



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: _____ To _____

1. Committee I.D. Number

4. Committee's Mailing Address

2. Committee Name

Area Code and Phone: _____
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

Area Code and Phone

6. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

8a. PRE- ELECTION

OR

POST- ELECTION

Pre-Election or Post-Election
Statement relates to:

PRIMARY

GENERAL

SCHOOL

SPECIAL

OTHER: _____

Date of Election:

8b.

FEBRUARY STATEMENT

APRIL STATEMENT

JULY STATEMENT

OCTOBER STATEMENT

8c. ANNUAL STATEMENT

(_____ Coverage Year)

8d:

Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. DISSOLUTION OF
COMMITTEE REQUEST

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

Type or Print Name

Signature

COMPLETING BALLOT QUESTION COMMITTEE CAMPAIGN STATEMENT COVER PAGE

ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD: Enter the dates covered by this Campaign Statement.

ITEM 4: COMMITTEE MAILING ADDRESS: Enter the committee's mailing address and telephone number.

ITEM 5: TREASURER'S NAME AND ADDRESS: Enter the committee treasurer's full name, residential address and home phone number.

ITEM 6: TREASURER'S BUSINESS ADDRESS: Enter the committee treasurer's business address and phone number.

ITEM 7: DESIGNATED RECORD KEEPER: If the committee has a designated record keeper, enter his or her full name, mailing address and phone number

ITEM 8: TYPE OF STATEMENT: Indicate the type of Campaign Statement being filed by checking the appropriate box or boxes.

ITEM 9: VERIFICATION: The treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name where indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

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

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

COMPLETING BALLOT QUESTION COMMITTEE SUMMARY PAGE

ITEM 3a-c: ITEMIZED CONTRIBUTIONS: Enter, in Column I, the grand total of the direct contributions of money listed on Schedule 4A, Column 6. Enter the cumulative amount of the *direct contributions* of money received by the committee for the election cycle **Item 18**.

ITEM 4: OTHER RECEIPTS: Enter in Column I the grand total of the "*other receipts*" listed on Schedule 4A-1, Column 6. Enter the cumulative of the "*other receipts*" received for the election cycle (**Item 19**).

ITEM 5: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS: Add Item 3 and Item 4 and enter the total in Column I, Item 5. Enter in Column II (**Item 20**) the sum of Item 18 and Item 19.

ITEM 6-7: ITEMIZED IN-KIND CONTRIBUTIONS: Enter in Column I the grand total of the in-kind contributions listed on Schedule 4-IK, Column 7. Enter the cumulative amount of the *in-kind contributions* received by the committee for the election cycle (**Item 21**).

ITEMS 7a-d: ITEMIZED EXPENDITURES:

8a. Enter in Column I the grand total of the *direct expenditures* listed on Schedule 4B, Column 7.

8b. Enter in Column I, the total from Schedule B-G, Column 6.

8c: Enter in Column I the total from Schedule 2B-2, Column 7.

8d: Enter in Column I the lump sum total of the *direct expenditures* made by the committee during the period covered by the Campaign Statement that were \$50.00 or less and were not itemized on any schedule.

ITEM 8e: SUBTOTAL ITEMIZED EXPENDITURES: Add Items 7a, 7b, 7c and 7d and enter the total in Item 8, Column I. Enter the cumulative amount of expenditures of money made by the committee during the election cycle in Column II (**Item 22**).

ITEM 9: INDEPENDENT EXPENDITURES: Enter in Column I, Item 9, the grand total of the independent expenditures listed on Schedule 4B-1, Column 7. Enter the cumulative amount of the independent expenditures made by the committee during the election cycle (**Item 23**).

ITEM 10: TOTAL EXPENDITURES: Add Item 8 and Item 9 and enter the total in Column I, Item 10. Enter the cumulative amount of total expenditures made by the committee during the election cycle in Column II (**Item 24**).

ITEM 11: IN-KIND EXPENDITURES - ENDORSEMENTS, DONATIONS OR LOANS OF GOODS OR SERVICES: Enter in Column I, Item 11, the grand total of the in-kind expenditures (**NON-MONETARY**) listed on Schedule 4B-2, Column 8. Enter the cumulative amount of the in-kind expenditures made by the committee during the election cycle in Column II (**Item 25**).

ITEM 12a: DEBTS AND OBLIGATIONS: Enter the grand total of the debts and obligations owed by the committee at the closing date of the Campaign Statement which were listed on Schedule 4E, Column 9 ("owed by").

ITEM 12b: DEBTS AND OBLIGATIONS: Enter the grand total of the debts and obligations owed to the committee at the closing date of the Campaign Statement which were listed on Schedule 4E, Column 9 ("owed to").

ITEM 13: BEGINNING BALANCE: Enter the "Ending Balance" from the last Campaign Statement filed.

ITEM 14: Enter the "Total Contributions and Other Receipts" from Column I, Item 5.

ITEM 15: SUBTOTAL: Add Item 13 and 14 and enter the total in Item 15.

ITEM 16: Enter the "Total Expenditures" from Column I, Item 10.

ITEM 17: ENDING BALANCE: Subtract Item 16 from Item 15. The result should reflect the committee's cash balance at the closing date of the Campaign Statement. If the result in Item 17 is a negative amount, check the addition of all Schedules and recalculate the Summary Page totals. The only time the committee should indicate a negative number as the ending balance is if the committee bank account is overdrawn on the closing date of the Campaign Statement.



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

1. Committee I.D. Number _____

2. Committee Name _____

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: _____ 4. Date of Receipt _____ <div style="text-align: right;">\$ _____ \$ _____</div>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 Name & Address: _____ 4. Date of Receipt _____ <div style="text-align: right;">\$ _____ \$ _____</div>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: _____ 4. Date of Receipt _____ <div style="text-align: right;">\$ _____ \$ _____</div>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 Name & Address: _____ 4. Date of Receipt _____ <div style="text-align: right;">\$ _____ \$ _____</div>		
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person Fund Raiser		

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

Enter this total
on line 3a of
Summary
Page

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4A, ITEMIZED CONTRIBUTIONS

ITEM 3: NAME AND ADDRESS: Enter the name and address of each contributor. If the contribution is from an individual, enter last name, first name, and middle initial. If the contribution is from a committee (Candidate, Political, Independent or Political Party), enter the committee name and address; do not enter the name of the individual who signed the check.

Memo-Itemization: Occurs when a contribution is given by a group that is not registered, but receives funds from other parties. The parties in this case may or may not know that the funds are being used for this purpose. The contribution is reported as being received by the group and the amount counts towards the registration threshold. The persons that made up any portion of the contribution are reported as memo-itemizations. In this way, the group substantiates that the funds are in compliance with the MCFA, but the contribution limits are not affected by those that have been memo-itemized.

ITEM 4: DATE OF RECEIPT: Enter the date the contribution was actually received by the treasurer, designated record keeper or other agent designated by the treasurer. Do not enter the date the check was written or the date the contribution was deposited. Only report on the Schedule the contributions received during the period covered by the Campaign Statement.

ITEM 5: CONTRIBUTOR'S OCCUPATION, EMPLOYER, and BUSINESS ADDRESS: Complete this Item if the contributor's cumulative contribution for the calendar year exceeds \$100.00. This applies only to individuals; do not make an entry in the item if the reported contribution is from a committee.

- If the contribution is a loan from a person, it must also be reflected on Schedule 4E, Debts and Obligations, as a debt if there is an outstanding balance on the closing date of the Campaign Statement. On Schedule 4A, check both the “**Direct**” box and the “**Loan From a Person**” box. On the Campaign Statement reporting the expenditure that completely pays off the debt, report the debt on Schedule 4E with a zero balance.
- If the contribution was received to a fund raiser or as the purchase price of a ticket to the recipient committee's fund raising event, check both the “**Direct**” box and the “**Fund Raiser**” box.

ITEM 6: AMOUNT OF CONTRIBUTION: List each contribution separately by date, even if two or more contributions are received from the same person.

ITEM 7: CUMULATIVE FOR THE ELECTION: Enter the cumulative amount of all contributions received from the contributor for the election through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the same contributor when calculating the cumulative amount.



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	Loan from a Lending Institution Interest Refund\Rebate Fund Raiser Other (Specify) _____	\$ _____
Receipt #2 Name & Address:	Date of Receipt _____	Loan from a Lending Institution Interest Refund\Rebate Fund Raiser Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	Loan from a Lending Institution Interest Refund\Rebate Fund Raiser Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	Loan from a Lending Institution Interest Refund\Rebate Fund Raiser Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	Loan from a Lending Institution Interest Refund\Rebate Fund Raiser Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	Loan from a Lending Institution Interest Refund\Rebate Fund Raiser Other (Specify) _____	\$ _____

Page Subtotal

Grand Total of All Schedules 4A -1
(Complete on last page of Schedule)

Enter this total on
line 4 of Summary
Page

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4A-1, ITEMIZED OTHER RECEIPTS

- ITEM 3: NAME AND ADDRESS:** Enter the name and address of the person from whom the money was received.
- ITEM 4: DATE OF RECEIPT:** Enter the date the money was actually received by the treasurer, designated record keeper or other agent designated by the treasurer.
- ITEM 5: TYPE OF RECEIPT:** Check the appropriate box to indicate the type of "other receipt": a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit, or "other". If "other," provide a brief description in the space provided, such as "Return of excess contribution."
- ITEM 6: AMOUNT:** Enter the total amount of the receipt.



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

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: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: Fund Raiser	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 _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: Fund Raiser	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 _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: Fund Raiser	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 _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____ \$ _____	

Page Subtotal

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

Enter this total on
line 6a of
Summary Page

**COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4-IK,
ITEMIZED IN-KIND CONTRIBUTIONS**

ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS: If the in-kind contribution is from an individual, enter last name first.

CONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS: Complete if the cumulative value of in-kind contributions received from the contributor exceeds \$100.00 for the election and the contributor is an individual.

ITEM 4: TYPE OF IN-KIND CONTRIBUTION: Check one of the five indicated categories for each in-kind contribution. Endorsement or guarantee of bank loan: An endorsement is made when a contributor guarantees a financial institution that he or she will repay a loan from a financial institution if the committee defaults on payments. The amount endorsed is the amount to be reported as an in-kind contribution. Goods donated or loaned: Items that are given to the committee without charge, or items loaned to the committee for temporary use with an expectation that the items will be returned to the contributor. The value to be reported as an in-kind contribution is the fair market value or amount it would have cost the committee to purchase or rent similar items in the local community. Example: use of a computer, use of office furniture. Services donated: Labor or services for which the contributor or other persons would normally be compensated that is donated to the committee without charge. Example: accounting, legal or clerical services; free music for fund raising event provided by professional band, etc. The amount to be reported as an in-kind contribution is the amount usually charged to the general public for such or similar services. Goods or services purchased by others: The purchase, by a contributor, of materials, supplies or services for the committee. Example: payment of the committee's printing bill by a contributor; purchase of office supplies or postage stamps; purchase of food for a fund raiser. The amount to be reported as an in-kind contribution is the amount the contributor paid for the goods or services. Goods or services purchased by others - LOAN: The purchase, by a contributor, of materials, supplies or services for the committee, for which the contributor wishes to be reimbursed. The examples would be the same as above, except for the fact the committee is expected to repay the contributor the cost incurred. Therefore, the amount is reported both as an in-kind contribution from the contributor on Schedule 4-IK, Itemized In-Kind Contributions, and as a debt owed by the committee to the contributor on Schedule 4E, Debts and Obligations.

MEMO ITEMIZATION: Occurs when a contribution is given by a group that is not registered, but receives funds from other parties. The parties in this case may or may not know that the funds are being used for this purpose. The contribution is reported as being received by the group and the amount counts towards the registration threshold. The persons that made up any portion of the contribution are reported as memo-itemizations. In this way, the group substantiates that the funds are in compliance with the MCFA, but the contribution limits are not affected by those that have been memo-itemized.

DESCRIPTION: Enter a brief, clear description of each in-kind contribution that describes the goods or services contributed and, if not obvious, the purpose of the goods or services. If the contribution is related to a fund raising event sponsored or co-sponsored by the committee, check the "Fund Raiser" box.

ITEM 5: DATE OF RECEIPT: Enter the date the in-kind contribution was received by the committee. The date must be within the period covered by the Campaign Statement.

ITEM 6: VENDOR NAME AND ADDRESS: If the in-kind contribution consists of goods or services purchased on behalf of the committee by a contributor, enter the name and address of the vendor or person where the goods or services were purchased.

ITEM 7: AMOUNT: Enter the fair market value of the contribution; if the contribution was purchased, enter the amount paid.

ITEM 8: CUMULATIVE FOR ELECTION: Enter the cumulative value of all in-kind contributions and itemized contributions of money made by the same contributor during the election through the date of the contribution being reported. The contributions are cumulative in date order.



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

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: _____ Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure # 2 Name & Address: _____ Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure # 3 Name & Address: _____ Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure # 4 Name & Address: _____ Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	

Subtotal this page _____
Grand Total of Schedules 4B
(Complete on last page of Schedule) _____

Enter this total on Line 8a of the Summary Page

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4B,
ITEMIZED DIRECT EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON PAID: Enter the name and address of:

- Each individual or business to whom the committee made an expenditure of more than \$50.00 through a single expenditure or through a series of expenditures during the period covered by the Campaign Statement.
- Each Ballot Question Committee to which the committee made an expenditure in any amount during the period covered by the Campaign Statement.

Report additional detail information for this expenditure as a Memo Itemization as explained below.

- **MEMO ITEMIZATIONS.** Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

ITEM 4: PURPOSE: Describe the purpose of the expenditure.

When reporting a mileage reimbursement to a staff member, enter the word “mileage” along with the number of miles and the reimbursement rate in the purpose field of the expenditure record. An example of mileage reimbursement reporting is shown in the Schedule 4B examples.

ITEM 5: BALLOT QUESTION INFORMATION: If the expenditure was made in support or opposition to the qualification, passage or defeat of a ballot proposal sponsored by this committee or to another Ballot Question Committee in support or opposition to the qualification, passage or defeat of a different ballot proposal, identify the proposal and indicate whether it is a statewide, multi-county, or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue resides. If it is a statewide proposal, leave the county name blank.

Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

Check the Fund Raiser box if the expenditure is related to a fund raising event sponsored or co-sponsored by this committee.

ITEM 6: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 7: AMOUNT OF EXPENDITURE: Enter the full amount of the expenditure.

ITEM 8: CUMULATIVE FOR THE ELECTION: Enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 4B-1
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose.) 5. Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1 Name & Address: _____ Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure #2 Name & Address: _____ Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure #3 Name & Address: _____ Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	
Expenditure #4 Name & Address: _____ Check box if expenditure is payment of Debt or Obligation reported on previous statement	4. Purpose: _____ 5. _____ Ballot Proposal County _____ Support Oppose Statewide Local	_____ Date of Expenditure	\$ _____ \$ _____	

Subtotal this page

Grand Total of all Schedules 4B-1
(Complete on last page of Schedule

Enter total on
line 9 of
Summary Pg.

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4B-1,
ITEMIZED INDEPENDENT EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON PAID: Enter the name and address of each individual or business to which the committee made an independent expenditure in any amount during the period covered by the Campaign Statement that was made to support or oppose a ballot question sponsored by another committee.

ITEM 4: PURPOSE: Describe the purpose of the expenditure. Check the appropriate box to indicate if the expenditure is to support or oppose the proposal. The committee is required to report detail information of the expenditure as Memo Itemizations.

- **MEMO ITEMIZATIONS.** Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

ITEM 5: Identify the proposal and indicate whether it is a statewide, multi-county or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue resides.

Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

ITEM 6: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 7: AMOUNT OF EXPENDITURE: Indicate the amount spent for each issue supported or opposed.

ITEM 8: CUMULATIVE FOR ELECTION: Enter the cumulative amount of all expenditures the committee has made to support or oppose the particular proposal through the date of this expenditure. For ballot proposals, all types of expenditures are cumulated together, including direct, in-kind and independent for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 4B-2
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date n Item 5)
Expenditure #1 Name & Address: _____ Ballot Proposal: _____ Statewide Local County _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated Goods or Services Purchased Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____	\$ _____
Expenditure #2 Name & Address: _____ Ballot Proposal: _____ Statewide Local County _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated Goods or Services Purchased Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____	\$ _____
Expenditure #3 Name & Address: _____ Ballot Proposal: _____ Statewide Local County _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated Goods or Services Purchased Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____	\$ _____	\$ _____

Subtotal this Page		
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)		
Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Page	

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4B-2,
ITEMIZED IN-KIND EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON OR COMMITTEE TO WHOM GOODS OR SERVICES WERE DONATED OR LOANED, OR FOR WHOM GOODS OR SERVICES WERE PURCHASED: Enter the name and address of the recipient Ballot Question Committee and identify the proposal, indicating whether it is a statewide, multi-county or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue resides.

ITEM 4: TYPE OF IN-KIND EXPENDITURE: Indicate the type of in-kind expenditure by checking the appropriate box. Describe the item of goods or services in the space provided.

ITEM 5: DATE OF EXPENDITURE: Enter the date money was spent, or the goods or services were made available to the recipient committee or person.

ITEM 6: VENDOR NAME AND ADDRESS: If the goods or services were purchased by the contributing committee on behalf of the recipient committee or person, enter the name of the vendor (business or person) who was actually paid for the goods or services. If goods or services were provided and no money was spent, leave this item blank.

ITEM 7: AMOUNT OF MONEY SPENT: For goods or services that were purchased, enter the amount of money spent. If no money was spent, leave this item blank.

ITEM 8: FAIR MARKET VALUE: Enter the amount of loan endorsed or guaranteed, or the fair market value of the goods or services donated or loaned to a committee or person. The depreciated value of capital assets may be used if the fair market value cannot be determined in any other way.

ITEM 9: CUMULATIVE FOR ELECTION: Enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made.	4. Type of Activity	5. Date	6. Amount
Expenditure #1			
Name & Address: _____			
	a. Election Day Busing of Voters To The Polls		
	b. Slate Cards	c. Challengers	_____ \$ _____
			Date
	d. Poll Watchers	e. Poll Workers	
For Activity Type b-f, check one:			
In-Kind	Independent		
If in support of, or in opposition to, a ballot proposal, check one:			
Support	Oppose		
Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/>			
Cumulative for Ballot Proposal \$ _____			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #2			
Name & Address: _____			
	a. Election Day Busing of Voters To The Polls		
	b. Slate Cards	c. Challengers	_____ \$ _____
			Date
	d. Poll Watchers	e. Poll Workers	
For Activity Type b-f, check one:			
In-Kind	Independent		
If in support of, or in opposition to, a ballot proposal, check one:			
Support	Oppose		
Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/>			
Cumulative for Ballot Proposal \$ _____			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #3			
Name & Address: _____			
	a. Election Day Busing of Voters To The Polls		
	b. Slate Cards	c. Challengers	_____ \$ _____
			Date
	d. Poll Watchers	e. Poll Workers	
For Activity Type b-f, check one:			
In-Kind	Independent		
If in support of, or in opposition to, a ballot proposal, check one:			
Support	Oppose		
Check box if this expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/>			
Cumulative for Ballot Proposal \$ _____			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			

Subtotal this page

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

Enter total on
Line 8b of the
Summary Pg.

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE B-G,
GET-OUT-TO-VOTE ACTIVITIES

ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE: Enter the complete address of each person paid for get-out-the-vote activities. If the person listed here paid other persons or vendors, detail information must be reported using Memo Itemizations.

Indicate, by checking the appropriate box, whether the expenditure is “in-kind” or “independent”, and whether the expenditure is in support or in opposition to a ballot proposal.

ITEM 4: TYPE OF ACTIVITY: Check the appropriate box to indicate the type of activity for which the expenditure was made. For get-out-the-vote activity and voter registration expenditures that are not specifically listed on the schedule, specify the particular activity in the space provided

ITEM 5: DATE: Enter the date on which the expenditure was made to the entity in Item 3.

ITEM 6: AMOUNT: Enter the total amount paid to the entity in Item 3.

- If the expenditure is in support of, or in opposition to, a specific ballot proposal, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name of the proposal and indicate whether it is a proposal to be voted on statewide or locally. If locally (county, city, township, village, school district), indicate the name of the county where the voters will vote on the proposal. If the proposal will be voted on in more than one county, but not statewide, indicate the county with the greatest number of voters eligible to vote on the proposal.
- If the expenditure is in support of, or in opposition to multiple ballot proposals (as in slate cards), the cost must be allocated to each proposal, using MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

For cumulative expenditures related to a ballot proposal: Accumulate direct, in-kind and independent expenditures together through the date of the expenditure being itemized.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

This Schedule itemizes:		(Check either a or b. Use only for the purpose checked.)		
a. Debts and obligations owed <u>by</u> or forgiven the committee		OR	b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.	
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				FORGIVEN
Debt #2 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				FORGIVEN
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				FORGIVEN
Page Subtotal (Outstanding debt)				
Grand Total of all Schedules 4E				
(Complete on last page of Schedule showing amounts owed by or to the committee.)				

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4E, DEBTS AND OBLIGATIONS

Check **box "a"** if this Schedule 4E will be used to list debts and obligations owed by or forgiven the committee.

Check **box "b"** if this Schedule 4E will be used to list debts and obligations owed to or forgiven by the committee.

ITEM 3: NAME AND MAILING ADDRESS:

DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE: Enter the name and mailing address of any person, vendor or financial institution that:

- the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee.

DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE: Enter the name and mailing address of any person, vendor or financial institution that:

- owed the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- during the period covered by the Campaign Statement being completed, the committee forgave a debt or obligation that was listed on the last Campaign Statement as owed to the committee. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

ITEM 4: TYPE OF OBLIGATION: Describe the debt or obligation.

ITEM 5: DATE DEBT WAS INCURRED: Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

ITEM 6: ORIGINAL AMOUNT OF DEBT: Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

ITEM 7: DATES AND AMOUNTS OF PAYMENTS: Enter the amount and the date of each payment on the debt or obligation.

ITEM 8: CUMULATIVE PAYMENTS: Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

ITEM 9: OUTSTANDING BALANCE: Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven. If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9.

- Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 4A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 4-IK).
- When totaling the Debts and Obligations Schedule, do not add forgiven debts or obligations into the total. An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held _____	4. Number of Individuals Attending or Participating (whichever is greater) _____	5. Type of Fund Raising Activity _____	6. Address and Name (If any) of the place where the activity was held Private Residence
-------------------------------------	---	---	--

7. Total Contributions \$ _____

8. Other Receipts \$ _____

9. Gross Receipts (Add lines 7 and 8) \$ _____

10. Total Cost of Event \$ _____ *Includes In-Kind Contributions and All Expenditures Made For the Event

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-1K), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.

COMPLETING BALLOT QUESTION COMMITTEE SCHEDULE 4F, FUND RAISER

ITEM 3: DATE OF EVENT: Enter the date the fund raising event was held.

ITEM 4: NUMBER OF PEOPLE ATTENDING: Enter the larger of the following two numbers:

- 1) the number of persons who attended the fund raising event, or 2) the number of persons who contributed to the committee in connection with the fund raising event.

ITEM 5: TYPE OF FUND RAISING ACTIVITY: Describe the type of fund raising event held. Examples: A dinner, an auction, reception or a dance, etc.

ITEM 6: NAME AND ADDRESS OF PLACE: Enter the address and name (if any) of the facility where the fund raising event was held. Check the box in Item 6 if the event was held at a private residence. This tells the filing official that there should be no expenditures on Schedule 4B for facility rental for this fundraiser.

ITEM 7: TOTAL CONTRIBUTIONS: Enter the total amount of contributions received by the committee in connection with the fund raising event.

ITEM 8: OTHER RECEIPTS: Enter the amount of any "other receipts" the committee received in connection with the fund raising event. This would include, for example, refunds of deposits refunded to the committee in connection with the event.

ITEM 9: GROSS RECEIPTS: Enter the total of lines 7 and 8. This provides the gross receipts received by the committee in connection with the fund raising event.

ITEM 10: TOTAL COST OF EVENT: Enter the total cost of holding the fund raising event. This includes the value of in-kind contributions (reported on Schedule 4-IK, Itemized In-Kind Contributions) in addition to any expenditures made for the event. The expenditures must be reported on Schedule 4B, Itemized Expenditures.

ITEM 11: JOINT FUND RAISERS: If the event held was a joint fund raiser, check the box and enter the name(s) of the co-sponsor(s) of the event. Also show the percentage of the contributions received by each of the co-sponsors and the percentage of the costs paid by each of the co-sponsors.