



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.

1. Committee I.D. Number <b>8-2012-006</b>		3. This Statement covers From: <u>07/11/12</u> To <u>07/20/12</u>	
2. Committee Name <b>Our New Downtown Library Campaign</b>		4. Committee's Mailing Address <b>PO Box 130974 Ann Arbor, MI 48113-0947</b>  Area Code and Phone <u>(734) 995-0947</u> <small>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.</small>	
5. Treasurer's Name and Residential Address <b>Michael Allemang 3465 Vintage Valley Rd. Ann Arbor, MI 48105</b>  Area Code and Phone <u>(734) 995-0947</u>			
6. Treasurer's Business Address <b>Same as residence</b>  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: <b>X QUARTERLY (JULY)</b>		8c. <input type="checkbox"/> ANNUAL STATEMENT (____ Coverage Year) 8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non-Qualification: _____	
8a. <input type="checkbox"/> PRE-ELECTION OR 8b. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL Date of Election: <u>11/06/12</u>		8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT <small>(Complete Item 8a, 8b, 8c 8d; or 8f to indicate which Statement is being amended)</small> 8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE 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.	
<p>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.</p> <p>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.</p>			
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 <u>MICHAEL ALLEMANGI</u> Type or Print Name		<u>M. C. Allemang</u> Signature	
		Date <u>7/24/12</u>	

FILED  
 WASHTENAW COUNTY, MI  
 2012 JUL 24 P 3  
 CAMPAIGN STATEMENT  
 CLAIM/REGISTRATION



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 8-2012-006

2. Committee Name Our New Downtown Library Campaign

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>7,500.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>7,500.00</u>	(18.) \$ <u>7,500.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>7,500.00</u>	(20.) \$ <u>7,500.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>74.41</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>74.41</u>	(21.) \$ <u>74.41</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.)\$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.)\$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
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>7,500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>7,500.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7,500.00</u>	*

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 8-2012-006  
2. Committee Name Our New Downtown Library Campaign

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: <b>Leah Gunn</b> 1308 Stadium Ann Arbor, MI 48104		\$ <u>1000</u>	\$ <u>1000</u>
4. Date of Receipt <u>07/17/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>200N. Main Ann Arbor, MI 48104</u> 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: <b>Michael Allemang</b> 3465 Vintage Valley Rd Ann Arbor, MI 48105		\$ <u>500</u>	\$ <u>500</u>
4. Date of Receipt <u>07/17/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>White Mountains Insurance Group</u> Business Address <u>3465 Vintage Valley Rd Ann Arbor, Mi 48105</u> 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: <b>Maria Serras</b> 3900 Dixboro Ann Arbor, Mi 48105		\$ <u>5000</u>	\$ <u>5000</u>
4. Date of Receipt <u>07/19/12</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	
3. Contribution # 4 Name & Address: <b>Ingrid Shelton</b> 1416 Folkstone Ct Ann Arbor, MI 48105		\$ <u>500</u>	\$ <u>500</u>
4. Date of Receipt <u>07/19/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Bookkeeper</u> Employer <u>Huron Valley Tennis Club</u> Business Address <u>PO Box 131399 Ann Arbor, MI 48113</u> 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 **\$7,000.00**

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  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 8-2012-006

2. Committee Name Our New Downtown Library Campaign

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: <b>Janis Bobrin</b> <b>3465 Vintage Valley Rd</b> <b>Ann Arbor, MI 48105</b>			
4. Date of Receipt <u>07/20/12</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Water Resources Commissioner</u> Employer <u>Washtenaw County</u> Business Address <u>705 N Zeeb Rd Ann Arbor, MI 48107</u> 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:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:		\$ _____	\$ _____
4. Date of Receipt _____		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$500.00

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

\$7,500.00

Enter this total  
on line 3a 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 8-2012-006  
2. Committee Name Our New Downtown Library Campaign

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: <b>Michael Allemang</b> 3465 Vintage Valley Rd. Ann Arbor, MI 48105 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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>PO BOX</u> 5. DATE OF RECEIPT: <u>07/11/12</u> <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: <b>USPS</b> Green Rd Station Ann Arbor, MI 48105	\$ <u>38</u>	\$ <u>38</u>
Contribution #2 Name & Address: <b>Michael Allemang</b> 3465 Vintage Valley Rd. Ann Arbor, MI 48105 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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Endorsement stamp</u> 5. DATE OF RECEIPT: <u>07/19/12</u> <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: <b>Staples</b> 3120 Carpenter Rd Ypsilanti, MI 48197	\$ <u>25.43</u>	\$ <u>63.43</u>
Contribution #3 Name & Address: <b>Michael Allemang</b> 3465 Vintage Valley Rd. Ann Arbor, MI 48105 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 checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Bank Checks</u> 5. DATE OF RECEIPT: <u>07/19/12</u> <a href="#">Click Here for Memo Itemization</a> 6. VENDOR NAME & ADDRESS: <b>Carousel Checks</b> 8906 S. Harlem Ave Bridgeview, IL 60455	\$ <u>10.98</u>	\$ <u>74.41</u>

Page Subtotal

**\$74.41**

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

**\$74.41**

Enter this total on  
line 6a of  
Summary Page