

### 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: 08/25/08	то 10/19/08
1. Committee I.D. Number	4. Committee's Mailing Address	
P-2002-010	118 S. Washington St. Ypsilanti, MI 48197	
2. Committee Name	penanu, wii 40 101	•
THE COMMITTEE FOR BETTER	Area Code and Phone (734) 482-9682	
GOVERNMENT	If the address in this box is different from the co Organization, 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	
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Maili	ng Address (If the committee has a Designated
	Record Keeper)	
1013 San Mateo SE Albuquerque, NM 87108		
Area Code and Phone (505) 349-3470		Area Code and Phone
8. TYPE OF STATEMENT:		APPLICABLE TO INDEPENDENT AND
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL  8a. TRIANNUAL STATEMENTS	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL	POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL
DE. TRIMINONE STATEMENTS	8d. ANNUAL STATEMENT	8g. AMENDMENT TO CAMPAIGN
Even Year Odd Year	(Coverage Year)	(Complete item 8a, 8b, 8c 8d, 8e, 8f or 8h
April 25 January 31	8e. PRE-ELECTION OR	to indicate which Statement is being amended)
July 25 July 25	8f. POST-ELECTION	8h. DISSOLUTION OF COMMITTEE
October 25 October 25	Pre-Election or Post-Election Statement relates to:	
8b.QUARTERLY STATEMENTS		Effective Date of Dissolution
CAUCUS COMMITTEES (ONLY)	☐ PRIMARY ☐ GENERAL	By checking this item, I'We certify that
	CONVENTION SCHOOL	the committee has no asset or outstanding debts, including late filing fees. Further, I
January 31 April 25	SPECIAL CAUCUS	request that if the dissolution cannot be granted, that this be considered a request for
July 25 October 25	Date of Election, Convention or Caucus:	the Reporting Waiver.
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	11/04/08	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 s the Statement of Organization should accompany this Campa deadline of a required campaign statement, that campaign	expenditures and outstanding debts count against since the information was shown on the committee' aign Statement. If a request for a Reporting Wai	s Statement of Organization, an amendment to
Verification: I certify that all reasonable diligence was used knowledge and belief the contents are true, accurate and cor	d in the preparation of this statement and attached mplete.	schedules (if any) and to the best of my
Steve Pierce	Steve Yiell	Date10/22/08
Current Treasurer or Type or Print Name  Designated Record Keeper	Signature	



# ITEMIZED DIRECT EXPENDITURES

۱.	Committee	I.D.	Number	P-	2	0	0	2	<b>-C</b>	)1	(	)

SCHEDULE 2B INDEPENDENT OR POLITICAL CO		HE COMMITTEE F	OR BETTER C	OVERNMENT
<ol> <li>Name and address of person or vendor to whom the expenditure was made</li> </ol>	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address:	5 Murdock			
Pete Murdock Campaign Committee, 604 North River Street	Name of Candidate  Ypsilanti City Council Ward 3	10/02/08 Date	<sub>\$</sub> 250	<sub>\$</sub> 250
psilanti, MI 48198	Office Sought & District # or Jurisdiction Washtenaw			
4. Purpose: Contribution	County	Click Here	s for Memo Item	nization Type
Fund Raiser	Ballot Proposel Check box if expenditure is payment of Debt or Obligation reported on previous statement	I		
Expenditure #2	5.	<del></del>	·	
Name & Address:	Name of Candidate	Date	.\$	\$
	Office Sought & District # or Jurisdiction		or Memo Itemiz	ation Type
	County			anon 1ypo
Fund Raiser	Ballot Proposal  Check box if expenditure is payment of Deb or Obligation reported on previous statement	t		
xpenditure #3 Name & Address:	5.			<u>.                                      </u>
	Name of Candidate	Date	\$	\$
	Office Sought & District # or Jurisdiction		for Memo Itemi	zation Type
	County			
Purpose:	Ballot Proposal Check box if expenditure is payment of Deblor Obligation reported on previous statement	t		
xpenditure #4 kame & Address:	5.			
terne a Audioss.	Name of Candidate			
	Office Sought & District # or Jurisdiction	Date	\$	\$
	County	- Click Here	e for Memo Item	ization Type
Dismoco	Ballot Proposal	_		
Purpose:	Check box if expenditure is payment of Deb or Obligation reported on previous statement	·		
	s	ubtotal this page	\$250.00	

Grand Total of all Schedules 2B (Complete on last page of Schedule) \$250.00

Enter this total on line 8a of the Summary Page



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## TEMIZED CONTRIBUTIONS SCHEDULE 2A

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

INDEPENDE	NT OR	POLITICA	L COMMITTEE	2. Comm	ittee Name THE	COM	MITTEE FOR B	ETTER GOVERNMENT
Please enter contributor's and middle initial. Check Committee (Both are con	box to ind	icate if contri	contribution is from an bulion is from a Politica	individual, ente il Committee or	r last name, first na an Independent	me,	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 Is this contribution from a Name & Address:	PAC?	YES	4. Date of Receipt 10	0/02/08		•		
Steve Pierce						s_1	189.74	<sub>\$</sub> 289.74
118 S Washingto	n St							<del></del>
Ypsilanti, MI 4819								
5. If over \$100.00 cum	ulative, plo	ease provide	:				Click Here for N	iemo Itemization Type
Occupation		Em	oloyer					
Business Address	710i					-		
Type of Contribution:	Direct		Loan from a perso	n [	Fund Raiser		, , , , , , , , , , , , , , , , , , ,	
Contribution # 2     Is this contribution from a     Name & Address:	PAC?	YES	4. Date of Receipt _				,	
						\$		<u> </u>
							Click Mara for hi	
5 ld 0400 na							Click field for IN	emo Itemization Type
5. If over \$100.00 cumul		-	-1					
Occupation		Em	ployer	<del></del>		-		
Business Address	<del>-</del>							
Type of Contribution:	Direct		Loan from a perso	ın	Fund Raiser		<u> </u>	
3. Contribution # 3		YES	4. Date of Receipt					
Is this contribution from a	PAC?							
Name & Address:						e		œ
						₩		3
							Click Here for Me	emo Itemization Type
5. If over \$100.00 cumula	tive, pleas	se provide:						
Occupation		Empl	oyer					
Business Address			·					
Type of Contribution:	Direct		Loan from a person	□ F	und Raiser			-
3. Contribution #4	24.00	YES 4	. Date of Receipt					
Is this contribution from a in Name & Address:	AC?				<del>-</del>			
						\$		\$
							Clinic Linux due be	man Manualantan Ta
							CHCK Here for IVIE	mo Kemization Type
5. If over \$100.00 cumu	lative, ple	ase provide:						
Occupation			nployer					
Business Address —								
Type of Contribution:	Direct		Loan from a person		Fund Raiser	-		
	· <del></del>				Page Subi	total	\$189.74	
					otal of All Schedule			1
•				(Complete o	n last page of Sched	iuie) [	Enter this total	j
							on line 3a of Summary Page	



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

SUMMARY PAGE INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name THE COMMITTEE FOR BETTER GOVERNMENT

INDEPENDENT OR POLITICAL COMMITTEE			·
RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions     a. Itemized Contributions     (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) \$	190 74	Community 101 Catchiar 1 car
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) <b>\$</b>		
c. Subtotal of "Contributions"	(3c.) <b>S</b> _	400.74	(18.)\$2,794.74
l. Other Receipts (Schedule 2A-1, Column 5)	(4.) \$	0.00	(19.)\$ 0.00
TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  (Add line 3c + Line 4)  N-KIND CONTRIBUTIONS	(5.) \$	180 74	(20.) \$
. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$_	0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) S_	NOT APPLICABLE	
. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) XPENDITURES	(7.) \$	· · · · · · · · · · · · · · · · · · ·	(21.)\$0.00
. Expenditures a. Itemized Direct (Schedule 2B, Column 7)	(8s.) \$	250.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	0.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 28-2, Column 7)	(8c.) \$	0.00	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	0.00	
e. Subtotal of Expenditures	(8e.) \$	250.00	(22.)\$ 2,794.74
Independent Expenditures (Schedule 28-1, Column 7)	(9.) \$	0.00	(23.) \$
). TOTAL EXPENDITURES (Add Line 8e + Line 9) -KIND EXPENDITURES	(10.) \$	250.00	(24.)\$ 2,794.74
I.In-Kind Expenditures- Endorsements, Donations or Loans of 3oods or Services (Schedule 2B-2, Column 8) EBTS AND OBLIGATIONS	(11.) \$	0.00	(25.) \$
. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.) \$		
b. Owed to the Committee (Schedule 2E)	(12b.) \$	0.00	
BALANCE STATEMENT  Ending Balance of last report filed  (Enter zero if no previous reports have been filed.)	(13.) \$	61.23	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		188.74	
. SUBTOTAL Add lines 13 and 14	(15.) =	250.00	
Amount expended during reporting period (Line 10, Total Expenditures - Column I)		250.00	
ENDING BALANCE (Subtract line 16 from line 15)  your ending balance is negative, please recheck your math.	(17.) \$	0.00	<b>,</b>