

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 3. This Statement covers From: 01/25/12 1. Committee I.D. Number 04/22/12 Tο B-2012-01 4. Committee's Mailing Address 524 MARION ST YPSILANTI, MI 48197 2. Committee Name SAVE YPSILANTI YES 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 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 Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) 524 MARION ST YPSILANTI, MI 48197 N/A Ü Area Code and Phone (734) 481-1661 Area Code and Phone NO 8. TYPE OF STATEMENT: 8c. ANNUAL STATEMENT (1) 8e. DAMENDMENT TO CAMPAIGN 8a PRE- ELECTION STATEMENT __Coverage Year) (Complete Item 8a, 8b, 8c.8d, or 8f to indicate which Statement is being amended) 8d. QUALIFICATION POST- ELECTION 8b. OR Pre-Election or Post-Election Statement relates to: 8f. DISSOLUTION OF COMMITTEE NON-QUALIFICATION PRIMARY STATEMENT (Required of Effective Date of Dissolution GENERAL State-wide Ballot Question SCHOOL SPECIAL Committees Only) Date of Election: By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. <u>Note:</u> The disposition of residual funds must be reported on Schedule 4B and the Summary Page. 05/08/12 Date of Qualification or Non-Qualification: 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 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 Current Treasurer or Designated Record Keeper FRED DAVIS 4/26/12 Type or Print Name



SUMMARY PAGE BALLOT QUESTION COMMITTEE

BALLOT QUESTION COMMITTEE	2. Committee Name SAVE YPSILANT	TYES #
RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ \$,460,00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE (3c.) \$ 8,460.00	11818 8460.00
c. Subtotal of Contributions	, , , , , , , , , , , , , , , , , , , ,	(18.)\$ <u>8460.00</u> (19.)\$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 8 460.00	(20.)\$ 8,460.00
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$500.00	
b. Uniternized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>500.00</u>	(21.)\$ 500.00
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>5737.00</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.) \$	C777 00
e. Subtotal of Expenditures	(8e.) \$ <u>5,737.00</u>	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 5737.00	(24)\$ 5737.00
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.)\$	
Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.)+ 8,460.00 (15.)= 8,460.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 8,460.00	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.)5737.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ 2,723.00	*

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



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

umber :	_	 		

BALLOT QUESTION COM	MITTEE 2. Comm	nittee Name SAVE YPSILA	NTI YES	a
Please enter contributors name and address. If middle initial.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	J. Date of Receipt 01/25/12			
FRED AND MARIA DAVIS 524 MARION ST YPSILANTI, MI 48197			s_200	\$_200
5. If over \$100.00 cumulative, please provide	:		Click Here for Mer	no Itemization
•	ployer N/A			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt <u>01/25/12</u>			
DAVID BATES				7
1208 PEARL ST			\$ <u>35</u>	\$ <u>35</u>
YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:			Click Here for Mem	n Itemization
	ployer			NOT NOT MESSAGE
Business Address				
Type of Contribution: 🕡 Direct	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address: MARY GARBODEN 1123 PEARL ST YPSILANTI,MI 48197	4. Date of Receipt <u>02/25/12</u>	,	\$ 100	\$
5. If over \$100.00 cumulative, please provide	:		Click Here for Mem	o Itemization
Occupation En	nployer			
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		. <u>.</u>
3. Contribution # 4 4 Name & Address:	. Date of Receipt 01/31/12			
LEIGH GREDEN 2860 GLADSTONE AVE ANN ARBOR, MI 48104			\$ 250	s 250
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
	ployer EASTERN MICH			
Business Address 207 WELCH HALL,	EMU, YPSILANTI, MI 4	8197		
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser	· r	,, .
Page of <u>ZO</u>		Page Subtotal rand Total of All Schedules 4A plete on last page of Schedule)	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number <u>B-2012-01</u>

SCHEBULE 4A					
BALLOT	QUESTION	COMMITTEE			

2. Committee Name SAVE YPSILANTI YES

BALLOT QUESTION COM	MITTEE 2. Committee Na	ame SAVE YPSILA	ANTI YES	
Please enter contributors name and address. If comiddle initial.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Name & Address: ERIKA NELSON	Date of Receipt 01/31/12			
518 FAIRVIEW CT			s 100	\$ 100
YPSILANTI, MI 48197				
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no Itemization
Occupation Emplo	oyer			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 4. Name & Address:	Date of Receipt 01/31/12			
PAUL SCHREIBER				
922 PLEASANT DR YPSILANTI, MI 48197			\$	\$ 100
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Emplo	oyer			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 4. Name & Address:	Date of Receipt 02/01/12			
BETH BASHERT				
909 GRANT ST			s 50	s <i>5</i> 0
YPSILANTI, MI 48197			· · · · · · · · · · · · · · · · · · ·	
5. If over \$100.00 cumulative, please provide:			Click Here for Memo	temization
OccupationEmpl	oyer			
Business Address	-			
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4. E Name & Address:	Date of Receipt 02/03/12			
KIRA BERMAN				
1122 PLEASANT DR			s 50	s <i>50</i>
YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:			· · · · · · · · · · · · · · · · · · ·	
			Click Here for Mem	o Itemization
Occupation Emplo	oyer			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
		Page Subtotal	300	
		al of All Schedules 4A		
2 20	(Complete on	last page of Schedule)	Enter this total	
Page			on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

BALLOT GOLOTION CONTA	Z. Committee i	iame SAVE YPSIL	ANTITLO	<u> </u>
Please enter contributors name and address. If con middle initial.	ntribution is from an individual, enter	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. D Name & Address:	ate of Receipt 02/05/12			auto di roccipi)
ANDREW CAMERON				
1313 W CROSS ST			s /00	s 100
YPSILANTI, MI 48197				
5. If over \$100.00 cumulative, please provide:			Click Here for I	Vemo Itemization
Occupation Employ	/er			
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 4. D	ate of Receipt 01/25/12			
Name & Address:				
GRACE SWEENEY 504 N RIVER ST			500	
YPSILANTI, MI 48198			s <u>Joo</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide:			Click Here for M	emo Itemization
Occupation KETIRED Employ	rer <i>N</i> / A			one nonization
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 4. Da Name & Address:	ate of Receipt 01/25/12			
PETER MURDOCH	***			
504 N RIVER ST			. 500	, 500
YPSILANTI, MI 48197			\$ 500	<u> </u>
5. If over \$100.00 cumulative, please provide:			Click Here for Me	mo Itemization
Occupation KETIRED Employ	er <u>N/4</u>			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4. Dat Name & Address:	e of Receipt 02/22/12			
RICK AND CAROL LEYSHOCK				
1008 CONGRESS ST			s /00	. 100
YPSILANTI, MI 48197			\$ 700	\$
i. If over \$100.00 cumulative, please provide:			Click Here for Me	mo Itemization
Occupation Employe	r			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
		Page Subtotal	1,200	
	Grand Totz	al of All Schedules 4A	1,000	1
4		ast page of Schedule)		_
Page			Enter this total on line 3a of	
			Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

SCHEDULE 4A			70.002
BALLOT QUESTION COMMITTE	E 2. Committee Name SAVE YPSII	LANTI YES	+
Please enter contributors name and address. If contribution middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Name & Address:	Receipt 02/22/12		
JOHN AND SARAH WEISS 1206 PEARL ST YPSILANTI, MI 48197		\$ <u>100</u>	\$ 100
5. If over \$100.00 cumulative, please provide:		Click Here for Mer	no Itemization
Occupation Employer			
Business Address Type of Contribution: ✓ Direct Lo	an from a person Fund Raiser		
3. Contribution # 2 4. Date of Name & Address:	Receipt 02/24/12		
CHARLENE ALLEN 6900 STRATHMORE ST APT 224 CHEVY CHASE, MD 20815		\$ <u>30</u>	\$ <i>3</i> o
5. If over \$100.00 cumulative, please provide:		Click Here for Mem	o Itemization
Occupation Employer			
Business Address Type of Contribution: Direct Loan	from a person Fund Raiser		
3. Contribution # 3 4. Date of I	Receipt 02/24/12		
DAN AND NANCY VOGT 1518 GREGORY ST YPSILANTI, MI 48197		\$	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo	Itemization
Occupation HTTORNEY Employer 4	ST YPSILANTI, MI 48		
Business Address 1673 S. Hunon	ST, YPSILANTI, MI 48	197	
Type of Contribution: ✓ Direct Loan	from a person Fund Raiser		
3. Contribution # 4 4. Date of R Name & Address;	eceipt 02/24/12		
GLEN SARD 309 E CROSS ST YPSILANTI, MI 48197		s 200	s200
5. If over \$100.00 cumulative, please provide:		Click Here for Memo	Itemization
Occupation CONN SPEC Employer 4	OF M MED DEVEL/ALUA OR STE 100 ANN ARTSOR	1	
	R STE 100 ANN ARTSOR	M, 48109	
Type of Contribution: Direct Lo	an from a person Fund Raiser		
	Page Subtotal	530	
	Grand Total of All Schedules 4A (Complete on last page of Schedule		
Page <u>4</u> of <u>20</u>	,	Enter this total on line 3a of	

on line 3a of Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

BALLOT QUESTION COMMITTEE

2. Committee Name SAVE YPSILANTI YES

Please enter contributors name and address, middle initial.	If contribution is from	an individual, enter li	ast name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Date of Receipt	02/24/12	·····		
PEMELA SMITH JENNIFER EASTRIDGE 703 COLLEGEWOOD YPSILANTI, MI 48197				s /00	\$ /00
5. If over \$100.00 cumulative, please provide	le:			Click Here for Mer	no Itemization
Occupation E	mployer				
Business Address					
Type of Contribution: Direct	Loan from a	person	Fund Raiser		
Contribution # 2 Name & Address:	4. Date of Receipt 0	02/24/12			
PAUL SCHREIBER 922 PLEASANT DR YPSILANTI, MI 48197				\$ 100	\$_200
5. If over \$100.00 cumulative, please provide	e: _			Click Here for Mem	o Itemization
Occupation ELEE ENGRE	mployer Vista	FON CORT	Ø		
Business Address ONE VILLAGE		VAN BURE	J TWP H.	48111	
Type of Contribution: Direct	Loan from a pe	rson	Fund Raiser		
3. Contribution # 3 Name & Address:	4. Date of Receipt 02	2/24/12			
CHERYL FARMER 214 N HURON ST YPSILANTI, MI 48197				s 500	s <i>500</i>
5. If over \$100.00 cumulative, please provid				Click Here for Memo	Itemization
Occupation PHYSCIAN E	mployer SELF				
Business Address 1950 MANCHEST		R, MI 48104			
Type of Contribution: V Direct	Loan from a per	rson	und Raiser		
. Contribution # 4 Name & Address:	4. Date of Receipt 02	/24/12			
TOM AND BETTY DODD 5723 STAGHORN DR YPSILANTI, MI 48197				\$ 25	s25_
. If over \$100.00 cumulative, please provide	:			Click Here for Memo	I temization
Occupation En	nployer			ONOR FIGURE 185	, resmización
Business Address			-		
Type of Contribution: Virect	Loan from a p	person	Fund Raiser		
Page 5 of 20			Page Subtotal I of All Schedules 4A ast page of Schedule)	725 Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

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on line 3a of Summary Page

SCHEDOLL	. 7/								
BALLOT QUESTIO	N COM	MITT	EE 2. Com	mittee	Name SAVE YPSII	LANTI	YES		<u> </u>
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.						6. /	Amount	Election	ulative for Cycle for Each utor (Through receipt)
Contribution # 1 Name & Address:	4.	Date o	of Receipt 02/24/12						
DON AND NANCIE LOPPN 5480 RED OAK CT YPSILANTI, MI 48197	IOW					\$	30	\$	30
5. If over \$100.00 cumulative, please	provide:					Click	Here for Me	emo Itemiza	ation
Occupation	Empl	oyer_							
Business Address									
Type of Contribution: Virect			oan from a person		Fund Raiser				
Contribution # 2 Name & Address:	4.	Date o	of Receipt 02/24/12						- ***
MARGARET PORTER 829 KEWANEE ST YPSILANTI, MI 48197						\$	50	\$	50
5. If over \$100.00 cumulative, please p	rovide:					Click	Here for Mer	no Itemizat	ion
Occupation	Emple	oyer_							
Business Address									
Type of Contribution: Direct		Lo	an from a person		Fund Raiser				
3. Contribution #3 Name & Address: ELIZABETH WARREN 1101 SHERMAN ST YPSILANTI, MI 48197	4. l	Date o	f Receipt <u>02/24/12</u>			\$	50	\$	50
5. If over \$100.00 cumulative, please a	orovide:					Click H	lere for Mem	o Itemizatio	าก
Occupation		over	SELF						
Business Address		-							
Type of Contribution: V Direct		Loa	n from a person		Fund Raiser				
3. Contribution # 4	4. D	ate of	Receipt 02/24/12						
Name & Address: HENRY PREBYS 301 N GROVE ST						\$	50	\$	5e
YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please pi	ovide:							<u> </u>	
Occupation	Emplo	yer				Click I	tere for Mem	o Itemizati	on
Business Address									
Type of Contribution: Direct		L	oan from a person		Fund Raiser				
					Page Subtotal		180		
•					otal of All Schedules 4A n last page of Schedule)				
Page 6 of 20							this total e 3a of		



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

1. Committee I.D. Number <u>B-201</u>2-01

Summary Page

BALLOT QUESTION COMMITTEE 2. Committee Name SAVE YPSILANTI YES Please enter contributors name and address. If contribution is from an individual, enter last name, first name. 7. Cumulative for middle initial. Election Cycle for Each Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt 02/24/12 Name & Address: **GARY CLARK** 309 E CROSS ST YPSILANTI, MI 48198 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 3. Contribution # 2 4. Date of Receipt 02/24/12 Name & Address: JOE MATTIMOE 50 301 N GROVE ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer Business Address Type of Contribution: Fund Raiser Loan from a person 3. Contribution #3 4. Date of Receipt 02/24/12 Name & Address: **ELAINE FOUND** 1300 ROOSEVELT BLVD YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization _ Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address: 4. Date of Receipt 02/24/12 JUDITH WILLISTON 1300 ROOSEVELT BLVD YPSILANTI, MI 48197 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 Page Subtotal 200 Grand Total of All Schedules 4A (Complete on last page of Schedule) Enter this total on line 3a of



ITEMIZED CONTRIBUTIONS

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

Summary Page

SCHEDULE 4A				
BALLOT QUESTION CO	MMITTEE 2. Committee	e Name SAVE YPSIL	ANTI YES	=
Please enter contributors name and address. middle initial.			6. Amount	7. Cumulative for Election Cycle for Eac Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4. Date of Receipt 03/06/12			
BILL FENNEL 202 S HURON ST YPSILANTI, MI 48197			s5o	\$ <u>50</u>
5. If over \$100.00 cumulative, please provid	e:		Click Here for Me	mo Itemization
OccupationE	mployer			
Business Address				
Type of Contribution: Virect	Loan from a person	Fund Raiser		
3. Contribution # 2	4. Date of Receipt 03/06/12			
Name & Address: JOHN KIRKENDALL 1227 WESTMOORLAND YPSILANTI, MI 48197	***************************************		\$ <i>25</i>	s25
5. If over \$100.00 cumulative, please provide	:		Click Here for Men	no Itemization
	nployer			to tomeeton
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address: SUE ELLIOTT	4. Date of Receipt 03/06/12			
1202 WESTMOORLAND YPSILANTI, MI 48197			\$ <u>50</u>	\$ 50
5. If over \$100.00 cumulative, please provide	: :		Click Here for Memo	Itemization
Occupation Er	nployer	· · · · · · · · · · · · · · · · · · ·		
Business Address —				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
8. Contribution # 4 Address:	1. Date of Receipt 03/10/12			
DOREEN BINDER 1215 GRANT			s 50	
YPSILANTI, MI 48197			\$	s <u>50</u>
i. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Em	ployer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser	<u></u>	
		Page Subtotal	175	
		Total of All Schedules 4A on last page of Schedule)		
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

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

BALLOT QUESTION COM	IMITTEE	2. Committee	Name SAVE YPSIL	ANTI YES	
Please enter contributors name and address. If a middle initial.	contribution is fron	n an individual, enter	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4 Name & Address:	. Date of Receipt	03/10/12			1 7
BILL AND KAREN NICKELS 311 N WALLACE YPSILANTI, MI 48197				\$ <i>50</i>	s5o
5. If over \$100.00 cumulative, please provide:				Click Here for Mer	no Itemization
Occupation Emp	loyer				
Business Address					
Type of Contribution: V Direct	Loan from a	a person	Fund Raiser		
3. Contribution # 2 4 Name & Address:	. Date of Receipt	03/10/12			,
PAUL AND CHRISTINE TAIT 1737 ROOSEVELT YPSILANTI, MI 48197				\$	\$
5. If over \$100.00 cumulative, please provide:				Click Here for Memo	o Itemization
Occupation Emp	loyer				
Business Address					
Type of Contribution: V Direct	Loan from a p	erson	Fund Raiser		
3. Contribution # 3 Name & Address: JANE AND JOHN VAN BOLT 8755 ANN ARBOR RD W PLYMOUTH, MI 48170	Date of Receipt O)3/10/12 		\$ 35	\$ <i>35</i> _
5. If over \$100.00 cumulative, please provide:				Click Here for Memo	Itemization
Occupation Emp	loyer				
Business Address Type of Contribution: Direct	Loan from a po	erson	Fund Raiser		
	Date of Receipt ()	3/10/12	<u> </u>		· · · · · · · · · · · · · · · · · · ·
SUSAN KELLY 213 OAKWOOD YPSILANTI, MI 48197 i. If over \$100.00 cumulative, please provide:				s50	s <i>50</i>
_				Click Here for Memo	Itemization
	oyer				
Business Address Type of Contribution: Direct	Loan from a	poreon	Fund Raiser		
Page 9 of 20		Grand To	Page Subtotal tai of All Schedules 4A last page of Schedule)	235 Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A **BALLOT QUESTION COMMITTEE**

BALLOT QUESTION	COMMITTEE	2. Committee Name	SAVE YPSIL	ANTI YES	+
Please enter contributors name and addres middle initial.	s. If contribution is from ar	n individual, enter last n	ame, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Date of Receipt 0:	3/10/12			date of receipty
WILBERNE AND MAUDE FO 2136 COLLEGEWOOD YPSILANTI, MI 48197	RBES			\$ 5 0	s <i>5</i> o_
5. If over \$100.00 cumulative, please pro	vide:			Click Here for Mer	no Itemization
Occupation	Employer				
Business Address					
Type of Contribution:	Loan from a pe	erson Fu	nd Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt 03	/10/12			
JANE AND DENIS SCHMIEDI 313 HIGH ST YPSILANTI, MI 48198	EKE			s50	s5 <u>o</u> _
5. If over \$100.00 cumulative, please prov	ide:			Click Here for Mem	o Itemization
Occupation	Employer				
Business Address			;		
Type of Contribution: Direct	Loan from a pers	on Fun	d Raiser		
3. Contribution # 3 Name & Address: ARLENE FABRIZIO 1446 COLLEGEWOOD YPSILANTI, MI 48197	4. Date of Receipt 03/	10/12		\$5 <u></u> 50	\$ <u>50</u>
5. If over \$100.00 cumulative, please prov	ride:			Click Here for Memo	Itemization
Occupation	Employer				
Business Address					
Type of Contribution: V Direct	Loan from a perso	on Fund	Raiser		
Contribution # 4 Name & Address:	4. Date of Receipt 03/1	10/12		***	
ROBERT AND LEAH GUNN 1308 E STADIUM BLVD ANN ARBOR, MI 48104				s	s
. If over \$100.00 cumulative, please provi	đe:			Click Here for Memo	Itemization
Occupation	Employer				
Business Address					
Type of Contribution: Direct	Loan from a pe	rson Fu	nd Raiser		
Page 10 of 20		Grand Total of (Complete on last p	Page Subtotal All Schedules 4A page of Schedule)	Enter this total on line 3a of Summary	
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

3	CITEDULE 4A
BALLOT	QUESTION COMMITTEE

2. Committee Name SAVE YPSILANTI YES

+

3. Contribution # 1 4. Date of Receipt 03/10/12 JAMES AND PAMELA NELSON 401 W GENEVA DR DEWITT, MI 48820 5. If over \$100.00 cumulative, please provide: Cocupation, RETIRED Employer N/A Business Address Type of Contribution: Cocupation, Flend Relieve 3. Contribution # 2 4. Date of Receipt 03/10/12 REID PASKEWICZ ERIKA NELSON SI FARKIEW CIR COcupation, FlELD SPECIALIST Employer MOTOROLA MOBILITY, INC Business Address 101 TOURNAMENT DR, HORSHAM, PA 19044 Type of Contribution # 3 Name & Address 102 Contribution # 3 Name & Address 103 TOURNAMENT DR, HORSHAM, PA 19044 Type of Contribution: Cocupation Si Hover \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Employer Employer Employer Employer Employer Employer Employer Business Address Type of Contribution: Employer Employer Employer Employer Business Address Type of Contribution: Employer Employer Employer Business Address Type of Contribution: Employer Employer Business Address Type of Contribution: Enter this total on line 3a of not	Please enter contributors name and address. If a middle initial.	contribution is from an individual, enter l	ast name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
401 W GENEVA DR DEWITT, MI 48820 S. If voer \$100.00 cumulative, please provide: Occupation RETIRED Employer N/A Business Address Type of Contribution: 7 Direct 1 Date of Receipt 03/10/12 Name & Address REID PASKIEWICZ ERICA DASKIEWICZ ERICA PASKIEWICZ E		Date of Receipt 03/10/12			
S. If over \$190.00 cumulative, please provide: Occupation RETIRED Employer N/A Business Address Type of Contribution: ✓ Direct Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt 03/10/12 REID PASKER REID REID REID REID REID REID REID REID	401 W GENEVA DR			\$	\$
Business Address Type of Contribution:				Click Here for Mer	no Itemization
Type of Contribution:	Occupation RETIRED Emp	loyer N/A			
3. Contribution # 2 Name & Address: REID PASKEWICZ ERIKA NEL SON 518 FAIRVIEW CIR YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Cocupation FIELD SPECIALIST Employer MOTOROLA MOBILITY, INC Business Address 101 TOURNAMENT DR, HORSHAM, PA 19044 Type of Contribution: Cocupation # 2 Name & Address: CLICK Here for Memo Itemization Cilck Here fo	Business Address				
Name & Address: REID PASIKEWICZ ERIKA NELSON 518 FAIRVIEW CIR YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Cocupation FIELD SPECIALIST Employer MOTOROLA MOBILITY, INC Business Address 101 TOURNAMENT DR.HORSHAM,PA 19044 Type of Contribution: Type of Contribution # 3 Name & Address: CLAUDIA WASIK LUCY PARKER 1315 KINGWOOD YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 03/13/12 MELISSA FULLER 615 E CROSS ST YPSILANTI, MI 48198 If over \$100.00 cumulative, please provide: Cocupation Employer Business Address Type of Contribution: Type of C	Type of Contribution: Vicet	Loan from a person	Fund Raiser		
REID PASKIEWICZ ERIKA NEISON \$18 FAIRVIEW CIR YPSILANTI, MI 48197 Cocupation FIELD SPECIALIST Employer MOTOROLA MOBILITY, INC Business Address 101 TOURNAMENT DR.HORSHAM,PA 19044 Type of Contribution: Direct	3. Contribution # 2	Date of Receipt 03/10/12			
Occupation FIELD SPECIALIST Employer MOTOROLA MOBILITY, INC Business Address 101 TOURNAMENT DR, HORSHAM, PA 19044 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3	REID PASKIEWICZ ERIKA NELSON 518 FAIRVIEW CIR			\$ <u>500</u>	s <u>600</u>
Business Address 101 TOURNAMENT DR,HORSHAM,PA 19044 Type of Contribution:				Click Here for Mem	o Itemization
Type of Contribution:	Occupation FIELD SPECIALIST Emp	_{loyer} MOTOROLA MOBILIT	Y, INC		
3. Contribution # 3 Name & Address: CLAUDIA WASIK LUCY PARKER 1315 KINGWOOD YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization Cocupation Employer Business Address Type of Contribution: Cocupation Employer Loan from a person Fund Raiser 4. Date of Receipt 03/13/12 MELISSA FULLER 615 E CROSS ST YPSILANTI, MI 48198 If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization Ciccupation Employer Click Here for Memo Itemization Click Here for Memo Itemization Cick Here	Business Address 101 TOURNAMENT	DR,HORSHAM,PA 19044			
Name & Address: CLAUDIA WASIK LUCY PARKER 1315 KINGWOOD 79SILANTI, MI 48197 5. If over \$100.00 cumulative, please provide: Cocupation	Type of Contribution: V Direct	Loan from a person	Fund Raiser		
Direct Loan from a person Fund Raiser Contribution:	Name & Address: CLAUDIA WASIK LUCY PARKER 1315 KINGWOOD	Date of Receipt <u>03/13/12</u>		\$	\$ <u>/00</u>
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Type of Contribution:	Occupation Emp	loyer			
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MELISSA FULLER 615 E CROSS ST YPSILANTI, MI 48198 If over \$100.00 cumulative, please provide: Cick Here for Memo Itemization Cicupation Employer Business Address Type of Contribution: ✓ Direct Carnel Total of All Schedules 4A (Complete on last page of Schedule) Cage		Loan from a person	Fund Raiser		
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ITEMIZED CONTRIBUTIONS **SCHEDULE 4A** BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B-2012-01</u>

BALLOT QUEST	ION COMMI	TTEE 2. Comm	ittee Name SAVE YPSII	LANTI YES	
Please enter contributors name and middle initial.	address. If contr	ibution is from an individual,	enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Dat	e of Receipt 03/13/12			
DOUGLAS SHAPIRO 2744 KIMBERLEY RD ANN ARBOR, MI 48104				\$ <u>50</u>	s50
5. If over \$100.00 cumulative, plea	se provide:			Click Here for Me	mo Itemization
Occupation	Employe	r			
Business Address					
Type of Contribution: Virect		Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address: KRISTA NORDBERG	4. Dat	e of Receipt <u>03/13/12</u>		10,1110	
1411 COLLEGEWOOD YPSILANTI, MI 48197				s5 <u></u>	s 50
5. If over \$100.00 cumulative, pleas	e provide:			Click Here for Mem	no Itemization
Occupation	Employe	r			
Business Address					
Type of Contribution: Direct		Loan from a person	Fund Raiser		
Name & Address: TERRY AND MARY ANN 315 N GROVE ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, pleas		.D		\$S	
Occupation	Employe	T			
Business Address					
Type of Contribution: Direct	L	oan from a person	Fund Raiser		
3. Contribution # 4 Name & Address: BARRY LA RUE KIMBERLY CLARKE 302 OAK ST YPSILANTI, MI 48198	4. Date	of Receipt 03/13/12		\$ 100	\$
i. If over \$100.00 cumulative, please	e provide:			Click Here for Mem	o Itemization
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Business Address					
Type of Contribution: 🗸 Direct		Loan from a person	Fund Raiser		
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ITEMIZED CONTRIBUTIONS

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

SCHEDULE 4A		too i.b. Mailiber		
BALLOT QUESTION COM	MITTEE 2. Commit	tee Name SAVE YPSI	LANTI YES	
Please enter contributors name and address. If c middle initial.	contribution is from an individual, e	nter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Eacl Contributor (Through date of receipt)
3. Contribution # 1 4. Name & Address:	Date of Receipt 03/20/12			
BOB OLIVER 712 CORNELL YPSILANTI, MI 48197			s	\$ 200
5. If over \$100.00 cumulative, please provide:			Click Here for Me	emo Itemization
	oloyer N/A			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 4. Name & Address:	Date of Receipt 03/20/12			
TERRENCE JACKSON 917 GRANT ST YPSILANTI, MI 48197			\$ <i>50</i>	s 50
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no Itemization
Occupation Empl	loyer			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 4. Name & Address:	Date of Receipt 03/20/12	78866	•	
MARY CLARE BECK			~ ~	
460 OWENDALE YPSILANTI, MI 48197			\$ 20	s 25
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Emp	loyer			
Business Address —				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4. [Name & Address:	Date of Receipt 03/20/12			
JIM AND BETTY JOHNSTON				
120 LINDEN CT YPSILANTI, MI 48197			s 50	s 50
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	[}ii
Occupation Emplo	oyer		Click Here for Men	io itemization
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
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Summary Page



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

BALLO:	T QUES	Tion C	OMMITTER

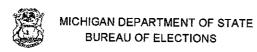
2. Committee Name SAVE YPSILANTI YES

BALLOT QUESTION COMMITTEE 2. Co	mmittee Name SAVE YPSIL	ANTI YES	
Please enter contributors name and address. If contribution is from an individ- middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 03/20/12 Name & Address:	2		
DANIEL AND ANITA LAUTENBACH 106 OAKWOOD YPSILANTI, MI 48197		\$21	\$ 25
5. If over \$100.00 cumulative, please provide:		Click Here for Me	mo Iternization
Occupation Employer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address: TOM BIGGS 1402 W CROSS ST YPSILANTI, MI 48197		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Mem	o Itemization
Occupation Employer			
Business Address Type of Contribution:	Fund Raiser		
3. Contribution #3 Name & Address: 4. Date of Receipt 03/20/12			
JIM AND VIVIAN HAWKINS 2144 COLLEGEWOOD YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please provide:		\$60 Click Here for Memo	\$
Occupation Employer			
Business Address Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution # 4 4. Date of Receipt 03/20/12 Name & Address:			
SARAH DEMMON 807 CHARLES ST YPSILANTI, MI 48198 5. If over \$100.00 cumulative, please provide:		s2J	s_ 25
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Linployer			
Business Address Type of Contribution: ✓ Direct Loan from a person			
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION CO	MMITTEE 2. Committee	_{e Name} <u>SAVE YPSIL</u>	ANTI YES	
Please enter contributors name and address. middle initial.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Date of Receipt 03/26/12		<u> </u>	
HEIDI SALTER-FERRIS 7655 HURON RIVER DR YPSILANTI, MI 48197			\$ <i>200</i>	\$
5. If over \$100.00 cumulative, please provid	e:		Click Here for Men	no Itemization
	mployer FERRIS AND SALT	ER		
Business Address 4158 WASHTENA	W, ANN ARBOR, MI 48108			
Type of Contribution: Jirect	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt 03/26/12		" "	
JESSICA FAUL 101 N WALLACE BLVD YPSILANTI, MI 48197			s	\$
5. If over \$100.00 cumulative, please provide	3		Click Here for Memo) Itemization
0 !	mployer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	4. Date of Receipt 03/26/12			
ANTHONY DEREZINSKI 1345 GLENDALOCH CIR ANN ARBOR, MI 48104			\$ <u>50</u>	s <u>50</u>
5. If over \$100.00 cumulative, please provide	<u></u> :		Click Here for Memo	Itemization
OccupationE	mployer			
Business Address —				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
. Contribution # 4 Name & Address:	4. Date of Receipt 04/03/12			
AMANDA MENGDEN 912 PLEASANT DR YPSILANTI, MI 48197			\$ <u>50</u> \$	50
. If over \$100.00 cumulative, please provide:			Click Here for Memo	Itemization
OccupationEn	ployer			
Business Address				
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Page 15 of 20		Page Subtotal Fotal of All Schedules 4A on last page of Schedule)	Hoo Enter this total on line 3a of Summary	
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B-2012-01</u>

BALLOT QUESTION COMMITTEE 2. Committee Name SAVE YP	SILANTI YES	=
Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 04/03/12		date of receipt)
DONNA PARMELEE 307 ELM ST YPSILANTI, MI 48197	\$50	\$ <i>5</i> 0
5. If over \$100.00 cumulative, please provide:	Click Here for Men	no Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 04/03/12 Name & Address:		
ROD AND SHARON JOHNSON		
310 N GROVE ST YPSILANTI, MI 48198	\$ <i>50</i>	\$ 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 #3 4. Date of Receipt 04/03/12 Name & Address:		
DEBORAH STRONG 921 PLEASANT DR YPSILANTI, MI 48197	\$ <u>50</u>	\$ <u> 5o </u>
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 4. Date of Receipt 04/03/12		
ROBERT KRZEWINSKI		
706 DWIGHT ST YPSILANTI, MI 48198	s <i>30</i> s	30
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for Memo	Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A

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

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BALLOT QUESTION C	CIMMO	TTEE	2. Commit	lee Na	me SAVE YPSIL	ANTI YES	
Please enter contributors name and address middle initial.	. If contr	ibution is fron				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Dat	e of Receipt	04/03/12		.,,,,,		
KIRK PROFIT							
4370 STONEMEADOW CT ANN ARBOR, MI 48103						s 150	\$ 150
5. If over \$100.00 cumulative, please provi	ide:					Click Here for Me	mo Itemization
Occupation CONSULTANT	Employe	, GCSI					
Business Address 120 N WASHING	TON,	LANSING	6, MI 48933				
Type of Contribution: Direct		Loan from a	a person		Fund Raiser		
3. Contribution # 2 Name & Address:	4. Dat	e of Receipt	04/03/12		-		
GARY OWEN						_	
2850 STEIN CT ANN ARBOR, MI 48105						\$ <u>/00</u>	\$
5. If over \$100.00 cumulative, please provide	de:					Click Here for Men	no Itemization
	Employe	г				Shak Flore for Width	io tranii zation
Business Address							
Type of Contribution: V Direct		Loan from a p	person		Fund Raiser		
3. Contribution # 3 Name & Address:	4. Dat	e of Receipt (04/03/12				
PENELOPE KRUSE 919 PLEASANT DR YPSILANTI, MI 48197						s_25	s
5. If over \$100.00 cumulative, please provi	ide:					Click Here for Memo	o Itemization
Occupation	Employe	г					
Susiness Address							
Type of Contribution: V Direct		oan from a p	erson	F	und Raiser		
. Contribution # 4 Name & Address:	4. Date	of Receipt 0	14/03/12				
GLEN SARD 309 E CROSS ST YPSILANTI, MI 48198						s	s
. If over \$100.00 cumulative, please provid	le:					Click Here for Mem	o Itemization
Occupation COMM SPECIALIST E							
Business Address 1000 OAKBROOK	(DR S	STE 100,	ANN ARBO)R, 1	/II 48104		
Type of Contribution: 🗸 Direct		Loan from a	a person		Fund Raiser		
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Page 17 of 20						on line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number D'2012-0	<i>3</i> 1	
2. Committee Name SAVE YPSIL	ANTI YES	+
dividual enter last name first name	6 Amount	7. Cumulative for

Please enter contributors name and add middle initial.	tress. If contribution is from an individual, ente	er last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Date of Receipt 04/07/12			
JAMES TOY 1723 DEXTER AVE #2 ANN ARBOR, MI 48103			\$ <u>50</u>	\$50_
5. If over \$100.00 cumulative, please p	provide:		Click Here for Mer	no Itemization
Occupation	Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt 04/07/12			,
PHYLLIS FAUNCE-JONES 1825 ROOSEVELT			s	\$ 20
YPSILANTI, MI 48197 5. If over \$100.00 cumulative, please pi	rovide:		Click Here for Mem	o Itamization
Occupation	Employer		CHOK LIETA IOI MANIE	o nemization
Business Address				
Type of Contribution: ✓ Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	4. Date of Receipt 04/07/12			
JIM AND BARBARA THORB	BURN			
818 COURTLAND			s 50	\$ 5o
YPSILANTI, MI 48197				
5. If over \$100.00 cumulative, please p	provide:		Click Here for Memo	Itemization
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4. Date of Receipt 04/07/12			
MIKE AND KATHY BODARY	•			
1206 WESTMOORLAND			. 7	75
YPSILANTI, MI 48197			\$	\$
. If over \$100.00 cumulative, please pr	ovide:		Click Here for Memo	Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
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Page 18 of 20			Enter this total on line 3a of	
			Summary Page	
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Nu	_{mber} <u>B-2012-01</u>	
2. Committee Name	SAVE YPSILANTI YES	8

				
Please enter contributors name and address. If o middle initial.	contribution is from an individual, enter	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 4, Name & Address:	Date of Receipt 04/07/12			
YPSILANTI FIREFIGHTERS LOCAL #401 525 W MICHIGAN AVE YPSILANTI, MI 48197			s <u>200</u>	
5. If over \$100.00 cumulative, please provide:			Click Here for Men	no Itemization
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Business Address SAME		· · · · · · · · · · · · · · · · · · ·		
Type of Contribution: Virect	Loan from a person	Fund Raiser		
3. Contribution # 2 4. Name & Address:	Date of Receipt 04/07/12			
FRED AND MARIA DAVIS 524 MARION ST			s	\$ 378.53
YPSILANTI, MI 48197				
5. If over \$100.00 cumulative, please provide:	.		Click Here for Memo	temization
Occupation RETIRED Emp	_{loyer} N/A			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution #3 4. Name & Address:	Date of Receipt 04/07/12			
JIM AND JEAN NELSON			_	
1942 ROOSEVELT			s_ 25	\$ 25
YPSILANTI, MI 48197				
5. If over \$100.00 cumulative, please provide:			Click Here for Memo	Itemization
Occupation Emp	loyer			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4. (Name & Address:	Date of Receipt 04/07/12			
VALERIE MILLS				
1221 WESTMOORLAND			s 50 s	50
YPSILANTI, MI 48197 i. If over \$100.00 cumulative, please provide:				
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Business Address Type of Contribution: Direct	[] [7515		
Type of Contribution.	Loan from a person	Fund Raiser		
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ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

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

2 Committee Name SAVE YPSII ANTI YES

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	2. Oommittee i	ame ONVE II OIL		<u>#</u>
Please enter contributors name and address. If contribution middle initial.	n is from an individual, enter	ast name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 4. Date of R Name & Address:	eceipt 04/07/12			adico of receipty
WILLIAM KNUDSTRUP 331 OAK ST YPSILANTI, MI 48197			\$	\$
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no Itemization
Occupation Employer				
Business Address				
Type of Contribution: V Direct Loa	n from a person	Fund Raiser		
3. Contribution # 2 4. Date of R Name & Address:	eceipt			
			\$	\$
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Employer				
Business Address				
Type of Contribution: Direct Loan (rom a person	Fund Raiser		
Name & Address:			\$	\$
5. If over \$100.00 cumulative, please provide:			Click Here for Memo	Itemization
OccupationEmployer				
Business Address				
Type of Contribution: Direct Loan fi	om a person	Fund Raiser		
3. Contribution # 4 4. Date of Re Name & Address:	ceipt			
			\$	\$
i. If over \$100.00 cumulative, please provide:			Click Here for Memo	lto mination
Occupation Employer			Click Liese for Methic	nemzadon
Business Address				
Type of Contribution: Direct Load	n from a person	Fund Raiser		
Page <u>20</u> of <u>20</u>		Page Subtotal al of All Schedules 4A last page of Schedule)	8 460 Enter this total on line 3a of	



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

Page _____ of ______

1. Committee I. D. Number <u>B-2012-</u>01

BALLOT QUESTION COMMITTEE	2. Committee Name SAVE YPSILANTI YES
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 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 Fund Raiser Contribution #2 Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description HALL DENOS.T 5. DATE OF RECEIPT: 1-25-12 Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: LADIES CITCL ARY CLUB 218 N WASHINGTON YPSILANTI MI 48197 4. Loan endorsement or guarantee
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	Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others Description Sapple ES 5. DATE OF RECEIPT: N/A (2/24/12) Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: FROM HOME
Fund Raiser Contribution #3 Name & Address: BETH BASHERT 909 GRANT YPSILANTI, MI 48197 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description SUPALIES 5. DATE OF RECEIPT: N/A (2/24/12) 6. VENDOR NAME & ADDRESS: FROM HOME
Fund Raiser	Page Subtotal /86, 27 Grand Total of all Schedules 4-IK (Complete on last page of Schedule)

Enter this total on line 6a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK

BALLOT OUESTION COMMITTEE

1. Committee I. D. Number <u>B-2012-</u>01

BALLOT QUESTION COMMITTEE	2. Committee Name SAVE YPSILANTI YES
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 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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN \$ \$3.23 \$ 183.23 Description Sapults 5. DATE OF RECEIPT: N/A (2/24/12) Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:
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	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description FOOD SWONDCOS 5. DATE OF RECEIPT: 3 - 26 - 12 Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:
Fund Raiser Contribution #3 Name & Address:	4. Loan endorsement or guarantee
If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description \$ \$ 5. DATE OF RECEIPT: Click Here for Memo Itemization
	Page Subtotal 3/3, 73 Grand Total of all Schedules 4-IK (Complete on last page of Schedule) 500.00

Enter this total on line 6a of Summary Page



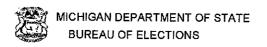
ITEMIZED DIRECT EXPENDITURES

B-2012-01

SCHEDULE 4B	Committee I. D. Number	2012 01			
BALLOT QUESTION COMMITTEE 2.0	Committee Name SAVE YPS	ILANTI YES			
3. Name and address of person to whom paid	State purpose of expen Identify the ballot propose Indicate whether supporter	sal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:		<u> </u>	•	<u>'</u>
ERIKA NELSON	CELL PHONE				
528 FAIRVIEW CIR	5. Ballot Proposal:		02/14/12	_{\$} 58.29	\$
YPSILANTI, MI 48197	INCOME TAX/M	ILLAGE	Date of Expenditure		
	County: WASHTENAW	•	Click fo	or Memo Itemization	Type
Check box if expenditure is payment of debt or obligation reported on previous statement					**
Fund Raiser	Support Statewide	Oppose ✓Local			
Expenditure # 2	4. Purpose:	[▼]Locar			
Name & Address:	POSTAGE				
U S POSTMASTER	5. Ballot Proposal:	·	00/00/40	405.00	
ADAMS ST YPSILANTI, MI 48197	INCOME TAX/MI	LLAGE	02/23/12	_{\$} 195.00	\$
1F3ILAN11, WII 40197			Date of Expenditure		
	County: WASHTENAV	٧	Exponditure		
Check box if expenditure is payment of debt or obligation	Support		Click for	Memo Itemization 1	уре
reported on previous statement		Oppose			
Fund Raiser	Statewide	✓ Local	=***A.*	***	
Expenditure # 3 Name & Address:	4. Purpose: REIMBURSE FL	IEDS			
RICK LEYSHOCK	TENVIDONOE I E	ILIXO			
1008 CONGRESS ST	5. Ballot Proposal:		02/27/12	_{\$} 49.23	\$
YPSILANTI, MI 48197	INCOME TAX/M	LLAGE	Date of Expenditure		•
	County: WASHTENAV	<u> </u>		Memo Itemization T	·уре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4	4. Purpose:	<u> </u>		N2	
Name & Address:	REIMBURSE BRO	CHURES			
CAROL LEYSHOCK 1008 CONGRESS ST	5. Ballot Proposal:		02/27/12	_s 58.30	\$
YPSILANTI, MI 48197	INCOME TAX/M	LLAGE	Date of	V	·
11 OLEFONI, WII 40107	THOOME TAXIN	LLAGE	Expenditure		
	County: WASHTENAW		Click for	Memo Itemization	Гуре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
The state of the s			tal this page	360.82	
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ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

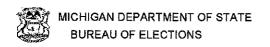
1. Committee I. D. Number B-2012-01

BA	LL	ΟТ	Ql	JEST	ION	CO	MMIT	TEE
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2. Committee Name SAVE YPSILANTI YES

3. Name and address of person to whom paid	State purpose of e Identify the ballot p Indicate whether sup	roposal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:	——————————————————————————————————————		•	
JENNIFER BEYER	POSTER				
	5. Ballot Proposal:		02/27/12	_{\$} 99.98	\$
	INCOME TAX	(/MILLAGE	Date of Expenditure		
Check box if expenditure is payment of debt or obligation	County: WASHTEN	IAW	Click fo	or Memo Itemizatio	т Туре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	✓ Local			
Expenditure # 2 Name & Address;	4. Purpose:				
CITY PRINTING CO	FLIERS AND I	ENVELOPES			
411 W CROSS ST	5. Ballot Proposal:		02/28/12	912.02	
YPSILANTI, MI 48198	INCOME TAX	/MILLAGE		_{\$} 813.02	\$
	County: WASHTE	NAW	Date of Expenditure		
Check box if expenditure is payment of debt or obligation			Click for	Memo Itemization	Туре
reported on previous statement	✓ Support	Oppose			
Fund Raiser	Statewide	✓ Local			İ
Expenditure # 3 Name & Address:	4. Purpose:	·· -	***		
	REIMBURSE	WEBSITE			
909 GRANT ST	5. Ballot Proposal:	·	02/29/12	_s 82.14	
YPSILANTI, MI 48197	INCOME TAX	/MILLAGE	Date of	\$	\$
11 OILAW1, WI 40197	THOOME 17-0	VIVIIELAGE	Expenditure		
	County: WASHTE	VAW	Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support	Oppose			ļ
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address:	4. Purpose:				
CAROL LEYSHOCK	REIMBURSE	POSTAGE		455.55	
1008 CONGRESS ST	5. Ballot Proposal:		03/07/12	_{\$} 180.00	\$
YPSILANTI, MI 48197	INCOME TAX	/MILLAGE	Date of Expenditure		
	County: WASHTEN	AW	Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	✓ Local			
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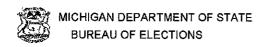
ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

1. Committee I. D. Number_____B-2012-01

RALLOT	OUESTION	COMMITTEE

2. Committee Name SAVE YPSILANTI YES

2. \	Continues Hame OAVE 11 Of	LAWII I LO			
3. Name and address of person to whom paid	State purpose of expend Identify the ballot propose indicate whether supported	al involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:		•	•	· · · · · · · · · · · · · · · · · · ·
Name & Address:	PRINTING FLIE	DC			
STANDARD PRINTING CO	PRINTINGFLIE	KS	00110110		
120 E CROSS ST	5. Ballot Proposal:		03/10/12	_s 99.06	\$
YPSILANTI, MI 48198	•	Date of		·	
	INCOME TAXIMI	INCOME TAX/MILLAGE			
-	- AMAGUTENIANA		Click fo	or Memo Itemization	Tune
Check box if expenditure is payment of debt or obligation	County: WASHTENAW		Olick it	i Memo nemization	i ype
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	√Local			
Expenditure # 2	4. Purpose:				
Name & Address:	POSTAGE				
U S POSTMASTER					
ADAMS ST	5. Ballot Proposal:		03/20/12	₂ 576.00	\$
YPSILANTI, MI 48197	INCOME TAX/MII	LAGE	Date of	3	<u>э</u>
•			Expenditure		
	County: WASHTENAW	1			
Check box if expenditure is payment of debt or obligation			Click for	Memo Itemization T	уре
reported on previous statement	✓ Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:				
Name & Address:	BANK SERVICE	FEES			
TCF BANK				40.00	
PACKARD RD	5. Ballot Proposal:		03/20/12	_s 19.90	\$
YPSILANTI, MI 48197	INCOME TAX/MI	LLAGE	Date of		
			Expenditure		
	County: WASHTENAW	<i>!</i>	Click for	Memo Itemization T	vne
Check box if expenditure is payment of debt or obligation					,,,,,
reported on previous statement	√ Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4	4. Purpose:				
Name & Address:	REIMB POSTCAL	PD6			
ERIKA NELSON	TENNO 1 COTON		03/21/12	369.94	
528 FAIRVIEW CIR	5. Ballot Proposal:		00/21/12	\$	\$
YPSILANTI, MI 48197	INCOME TAX/MI	LLAGE	Date of		
			Expenditure		
	County: WASHTENAW		Click for	r Memo Itemization T	ype
Check box if expenditure is payment of debt or obligation					
reported on previous statement	✓ Support	Oppose			
Fund Raiser	Statewide	√ Local			
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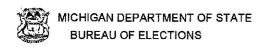
ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number______B-2012-01

BALLOT (QUESTION	COMMITTEE
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2. Committee Name SAVE YPSILANTI YES

3. Name and address of person to whom paid	State purpose of exper Identify the ballot propoundicate whether supporte	sal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:				
Name & Address:	SUPPLIES				
ERIKA NELSON	SOFFLILS		02/27/42	40.00	
528 FAIRVIEW CIR	5. Ballot Proposal:	03/27/12	_{\$} 46.63	\$	
YPSILANTI, MI 48197	INCOME TAX/M	Date of		-	
			Expenditure		
	County: WASHTENAV	V	Click fo	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement					
	Support	Oppose			
Fund Raiser Expenditure # 2	Statewide	✓ Local			
Name & Address:	4. Purpose:				
BETH BASHERT	SUPPLIES				
909 909 GRANT ST	5. Bailot Proposal:		04/04/12	40.00	
	INCOME TAX/M	HLAGE	U4/U4/12	_{\$} 40.02	\$
YPSILANTI, MI 48197	TOOME 1700M		Date of		
	County: WASHTENA	W	Expenditure		
Check box if expenditure is payment of debt or obligation	Support	По	Click for	Memo Itemization	Type
reported on previous statement	[V]Support	Oppose			
Fund Raiser	Statewide	✓ Local			
Expenditure #3	4. Purpose:				
Name & Address:	POSTAGE				
U S POSTMASTER	5. Ballot Proposal:		04/05/12	19.00	.
ADAMS ST	•			\$ 18.00	\$
YPSILANTI, MI 48197	INCOME TAX/M	IILLAGE	Date of Expenditure		
			Experiorate		
	County: WASHTENA	<u>/V</u>	Click for	Memo Itemization	Гуре
Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support	Oppose			
Fund Raiser	——————————————————————————————————————				
Expenditure # 4	Statewide	√ Local			
Name & Address:	4. Purpose:				Ī
LADIES LITERARY CLUB	HALL RENTAL			05.00	
218 N WASHINGTON	5. Ballot Proposal:		04/10/12	_{\$} 85.00	\$
YPSILANTI, MI 48197	INCOME TAX/M	III I AGE	Date of	•	
17 SILANTI, IVII 40197	INCOME TAXAM	ILLAGE	Expenditure		
	County: WASHTENAW	ı	Click for	Memo Itemization	Type
Check box if expenditure is payment of debt or obligation	Octing. WASHILINAY	<u>'</u>			.
reported on previous statement	✓ Support	Oppose			ļ
Fund Raiser	Statewide	Local			į
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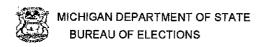


ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

BALLOT QUESTION COMMITTEE

2. Committee Name SAVE YPSILANT! 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:	4. Purpose:		,		
ERIKA NELSON	SUPPLIES				
528 FAIRVIEW CIR			04/11/12	, 58.30	
YPSILANTI, MI 48197	5. Ballot Proposal:	1 4 OF	Date of	\$	\$
,	INCOME TAX/MII	LAGE	Expenditure		
	County MAIA CLITTENIA IAI		Click fo	or Memo Itemization	Tyne
Check box if expenditure is payment of debt or obligation reported on previous statement	County: WASHTENAW	<u></u>			.,,,,,
<u></u>	Support	Oppose			
Fund Raiser Expenditure # 2	Statewide 4. Purpose:	√Local			·
Name & Address:	REIMB POSTAG	F			
CAROL LEYSHOCK		<u> </u>			
1008 CONGRESS ST	5. Ballot Proposal:		04/15/12	¢625.00	s
YPSILANTI, MI 48197	INCOME TAX/MIL	LAGE	Date of	Ψ	Ψ
	. MAQUTENIANA	,	Expenditure		
	County: WASHTENAW		Click for	Memo Itemization T	vne
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose		The first terms of the first ter	,,,,,
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:			7.800	
Name & Address:	REIMB POSTAGE, YAF	RD SIGNS			
ERIKA NELSON	5. Ballot Proposal:		04/18/12	1662 00	
528 FAIRVIEW CIR	•			_{\$} _1663.99	\$
YPSILANTI, MI 48197	INCOME TAX/MII	LAGE	Date of Expenditure		
	County: WASHTENAW			Memo Itemization T	,,no
Check box if expenditure is payment of debt or obligation			Click loi	weno nemization i	уре
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address:	4. Purpose:				
U S POSTMASTER	POSTAGE			500.00	
ADAMS ST	5. Ballot Proposal:		04/18/12	_{\$} 589.00	\$
YPSILANTI, MI 48197	INCOME TAX/MIL	LAGE	Date of		
			Expenditure		
-	County: WASHTENAW		Click for	Memo Itemization T	уре
Check box if expenditure is payment of debt or obligation	√ Support	Oppose			ľ
reported on previous statement	_				
Fund Raiser	Statewide	√ Local	<u> </u>		
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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

BALLOT QUESTION COMMITTEE

BALLOT GOESTION COMMITTEE 2.0	Committee Name SA	VE YPSILANT	ri 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	4. Purpose:		W	<u> </u>		
Name & Address:	ON LINE FEES					
WE PAY.COM	ON LINE	LLS		04/07/12	40.00	
ONLINE	5. Ballot Proposal:				_{_\$} _10.20	\$
	INCOME TAX/MILLAGE			Date of Expenditure		
				Exportation		
Check box if expenditure is payment of debt or obligation	County: WASHTENAW			Click for Memo Itemization Type		
reported on previous statement	Support		Oppose			
Fund Raiser	Statewide		Local			
Expenditure # 2	4. Purpose:	<u>IV.</u>	LUCAI			
Name & Address:	·					
	5. Ballot Proposal	l:			s	\$
•				Date of	. ⊅	4
				Expenditure		
	County:			00.11		~
Check box if expenditure is payment of debt or obligation reported on previous statement	Support		Oppose	Click to	r Memo Itemizati	on type
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Fund Raiser	Statewide	<u> </u>	Local			
Expenditure # 3 Name & Address:	4. Purpose:					
7.4						
	5. Ballot Proposal:				_	_
				Date of	\$	\$
				Expenditure		
	County:			Click for Memo Itemization Type		
Check box if expenditure is payment of debt or obligation			 1	Olick 10	Weillo Reillizati	on ryp e
reported on previous statement	Support	<u> </u>	Oppose			
Fund Raiser	Statewide		Local			
Expenditure # 4	4. Purpose:			*****		
Name & Address:						
	5.5.11.5				_	•
	5. Ballot Proposal:			Date of	\$	\$
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	County:			CIICK IC	r Memo Itemizati	оп туре
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