser	-	
3. Contribution # 2 Is this contribution from a PAC? YES Name & Address:	4. Date of Receipt 08/02/08			
Eric Maurer			_{\$} 50	ş <u>50</u>
35 S Summit				
Ypsilanti, Ml 48197			Click Here for t	Memo Itemization Type
5. If over \$100.00 cumulative, please prov	ide:			
Occupation	Employer		•	
Business Address				
Type of Contribution:	Loan from a person	✓ Fund Raiser		
3. Contribution #3				
Is this contribution from a PAC?	4. Date of Receipt 07/30/08			
Name & Address:				
Rick Fischer			_s _500	_s 500
3751 Highcrest Sr	•			
Brighton, MI 48116			Click Here for iv	lemo Itemization Type
. If over \$100.00 cumulative, please provide	dar	×		
	Employer Fischer Honda			
Business Address 15 E Michigan Ave,	Ypsilanti, MI 48198			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #4	4. Date of Receipt 07/29/08		***************************************	
s this contribution from a PAC?	-			•
John Bailey			_s 50	و5
514 Fairview Circle				
Ypsilanti MI 48197			Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please prov	ride:			
er it over \$, out of out the last of places \$100	•			
Occupation	_ Employer		-	
Business Address — 7				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
		Page Sub(otal \$650.00	
•		and Total of All Schedules		
	(Comp.	lete on last page of Sched	Enter this total	
			on line 3a of	
4 0			Summary Page	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number P-2002-010

				BETTER GOVERNMEN
Please enter contributor's name and addres and middle initial. Check box to indicate if o Committee (Both are commonly called PAC	contribution is from a Political Commi	ol, enter last name, first na ttee or an independent	ne, 6. Amount	7. Cumulative for Calendar Year for Ea Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES	4. Date of Receipt 07/30/08			(date of Teosof)
Name & Address:	4. Date of Neceipt			
Gail Kornbluth			_s 25	_s 25
737 Mansfield				
Ypsilanti, MI 48197				
5. If over \$100.00 cumulative, please pro	ovide:	•	Clieb Hose for	. Edward Manufacturer
	_Employer	. *	Click Lieta IOI	Memo Itemization Type
Business Address	_Cisployei		•	
Type of Contribution:	Loan from a person	Fund Raiser	-	
3. Contribution # 2				
Is this contribution from a PAC? YES	 4. Date of Receipt <u>08/11/08</u> 	3		
Steve Pierce			ş <u>400</u>	_{\$} 500
118 S Washington St				
rpsilanti, MI 48197		•	Click Here for	Memo Itemization Type
i. If over \$100.00 cumulative, please prov	/ide:			·
Occupation Business Owner	Employer HDL			
Business Address 1013 San Mateo SE A		<u> </u>	•	•
Type of Contribution: V Direct	Loan from a person			
Contribution #3	Loan nom a person	Fund Raiser		·····
this contribution from a PAC?	4. Date of Receipt 08/11/08			
lame & Address:		· · · · · · · · · · · · · · · · · · ·		
	•		_s 250	, 350
Maggie Brandt	•	•	\$	- \$000
118 S Washington St	•		Click Here for N	Memo Itemization Type
rpsilanti, MI 48197			0.00.101010131	notice itempedator Type
if over \$100.00 cumulative, please provi	de:			
Tan anting	Employer			
OccupationE	=mployer			
Business Address				
ype of Contribution: V Direct	Loan from a person	Fund Raiser		
Contribution #4 YES	4. Date of Receipt 08/04/08			·
this contribution from a PAC?	** Date of Redelpt 00/04/00			
Name & Address:			s 100	.11 0
Maxe Obeymeyer			•	2
			Clinic House for A	femo Itemization Type
			CHEK Here for W	
'03 Cambridge 'psilanti, Ml 48197			Olick Here for N	
	vide:		Click Here for W	
'psilanti, MI 48197 5. If over \$100.00 cumulative, please pro	vida: _ Employer	•	- Click Flete (of N	
psilanti, MI 48197 Hover \$100.00 cumulative, please protection Retired			—	
psilanti, MI 48197 f. If over \$100.00 cumulative, please production Retired Business Address		Fund Raiser	—	
'psilanti, MI 48197 5. If over \$100.00 cumulative, please pro Occupation Retired Business Address	_ Employer	Fund Raiser Page Sub		
'psilanti, MI 48197 5. If over \$100.00 cumulative, please pro Occupation Retired Business Address	EmployerLoan from a person	Page Sub	lotel \$775.00	
'psilanti, MI 48197 5. If over \$100.00 cumulative, please pro Occupation Retired Business Address	EmployerLoan from a person		\$775.00 \$ 2A \$1,425.00	
'psilanti, MI 48197 5. If over \$100.00 cumulative, please pro Occupation Retired Business Address	EmployerLoan from a person	Page Sub Frand Total of All Schedule	s 2A dule) \$1,425.00 Enter this total	
psilanti, MI 48197 Hover \$100.00 cumulative, please pro Retired Business Address	EmployerLoan from a person	Page Sub Frand Total of All Schedule	\$775.00 \$ 2A \$1,425.00	<u></u>



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B

Committee I.D. Number P-2002-01(

THE COMMITTEE FOR SETTER GOVERNMENT

INDEPENDENT OR POLITICAL CO	JANIANTIEE 2. Committee Name	 		
Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:	_{5.} Michael Bodary		1 ,,.	· · · · · · · · · · · · · · · · · · ·
Committee to Elect Michael Bodary	Name of Candidate	08/14/08	₂₅₀	ر250
1206 Westmoorland	Ypsilanti City Council Ward 2	Date	ф	*
I	Office Sought & District # or Jurisdiction			
Ypsilanti, MI 48197	Washtenaw			
	County	Click Here for Memo Itemization Type		ization Type
4. Purpose: Contribution				
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address:	s. Michael Bodary		005	
Standard Drinting	Name of Candidate	08/21/08	_{\$} 265	_{\$} 265
Standard Printing	Ypsilanti City Council Ward 2	Date		
120 E Cross St	Office Sought & District # or Jurisdiction			
Ypsilanti MI 48198	Washtenaw	Click Here for	or Memo Itemiz	ation Type
·	County			
Printing				
4. Purpose: Printing	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5. Michael Bodary	<u></u>		
Standard Printing	Name of Candidate	08/21/08	_s 385.84	_s 650.84
120 E Cross St	Ypsilanti City Council Ward 2	Date	3	3
Ypsilanti MI 48198	Office Sought & District # or Jurisdiction			
i paliana ilii 40 i 90	Washtenaw	CICK Here	for Memo Hemi	zaton lype
	County	•		•
4. Purpose: Printing	Ballot Proposal			
<u>- </u>	Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			_
Expenditure #4 Name & Address:	5. Bodary, Murdock, Richardson			
USPS	Name of Candidate	08/04/08	027.92	027.02
1606 Huron River Drive	Ypsilanti City Council Ward 2, 3, 1		_{\$} 937.83	_{\$} 937.83
Ypsilanti, MI 48197	Office Sought & District # or Jurisdiction Washtenaw	Date		
i pondita, wii 40 107	County	Click Here	for Memo Item	nization Type
	Ostiny			•
4. Purpose: postage	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			-
		ototal this page	\$1,838.67	
	والمعالية المتعالية	li Cabadulas 22	-	-
	Grand Total of a (Complete on last pa		1	
·		·	Enter this total	
4 2	·		on line 8a of ti	
Ί /			Summary Pag	-



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B INDEPENDENT OR POLITICAL COMMITTEE

. Committee (.D. Number P-2002-010

THE COMMITTEE FOR BETTER GOVERNMENT
2. Committee Name

Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:	5. Bodary, Murdock, Richardson			
	Name of Candidate	08/14/08	s696.42	_e 1347.26
Standard Printing	Ypsilanti City Council Ward 2, 3, 1	Date	\$	Φ
120 E Cross St	Office Sought & District # or Jurisdiction			
Ypsilanti Mi 48198	Washtenaw			
,	County	Click Here for Memo Itemization Type		zation Type
4. Purpose:				
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2	5.			
Name & Address:	Name of Candidate		S	
·	Hand of Galabate	 Date	9	<u>\$</u>
	Office Sought & District # or Jurisdiction		•	
	•	Click Here fo	or Memo Itemiza	ation Type
	County			
4. Purpose:	Ballot Proposal			
	Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5.		-	
	Name of Candidate		e	e
		Date	Φ	Ψ
	Office Sought & District # or Jurisdiction	Click Hora	for Memo Itemiz	ration Time
		Click Hele	Of Mestio (estina	zauon Type
	County	.*		
4. Purpose:	Ballot Proposal			
	Check box it expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5.			
HOUSE OF MODIFIES	Name of Candidate			
			\$	\$
	Office Sought & District # or Jurisdiction	Date	•	
1		Click Hen	e for Memo item	ization Type
	County			
4 Purpose:	Ballot Proposal			
4. Purpose:	Check box if expenditure is payment of Debt			
T T T T T T T T T T T T T T T T T T T	or Obligation reported on previous statement	ototal this page	ACCC 40	T
	Gui	note: it is page	\$696.42	
	Grand Total of a		\$2,535.09	<u> </u>
	(Complete on last pa	ge or schedule)		J
			Enter this total on line 8a of the	
2 2			Summary Pag	6
Page of				