



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

FOR OFFICIAL USE ONLY

1. Committee I.D. Number **B-2012-01**

2. Committee Name
SAVE YPSILANTI YES

3. This Statement covers From: 01/25/12 To 04/22/12

4. Committee's Mailing Address
**524 MARION ST
YPSILANTI, MI 48197**

Area Code and Phone (734) 481-1661
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
**FRED DAVIS
524 MARION ST
YPSILANTI, MI 48197**

Area Code and Phone (734) 481-1661

6. Treasurer's Business Address
**524 MARION ST
YPSILANTI, MI 48197**

Area Code and Phone (734) 481-1661

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
N/A

Area Code and Phone

8. TYPE OF STATEMENT:

- 8a. PRE-ELECTION
OR
8b. POST-ELECTION

- Pre-Election or Post-Election Statement relates to:
- PRIMARY GENERAL
 SCHOOL SPECIAL

Date of Election:
05/08/12

8c. ANNUAL STATEMENT
(___ Coverage Year)

8d. QUALIFICATION
OR

NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

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

8f. 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.

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 **FRED DAVIS**

Type or Print Name

Fred Davis Date 4/26/12

Signature

LAWRENCE COUNTY REGISTERED
 COUNTY OF LAWRENCE
 2012 APR 27 P 2:22
 FILED
 WASHINGTON COUNTY, MI



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2012-01
2. Committee Name SAVE YPSILANTI YES

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>8,460.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>8,460.00</u>	(18.) \$ <u>8,460.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>8,460.00</u>	(20.) \$ <u>8,460.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>500.00</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>500.00</u>	(21.) \$ <u>500.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>5,737.00</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.) \$ <u>5,737.00</u>	(22.) \$ <u>5,737.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>5,737.00</u>	(24.) \$ <u>5,737.00</u>
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.) \$ _____	
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 -</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>8,460.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>8,460.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>5,737.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,723.00</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 B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
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3. Contribution # 1 4. Date of Receipt 01/25/12

Name & Address:
FRED AND MARIA DAVIS
524 MARION ST
YPSILANTI, MI 48197

\$ 200 \$ 200

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer N/A

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 4. Date of Receipt 01/25/12

Name & Address:
DAVID BATES
1208 PEARL ST
YPSILANTI, MI 48197

\$ 35 \$ 35

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 4. Date of Receipt 02/25/12

Name & Address:
MARY GARBODEN
1123 PEARL ST
YPSILANTI, MI 48197

\$ 100 \$ 100

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 4. Date of Receipt 01/31/12

Name & Address:
LEIGH GREDEN
2860 GLADSTONE AVE
ANN ARBOR, MI 48104

\$ 250 \$ 250

5. If over \$100.00 cumulative, please provide:
Occupation ADMINISTRATOR Employer EASTERN MICH UNIVERSITY

Business Address 207 WELCH HALL, EMU, YPSILANTI, MI 48197

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: ERIKA NELSON 518 FAIRVIEW CT YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>01/31/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 2 Name & Address: PAUL SCHREIBER 922 PLEASANT DR YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>01/31/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 Name & Address: BETH BASHERT 909 GRANT ST YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>02/01/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 Name & Address: KIRA BERMAN 1122 PLEASANT DR YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>02/03/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>

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300

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ANDREW CAMERON 1313 W CROSS ST YPSILANTI, MI 48197		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>02/05/12</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: GRACE SWEENEY 504 N RIVER ST YPSILANTI, MI 48198		\$ <u>500</u>	\$ <u>500</u>
4. Date of Receipt <u>01/25/12</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> 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: PETER MURDOCH 504 N RIVER ST YPSILANTI, MI 48197		\$ <u>500</u>	\$ <u>500</u>
4. Date of Receipt <u>01/25/12</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> 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: RICK AND CAROL LEYSHOCK 1008 CONGRESS ST YPSILANTI, MI 48197		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>02/22/12</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			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: JOHN AND SARAH WEISS 1206 PEARL ST YPSILANTI, MI 48197		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>02/22/12</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: CHARLENE ALLEN 6900 STRATHMORE ST APT 224 CHEVY CHASE, MD 20815		\$ <u>30</u>	\$ <u>30</u>
4. Date of Receipt <u>02/24/12</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: DAN AND NANCY VOGT 1518 GREGORY ST YPSILANTI, MI 48197		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>02/24/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>UAW LEGAL SVCS</u> Business Address <u>1673 S. HURON ST, YPSILANTI, MI 48197</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 # 4 Name & Address: GLEN SARD 309 E CROSS ST YPSILANTI, MI 48197		\$ <u>200</u>	\$ <u>200</u>
4. Date of Receipt <u>02/24/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COMM SPEC</u> Employer <u>U of M MED DEVEL/ALUM</u> Business Address <u>1000 OAKBROOK DR STE 100 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	

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: PEMELA SMITH JENNIFER EASTRIDGE 703 COLLEGEWOOD YPSILANTI, MI 48197		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>02/24/12</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: PAUL SCHREIBER 922 PLEASANT DR YPSILANTI, MI 48197		\$ <u>100</u>	\$ <u>200</u>
4. Date of Receipt <u>02/24/12</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>ELEC ENGR</u> Employer <u>VISTEON CORP</u> Business Address <u>ONE VILLAGE CTR DR VAN BUREN TWP MI 48111</u> 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: CHERYL FARMER 214 N HURON ST YPSILANTI, MI 48197		\$ <u>500</u>	\$ <u>500</u>
4. Date of Receipt <u>02/24/12</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>SELF</u> Business Address <u>1950 MANCHESTER 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			
3. Contribution # 4 Name & Address: TOM AND BETTY DODD 5723 STAGHORN DR YPSILANTI, MI 48197		\$ <u>25</u>	\$ <u>25</u>
4. Date of Receipt <u>02/24/12</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			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: DON AND NANCIE LOPPNOW 5480 RED OAK CT YPSILANTI, MI 48197			
4. Date of Receipt <u>02/24/12</u>		\$ <u>30</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide:		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: MARGARET PORTER 829 KEWANEE ST YPSILANTI, MI 48197			
4. Date of Receipt <u>02/24/12</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:		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: ELIZABETH WARREN 1101 SHERMAN ST YPSILANTI, MI 48197			
4. Date of Receipt <u>02/24/12</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer <u>SELF</u>			
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: HENRY PREBYS 301 N GROVE ST YPSILANTI, MI 48198			
4. Date of Receipt <u>02/24/12</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide:		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			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: GARY CLARK 309 E CROSS ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>02/24/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 2 Name & Address: JOE MATTIMOE 301 N GROVE ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>02/24/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 3 Name & Address: ELAINE FOUND 1300 ROOSEVELT BLVD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>02/24/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 4 Name & Address: JUDITH WILLISTON 1300 ROOSEVELT BLVD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>02/24/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>

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Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
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3. Contribution # 1
Name & Address:
BILL FENNEL
202 S HURON ST
YPSILANTI, MI 48197

4. Date of Receipt 03/06/12

\$ 50 \$ 50

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
Name & Address:
JOHN KIRKENDALL
1227 WESTMOORLAND
YPSILANTI, MI 48197

4. Date of Receipt 03/06/12

\$ 25 \$ 25

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
Name & Address:
SUE ELLIOTT
1202 WESTMOORLAND
YPSILANTI, MI 48197

4. Date of Receipt 03/06/12

\$ 50 \$ 50

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
Name & Address:
DOREEN BINDER
1215 GRANT
YPSILANTI, MI 48197

4. Date of Receipt 03/10/12

\$ 50 \$ 50

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: BILL AND KAREN NICKELS 311 N WALLACE YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 2 Name & Address: PAUL AND CHRISTINE TAIT 1737 ROOSEVELT YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>
<p>3. Contribution # 3 Name & Address: JANE AND JOHN VAN BOLT 8755 ANN ARBOR RD W PLYMOUTH, MI 48170</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>35</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>35</u></p>
<p>3. Contribution # 4 Name & Address: SUSAN KELLY 213 OAKWOOD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: WILBERNE AND MAUDE FORBES 2136 COLLEGEWOOD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 2 Name & Address: JANE AND DENIS SCHMIEDEKE 313 HIGH ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 3 Name & Address: ARLENE FABRIZIO 1446 COLLEGEWOOD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 4 Name & Address: ROBERT AND LEAH GUNN 1308 E STADIUM BLVD ANN ARBOR, MI 48104</p> <p>4. Date of Receipt <u>03/10/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01
2. Committee Name SAVE YPSILANTI YES

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>JAMES AND PAMELA NELSON</u> <u>401 W GENEVA DR</u> <u>DEWITT, MI 48820</u>		\$ <u>1,000</u>	\$ <u>1,000</u>
4. Date of Receipt <u>03/10/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> 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>REID PASKIEWICZ</u> <u>ERIKA NELSON</u> <u>518 FAIRVIEW CIR</u> <u>YPSILANTI, MI 48197</u>		\$ <u>500</u>	\$ <u>600</u>
4. Date of Receipt <u>03/10/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD SPECIALIST</u> Employer <u>MOTOROLA MOBILITY, INC</u> Business Address <u>101 TOURNAMENT DR, HORSHAM, PA 19044</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: <u>CLAUDIA WASIK</u> <u>LUCY PARKER</u> <u>1315 KINGWOOD</u> <u>YPSILANTI, MI 48197</u>		\$ <u>100</u>	\$ <u>100</u>
4. Date of Receipt <u>03/13/12</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>MELISSA FULLER</u> <u>615 E CROSS ST</u> <u>YPSILANTI, MI 48198</u>		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>03/13/12</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	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: DOUGLAS SHAPIRO 2744 KIMBERLEY RD ANN ARBOR, MI 48104</p> <p>4. Date of Receipt <u>03/13/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 2 Name & Address: KRISTA NORDBERG 1411 COLLEGEWOOD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/13/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 3 Name & Address: TERRY AND MARY ANN MC DONALD 315 N GROVE ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>03/13/12</u></p> <p>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</p>	<p>\$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50</u></p>
<p>3. Contribution # 4 Name & Address: BARRY LA RUE KIMBERLY CLARKE 302 OAK ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>03/13/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01
2. Committee Name SAVE YPSILANTI YES

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: BOB OLIVER 712 CORNELL YPSILANTI, MI 48197 4. Date of Receipt <u>03/20/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u> \$ <u>200</u> Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: TERRENCE JACKSON 917 GRANT ST YPSILANTI, MI 48197 4. Date of Receipt <u>03/20/12</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	\$ <u>50</u> \$ <u>50</u> Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: MARY CLARE BECK 460 OWENDALE YPSILANTI, MI 48197 4. Date of Receipt <u>03/20/12</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	\$ <u>25</u> \$ <u>25</u> Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: JIM AND BETTY JOHNSTON 120 LINDEN CT YPSILANTI, MI 48197 4. Date of Receipt <u>03/20/12</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	\$ <u>50</u> \$ <u>50</u> Click Here for Memo Itemization	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: DANIEL AND ANITA LAUTENBACH 106 OAKWOOD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/20/12</u></p> <p>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</p>	<p>\$ <u>25</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>25</u></p>
<p>3. Contribution # 2 Name & Address: TOM BIGGS 1402 W CROSS ST YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/20/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>
<p>3. Contribution # 3 Name & Address: JIM AND VIVIAN HAWKINS 2144 COLLEGEWOOD YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>03/20/12</u></p> <p>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</p>	<p>\$ <u>60</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>60</u></p>
<p>3. Contribution # 4 Name & Address: SARAH DEMMON 807 CHARLES ST YPSILANTI, MI 48198</p> <p>4. Date of Receipt <u>03/20/12</u></p> <p>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</p>	<p>\$ <u>25</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>25</u></p>

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: HEIDI SALTER-FERRIS 7655 HURON RIVER DR YPSILANTI, MI 48197		4. Date of Receipt <u>03/26/12</u>	\$ <u>200</u> \$ <u>200</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FERRIS AND SALTER</u> Business Address <u>4158 WASHTENAW, ANN ARBOR, MI 48108</u> 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: JESSICA FAUL 101 N WALLACE BLVD YPSILANTI, MI 48197		4. Date of Receipt <u>03/26/12</u>	\$ <u>100</u> \$ <u>100</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: ANTHONY DEREZINSKI 1345 GLENDALOGH CIR ANN ARBOR, MI 48104		4. Date of Receipt <u>03/26/12</u>	\$ <u>50</u> \$ <u>50</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: AMANDA MENGDEN 912 PLEASANT DR YPSILANTI, MI 48197		4. Date of Receipt <u>04/03/12</u>	\$ <u>50</u> \$ <u>50</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			

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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: DONNA PARMELEE 307 ELM ST YPSILANTI, MI 48197			
4. Date of Receipt <u>04/03/12</u>		\$ <u>50</u>	\$ <u>50</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: ROD AND SHARON JOHNSON 310 N GROVE ST YPSILANTI, MI 48198			
4. Date of Receipt <u>04/03/12</u>		\$ <u>50</u>	\$ <u>50</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: DEBORAH STRONG 921 PLEASANT DR YPSILANTI, MI 48197			
4. Date of Receipt <u>04/03/12</u>		\$ <u>50</u>	\$ <u>50</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: ROBERT KRZEWSKI 706 DWIGHT ST YPSILANTI, MI 48198			
4. Date of Receipt <u>04/03/12</u>		\$ <u>30</u>	\$ <u>30</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	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
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3. Contribution # 1
Name & Address: KIRK PROFIT
4370 STONEMEADOW CT
ANN ARBOR, MI 48103

4. Date of Receipt 04/03/12

\$ 150 \$ 150

5. If over \$100.00 cumulative, please provide:
Occupation CONSULTANT Employer GCSI
Business Address 120 N WASHINGTON, LANSING, MI 48933
Type of Contribution: Direct Loan from a person Fund Raiser

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3. Contribution # 2
Name & Address: GARY OWEN
2850 STEIN CT
ANN ARBOR, MI 48105

4. Date of Receipt 04/03/12

\$ 100 \$ 100

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

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3. Contribution # 3
Name & Address: PENELOPE KRUSE
919 PLEASANT DR
YPSILANTI, MI 48197

4. Date of Receipt 04/03/12

\$ 25 \$ 25

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

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3. Contribution # 4
Name & Address: GLEN SARD
309 E CROSS ST
YPSILANTI, MI 48198

4. Date of Receipt 04/03/12

\$ 200 \$ 400

5. If over \$100.00 cumulative, please provide:
Occupation COMM SPECIALIST Employer U OF M, MED DEV/ALUM REL
Business Address 1000 OAKBROOK DR STE 100, ANN ARBOR, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: JAMES TOY 1723 DEXTER AVE #2 ANN ARBOR, MI 48103		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>04/07/12</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: PHYLLIS FAUNCE-JONES 1825 ROOSEVELT YPSILANTI, MI 48197		\$ <u>20</u>	\$ <u>20</u>
4. Date of Receipt <u>04/07/12</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: JIM AND BARBARA THORBURN 818 COURTLAND YPSILANTI, MI 48197		\$ <u>50</u>	\$ <u>50</u>
4. Date of Receipt <u>04/07/12</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: MIKE AND KATHY BODARY 1206 WESTMOORLAND YPSILANTI, MI 48197		\$ <u>75</u>	\$ <u>75</u>
4. Date of Receipt <u>04/07/12</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			

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BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01
2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: YPSILANTI FIREFIGHTERS LOCAL #401 525 W MICHIGAN AVE YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/07/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>UNION LOCAL</u> Employer _____ Business Address <u>SAME</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>200</u> \$ <u>200</u></p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 2 Name & Address: FRED AND MARIA DAVIS 524 MARION ST YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/07/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>20</u> \$ <u>378.53</u></p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 3 Name & Address: JIM AND JEAN NELSON 1942 ROOSEVELT YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/07/12</u></p> <p>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</p>	<p>\$ <u>25</u> \$ <u>25</u></p> <p>Click Here for Memo Itemization</p>	
<p>3. Contribution # 4 Name & Address: VALERIE MILLS 1221 WESTMOORLAND YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/07/12</u></p> <p>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</p>	<p>\$ <u>50</u> \$ <u>50</u></p> <p>Click Here for Memo Itemization</p>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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)
<p>3. Contribution # 1 Name & Address: WILLIAM KNUDSTRUP 331 OAK ST YPSILANTI, MI 48197</p> <p>4. Date of Receipt <u>04/07/12</u></p> <p>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</p>	<p>\$ <u>100</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100</u></p>
<p>3. Contribution # 2 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 3 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>
<p>3. Contribution # 4 Name & Address: _____</p> <p>4. Date of Receipt _____</p> <p>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</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____</p>

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100

Grand Total of All Schedules 4A
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8,460

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: FRED AND MARIA DAVIS 524 MARION ST YPSILANTI, MI 48197 If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Name & Address: N/A <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>HALL DEPOSIT</u> 5. DATE OF RECEIPT: <u>1-25-12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>LADIES LITERARY CLUB</u> <u>218 N WASHINGTON</u> <u>YPSILANTI MI 48197</u>	\$ <u>85.00</u> \$ <u>285.00</u>	
Contribution #2 Name & Address: FRED AND MARIA DAVIS 524 MARION ST YPSILANTI, MI 48197 If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Name & Address: N/A <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>SUPPLIES</u> 5. DATE OF RECEIPT: <u>N/A (2/24/12)</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>FROM HOME</u>	\$ <u>73.53</u> \$ <u>358.53</u>	
Contribution #3 Name & Address: BETH BASHERT 909 GRANT YPSILANTI, MI 48197 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 checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>SUPPLIES</u> 5. DATE OF RECEIPT: <u>N/A (2/24/12)</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>FROM HOME</u>	\$ <u>27.74</u> \$ <u>77.74</u>	

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186.27

Grand Total of all Schedules 4-IK
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B-2012-01
2. Committee Name SAVE YPSILANTI YES

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: RICK AND CAROL LEYSHOCK 1008 CONGRESS ST YPSILANTI, MI 48197 If over \$100.00 cumulative, please provide: Occupation RETIRED Employer Name & Address: N/A <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>SUPPLIES</u> 5. DATE OF RECEIPT: <u>N/A (2/24/12)</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>FROM HOME</u>	\$ <u>83.23</u> \$ <u>183.23</u>	
Contribution #2 Name & Address: JEN EASTRIDGE P K SMITH 703 COLLEGEWOOD YPSILANTI, MI 48197 If over \$100.00 cumulative, please provide: Occupation HOMEMAKER Employer Name & Address: SAME <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>FOOD BEVERAGES</u> 5. DATE OF RECEIPT: <u>3-26-12</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ <u>230.50</u> \$ <u>330.50</u>	
Contribution #3 Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	

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313.73

Grand Total of all Schedules 4-IK
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500.00

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ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197 <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>CELL PHONE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/14/12</u> Date of Expenditure	<u>\$ 58.29</u> \$	
Expenditure # 2 Name & Address: U S POSTMASTER ADAMS ST YPSILANTI, MI 48197 <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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/23/12</u> Date of Expenditure	<u>\$ 195.00</u> \$	
Expenditure # 3 Name & Address: RICK LEYSHOCK 1008 CONGRESS ST YPSILANTI, MI 48197 <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>REIMBURSE FLIERS</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/27/12</u> Date of Expenditure	<u>\$ 49.23</u> \$	
Expenditure # 4 Name & Address: CAROL LEYSHOCK 1008 CONGRESS ST YPSILANTI, MI 48197 <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>REIMBURSE BROCHURES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/27/12</u> Date of Expenditure	<u>\$ 58.30</u> \$	

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360.82

Grand Total of Schedules 4B
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: JENNIFER BEYER	4. Purpose: <u>POSTER</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/27/12</u> Date of Expenditure	<u>\$ 99.98</u> \$	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 2 Name & Address: CITY PRINTING CO 411 W CROSS ST YPSILANTI, MI 48198	4. Purpose: <u>FLIERS AND ENVELOPES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/28/12</u> Date of Expenditure	<u>\$ 813.02</u> \$	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 3 Name & Address: BETH BASHERT 909 GRANT ST YPSILANTI, MI 48197	4. Purpose: <u>REIMBURSE WEBSITE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>02/29/12</u> Date of Expenditure	<u>\$ 82.14</u> \$	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser Expenditure # 4 Name & Address: CAROL LEYSHOCK 1008 CONGRESS ST YPSILANTI, MI 48197	4. Purpose: <u>REIMBURSE POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/07/12</u> Date of Expenditure	<u>\$ 180.00</u> \$	

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1175.14

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: STANDARD PRINTING CO 120 E CROSS ST YPSILANTI, MI 48198 <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>PRINTING FLIERS</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/10/12 Date of Expenditure	\$ <u>99.06</u> \$	
Expenditure # 2 Name & Address: U S POSTMASTER ADAMS ST YPSILANTI, MI 48197 <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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/20/12 Date of Expenditure	\$ <u>576.00</u> \$	
Expenditure # 3 Name & Address: TCF BANK PACKARD RD YPSILANTI, MI 48197 <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>BANK SERVICE FEES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/20/12 Date of Expenditure	\$ <u>19.90</u> \$	
Expenditure # 4 Name & Address: ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197 <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>REIMB POSTCARDS</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/21/12 Date of Expenditure	\$ <u>369.94</u> \$	

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1064.90

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197 <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>SUPPLIES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>03/27/12</u> Date of Expenditure	<u>\$ 46.63</u> \$	
Expenditure # 2 Name & Address: BETH BASHERT 909 909 GRANT ST YPSILANTI, MI 48197 <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>SUPPLIES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/04/12</u> Date of Expenditure	<u>\$ 40.02</u> \$	
Expenditure # 3 Name & Address: U S POSTMASTER ADAMS ST YPSILANTI, MI 48197 <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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/05/12</u> Date of Expenditure	<u>\$ 18.00</u> \$	
Expenditure # 4 Name & Address: LADIES LITERARY CLUB 218 N WASHINGTON YPSILANTI, MI 48197 <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>HALL RENTAL</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/10/12</u> Date of Expenditure	<u>\$ 85.00</u> \$	

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189.65

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197 <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>SUPPLIES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/11/12</u> Date of Expenditure	<u>\$ 58.30</u> \$	
Expenditure # 2 Name & Address: CAROL LEYSHOCK 1008 CONGRESS ST YPSILANTI, MI 48197 <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>REIMB POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/15/12</u> Date of Expenditure	<u>\$ 625.00</u> \$	
Expenditure # 3 Name & Address: ERIKA NELSON 528 FAIRVIEW CIR YPSILANTI, MI 48197 <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>REIMB POSTAGE, YARD SIGNS</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/18/12</u> Date of Expenditure	<u>\$ 1663.99</u> \$	
Expenditure # 4 Name & Address: U S POSTMASTER ADAMS ST YPSILANTI, MI 48197 <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>POSTAGE</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/18/12</u> Date of Expenditure	<u>\$ 589.00</u> \$	

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2936.29

Grand Total of Schedules 4B
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2012-01

2. Committee Name SAVE YPSILANTI YES

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: WE PAY.COM ONLINE	4. Purpose: <u>ON LINE FEES</u> 5. Ballot Proposal: <u>INCOME TAX/MILLAGE</u> County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>04/07/12</u> Date of Expenditure	\$ <u>10.20</u>	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type		
Expenditure # 2 Name & Address:	4. Purpose: 5. Ballot Proposal: County:	Date of Expenditure	\$	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type		
Expenditure # 3 Name & Address:	4. Purpose: 5. Ballot Proposal: County:	Date of Expenditure	\$	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose: 5. Ballot Proposal: County:	Date of Expenditure	\$	
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type		

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10.20

Grand Total of Schedules 4B
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5737.00

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