



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2012009

2. Committee Name Protect Our Libraries

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2085.-</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2085-</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>75.-</u>	(19.) \$ <u>75.-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>2160 -</u>	(20.) \$ <u>2860.-</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>25,176.17</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>25,176.17</u>	(21.) \$ <u>32,947.35</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ _____	
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>0</u>	(24.) \$ <u>0</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.) \$ _____	
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>700.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>2160.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2860.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2860.00</u>	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

B2012009

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number Protect Our Libraries
2. Committee Name _____

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>William Campbell</u> <u>1059 Skady Oaks</u> <u>Ann Arbor, MI 48103</u>		\$ <u>20.-</u>	\$ <u>20.-</u>
4. Date of Receipt <u>10-23-12</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>Ruth Humphreys</u> <u>1417 Pomona</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.-</u>	\$ <u>25.-</u>
4. Date of Receipt <u>10-23-12</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>Francis Glorie</u> <u>Catherine Glorie</u> <u>827 Brooks Ann Arbor, MI 48103</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
4. Date of Receipt <u>10-29-12</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>Kathleen Fojtik Stroud</u> <u>2271 Placid Way</u> <u>Ann Arbor, MI 48105</u>		\$ <u>250.-</u>	\$ <u>350.-</u>
4. Date of Receipt <u>11-2-12</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		Click Here for Memo Itemization	

Page Subtotal

395.-

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

B2012009

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number Protect Our Libraries
2. Committee Name _____

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>Larry Nooden</u> <u>2148 E. Delhi Rd</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.-</u>	\$ <u>25.-</u>
4. Date of Receipt <u>11-2-12</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>Rickard Derick</u> <u>415 High St.</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
4. Date of Receipt <u>11-6-12</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>Susan Perry</u> <u>1708 Fair St.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
4. Date of Receipt <u>11-7-12</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>Susan Greenberg</u> <u>1315 Culver</u> <u>Ann Arbor, MI 48103</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
4. Date of Receipt <u>11-8-12</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 275.-
 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

B2012009

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number Protect Our Libraries

2. Committee Name _____

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 11-9-12
Name & Address: Sheila Rice
1528 Greenview Dr
Ann Arbor, MI 48103

\$ 100.- \$ 100.-
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:
Occupation retired Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 11-9-12
Name & Address: Rita Mitchell
621 5th St.
Ann Arbor, MI 48103

\$ 75.- \$ 75.-
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:
Occupation retired Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 11-9-12
Name & Address: Ethel Potts
1014 Elder Blvd
Ann Arbor, MI 48103

\$ 50.- \$ 50.-
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:
Occupation retired Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt 11-10-12
Name & Address: Bruce Elenbogen
390 Kipling St.
Ann Arbor, MI 48105

\$ 20.- \$ 20.-
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 245.-
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

B2012009

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number Protect Our Libraries

2. Committee Name _____

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:	4. Date of Receipt <u>11-12-12</u>	
<u>A.C. Tanner</u> <u>3270 LaSalle Dr.</u> <u>Ann Arbor, MI 48108</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 # 2 Name & Address:	4. Date of Receipt <u>11/16/12</u>	
<u>Elizabeth Hunter</u> <u>827 Grace</u> <u>Ann Arbor, MI 48103</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:	4. Date of Receipt <u>11-17-12</u>	
<u>Kim Kachadoorian</u> <u>204 E. Davis</u> <u>Ann Arbor, MI 48104</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 # 4 Name & Address:	4. Date of Receipt <u>11/19/12</u>	
<u>Robert Rorke</u> <u>3945 Wynnstone</u> <u>Ann Arbor, MI 48105</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 90.-
 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

B2012009

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number Protect Our Libraries

2. Committee Name _____

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: Peggy Rabhi
1991 Upland Dr.
Ann Arbor, MI 48105

4. Date of Receipt 11-20-12

6. Amount \$ 30.- \$ 30.-

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 30.-

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Christina Machak
3566 Fox Hunt Dr
Ann Arbor, MI 48105

4. Date of Receipt 11-22-12

6. Amount \$ 200.- \$ 200.-

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200.-

5. If over \$100.00 cumulative, please provide:
Occupation Stanford Grad. Researcher Employer Stanford University

Business Address Stanford, C.A.

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Theodore Annis
414 S. Main St. #808
Ann Arbor, MI 48104

4. Date of Receipt 11-25-12

6. Amount \$ 350.- \$ 350.-

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 350.-

5. If over \$100.00 cumulative, please provide:
Occupation retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Eric Machak
109 Fieldcrest #202
Ann Arbor, MI 48103

4. Date of Receipt 11-25-12

6. Amount \$ 500.- \$ 500.-

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.-

5. If over \$100.00 cumulative, please provide:
Occupation Senior Analyst Employer Deloitte Consulting

Business Address 200 Berkeley St. Boston, MA 02116

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 1080.-

Grand Total of All Schedules 4A
(Complete on last page of Schedule) 2085

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2012009
2. Committee Name Protect Our Libraries

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Chase Visa	Date of Receipt <u>11/18/12</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>Bonus for VISA use</u>	\$ <u>75.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Page Subtotal			\$75.00
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			\$75.00

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2012009
2. Committee Name Protect Our Libraries

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: <u>Katherine Griswold</u> <u>3505 Fox Hunt Dr.</u> <u>Ann Arbor, MI 48105</u> If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>T-shirts</u> 5. DATE OF RECEIPT: <u>10/25/12</u> 6. VENDOR NAME & ADDRESS: <u>Heikkinen Production</u> <u>P.O. Box 980401</u> <u>Ypsilanti, MI 48198</u>	\$ <u>190.80</u>	\$ <u>7,961.98</u>
Contribution #2 Name & Address: <u>Katherine Griswold</u> <u>3505 Fox Hunt Dr</u> <u>Ann Arbor, MI 48105</u> If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Printing</u> 5. DATE OF RECEIPT: <u>10/26/12</u> 6. VENDOR NAME & ADDRESS: <u>Kolassas Printing</u> <u>2055 W. Stadium</u> <u>Ann Arbor, MI 48103</u>	\$ <u>12.46</u>	\$ <u>7,974.44</u>
Contribution #3 Name & Address: <u>Katherine Griswold</u> <u>3565 Fox Hunt Dr</u> <u>Ann Arbor, MI 48105</u> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: <u>10/28/12</u> 6. VENDOR NAME & ADDRESS: <u>Booth Newspapers</u> <u>301 E Liberty Street</u> <u>Ann Arbor, MI 48104</u>	\$ <u>20.00</u>	\$ <u>7,994.44</u>

Page Subtotal

223.26

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2012009
2. Committee Name Protect Our Libraries

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: <u>Katherine Griswold</u> <u>3565 Fox Hunt Dr</u> <u>Ann Arbor, MI 48105</u> If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Art supplies</u> 5. DATE OF RECEIPT: <u>10/28/12</u> 6. VENDOR NAME & ADDRESS: <u>Jo Ann Fabrics</u> <u>3737 Carpenter Rd.</u> <u>Ypsilanti, MI 48105</u>	\$ <u>14.41</u>	\$ <u>9058.85</u>
Contribution #2 Name & Address: <u>Jeff McCullagh</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation <u>advertising designer</u> Employer Name & Address: <u>Jeff McCullagh Creative</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>ads</u> 5. DATE OF RECEIPT: <u>10/29/12</u> 6. VENDOR NAME & ADDRESS: <u>McCullagh Creative</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u>	\$ <u>6,440.-</u>	\$ <u>14,448.85</u>
Contribution #3 Name & Address: <u>Jeff McCullagh</u> <u>316 W. Ann St</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation <u>advertising designer</u> Employer Name & Address: <u>Jeff McCullagh Creative</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>ads</u> 5. DATE OF RECEIPT: <u>10/31/12</u> 6. VENDOR NAME & ADDRESS: <u>McCullagh Creative</u> <u>316 W. Ann St</u> <u>Ann Arbor, MI 48104</u>	\$ <u>14,896.50</u>	\$ <u>29,345.35</u>

Page Subtotal

21,350.91

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2012009
2. Committee Name Protect Our Libraries

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: <u>Katherine Griswold</u> <u>3565 Fox Hunt Dr.</u> <u>Ann Arbor, MI 48105</u> If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>postage</u> 5. DATE OF RECEIPT: <u>10-31-12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>USPS</u> <u>Green Rd</u> <u>Ann Arbor, MI 48105</u>	\$ <u>1088.-</u>	\$ <u>30,433.35</u>
Contribution #1 Name & Address: <u>Katherine Griswold</u> <u>3565 Fox Hunt Dr</u> <u>Ann Arbor, MI 48105</u> If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>website & hosting</u> 5. DATE OF RECEIPT: <u>10/31/12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>Katherine Griswold</u> <u>3565 Fox Hunt Dr.</u> <u>Ann Arbor, MI 48105</u>	\$ <u>30.-</u>	\$ <u>30,463.35</u>
Contribution #2 Name & Address: <u>Jeff McCullagh</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation <u>advertising designer</u> Employer Name & Address: <u>Jeff McCullagh Creative</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>ads</u> 5. DATE OF RECEIPT: <u>11-6-12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>McCullagh Creative</u> <u>316 W. Ann St.</u> <u>Ann Arbor, MI 48104</u>	\$ <u>2484.-</u>	\$ <u>32,947.35</u>

Page Subtotal

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

3602.-
25,176.17

Enter this total on
line 6a of
Summary Page