



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

November 13, 2012

Walker Yes
Ben Reisterer, Treasurer
2611 Hillsdale Drive
Walker, Michigan 49544

Dear Mr. Reisterer:

The Department of State (Department) received a formal complaint filed against you by Amy Hayes on behalf of Friends of Transit-Walker, alleging that you violated the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 et seq. The investigation and resolution of these complaints is governed by section 15 of the Act and the corresponding administrative rules, R 169.51 et seq. Copies of the complaint and supporting documentation are enclosed with this letter.

The MCFA requires the treasurer of a committee to file complete and accurate finance statements and reports. A person who files an incomplete or inaccurate statement may be subject to a civil fine of up to \$1,000.00. MCL 169.234(7).

Ms. Hayes alleges that the campaign statement you filed on behalf of Walker Yes is inaccurate in its reporting of the committee's expenditures on post cards and that the report omits expenditures for robocalls and postage. Ms. Hayes provided as evidence a copy of the committee's pre-election general finance statement filed on October 26, 2012 and a quote for postcards from Cascade Printing.

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. It is important to understand that the Department is neither making this complaint nor accepting the allegations as true.

If you wish to file a written response to this complaint, you are required to do so within 15 business days of the date of this letter. Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your reply will be provided to Ms. Hayes, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing all of the statements and materials provided by the parties, the Department will determine whether "there may be reason to believe that a violation of [the MCFA] has occurred [.]". MCL 169.215(10). Note that the Department's

Walker Yes
Ben Reisterer, Treasurer
November 13, 2012
Page 2

enforcement powers include the possibility of entering a conciliation agreement or conducting an administrative hearing.

If you have any questions concerning this matter, you may contact me at (517) 241-0395.

Sincerely,

A handwritten signature in cursive script that reads "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Amy Hayes

**Michigan Department of State
Campaign Finance Complaint Form**

BUREAU OF ELECTIONS
MI DEPT OF STATE

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

I allege that the MCFA was violated as follows:

Section 1. Complainant		
Your Name Friends of Transit-Walker		Daytime Telephone Number 616-634-0916
Mailing Address 3343 Peach Ridge NW		
City Walker	State Mi	Zip 49544

Section 2. Alleged Violator		
Name Walker Yes		
Mailing Address 2611 Hillsdale Dr.		
City Walker	State Mi	Zip 49544

Section 3. Alleged Violations (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated: **Itemized Direct Expenditures Schedule 4B**

Explain how those sections were violated:

Page 2 of 3 on Schedule 4B have post cards that have been printed by no postage paid on their report. They did not account for it on their report.

Page 2 of 3 on Schedule 4B have paid Cascade Printing and Graphics to print post cards for them. I have gotten quotes of Cascade Printing and they are not close to the

numbers that Walker Yes claims they paid.

They have also sent out robo calls and they do not have any on their expense report.

Evidence that supports those allegations (attach copies of pertinent documents and other information):

I have attached a copy of their mailer that shows postage paid.

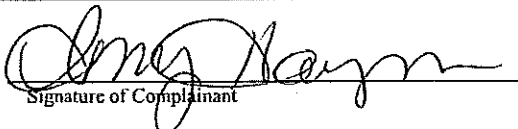
I have also attached a copy of the quote that I received from Cascade Printing and Graphics.

We have recordings of the robo calls on an answering machine that we can submit if needed.

Section 4. Certification (Required)

I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.

X


Signature of Complainant

11/02/2012

Date

Section 5. Certification without Evidence (Supplemental to Section 4)

Section 15(6) of the MCFA (MCL 169.215) requires that the signed certification found in section 4 of this form be included in every complaint. However, if, after a reasonable inquiry under the circumstances, you are unable to certify that certain factual contentions are supported by evidence, you may also make the following certification:

I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:

I have attached a copy of their mailer that shows postage paid.

I have attached a copy of their mailer that shows postage paid.


I have attached a copy of their mailer that shows postage paid.

I have attached a copy of their mailer that shows postage paid.

I have attached a copy of their mailer that shows postage paid.

I have attached a copy of their mailer that shows postage paid.

X


Signature of Complainant

I have attached a copy of the signed and completed form to the Michigan Department of State.

11/02/2012

Date

Section 15(8) of the MCFA provides that a person who files a complaint with a false certification is responsible for a civil violation of the MCFA. The person may be required to pay a civil fine of up to \$1,000.00 and some or all of the expenses incurred by the Michigan Department of State and the alleged violator as a direct result of the filing of the complaint.

Mail or deliver the completed complaint form and evidence to the following address:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918

CASCADE PRINTING and GRAPHICS

6504 28th Street, S.E. • Suite A

Grand Rapids, MI 49546

Phone (616) 222-2937 • Fax (616) 222-2939

Estimate

No. **E#15143**

Date 11/1/12

Customer P.O. No.

Amy Hayes

Amy Hayes

616-334-5414

jokerar@yahoo.com

QUANTITY	DESCRIPTION	AMOUNT	
2,500	EDDM postcards, 8.5x11" printed full color on both sides. 100# gloss cover with AQ (semi glossy) coating. Bundled as qty of 50 for easy drop off at post office	797.00	
5,000	EDDM postcards, 8.5x11" printed full color on both sides. 100# gloss cover with AQ (semi glossy) coating. Bundled as qty of 50 for easy drop off at post office	1,250.00	
10,000	EDDM postcards, 8.5x11" printed full color on both sides. 100# gloss cover with AQ (semi glossy) coating. Bundled as qty of 50 for easy drop off at post office	1,920.00	
Pricing assumes a print-ready file will be provided. Additional Layout and design services are available, to be billed at \$60/hr. We offer to make a "first time" check of your provided files to determine their suitability at no additional charge.			
Thanks! Joe			
Allow approx 10-12 working days Thank You! We look forward to hearing from you. Personal Service • Unbeatable Values	EDDM postcards, 8.5x11" printed full color on both	SUB	
		TAX	
		SHIPPING	00
		TOTAL	

Walker ☒ yes!

local control, *yes* • efficient service, *yes* • tax cut, *yes* • vote *yes* for withdrawal!

Remember, when you see
WITHDRAWAL under the **CITY** **walker**
 section of your ballot, just think... **☒ yes!**

get the **FACTS** and **DONATE** at
www.WalkerYes.org

like us on  facebook.com/walkeryes

walker ☒ yes!
local control, yes • efficient service, yes • tax cut, yes • vote yes for withdrawal

2611 Hillside Drive
 Walker, MI 49544

PRSRT STD
 ECRWSS
 U.S. POSTAGE
 PAID
 EDDM RETAIL

Local
 Postal Customer

CITY

CITY OF WALKER PROPOSAL FOR WITHDRAWAL FROM INTERURBAN TRANSIT PARTNERSHIP

Shall the City of Walker as
 provided by Act 1986 PA 196
 withdraw from the Interurban
 Transit Partnership authority,
 known as "The Rapid", as a
 member?

YES



NO



On the November Ballot, you'll be asked to vote on whether Walker should withdraw from the Interurban Transit Partnership (ITP) taxing authority.

A YES vote means:

- ✓ A property tax cut, and
- ✓ The ability to keep the same bus service (GoBus too!)

DID YOU KNOW?

222 Walker residents use public transportation to get to work.*

Walker's ITP Tax

\$1,400,000

Actual Cost of Bus Service

\$800,000**

OVERPAYMENT

\$600,000
every year!

*Source: U.S. Census Bureau

**Source: Internal ITP documents, visit www.WalkerYes.org to see them

Vote YES on WITHDRAWAL for

✓ local control

✓ lower taxes

✓ more efficient bus service

Get the facts and donate at

www.WalkerYes.org

Don't listen to the scare tactics and misleading information!



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Kent County Clerk
Elections Division

OCT 26 2012

BALLOT QUESTION COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number

128759

2. Committee Name

Walker Yes

3. This Statement covers From: formation To 10/21/2012

4. Committee's Mailing Address

2611 Hillside Drive,
Walker, MI 49544

Area Code and Phone: 616-460-0871
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

Ben Reisterer
2611 Hillside Dr
Walker, MI 49544

Area Code and Phone 616-460-0871

6. Treasurer's Business Address

Ben Reisterer
2611 Hillside Dr
Walker, MI 49544

Area Code and Phone

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

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☒ PRE-ELECTION
OR
☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY
☒ GENERAL
☐ SCHOOL
☐ SPECIAL
OTHER: _____

Date of Election:

0/6/2012

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.

that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. Information listed in items 4a, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, and 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.

that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of belief the contents are true, accurate and complete.

Ben Reisterer
Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name Walker Yes

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2171.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2171.00</u>	(18.) \$ <u>2171.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>2171.00</u>	(20.) \$ <u>2171.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>1044.90</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>1044.90</u>	(21.) \$ <u>1044.90</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1154.38</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>1154.38</u>	(22.) \$ <u>1154.38</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>1154.38</u>	(24.) \$ <u>1154.38</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>2171.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2171.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1154.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1016.62</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name Walker Yes

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Linda and Theodore Gerrard</u> <u>4481 Bonanza Dr. Grand Rapids, MI 49525</u>		4. Date of Receipt <u>9/24/2012</u> \$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>Gena Rinckey</u> <u>2028 Pheasant NW Walker, MI 49534</u>		4. Date of Receipt <u>9/28/2012</u> \$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Gena Rinckey</u> <u>2028 Pheasant NW Walker, MI 49534</u>		4. Date of Receipt <u>9/26/2012</u> \$ <u>50.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Gena Rinckey</u> <u>2028 Pheasant NW Walker, MI 49534</u>		4. Date of Receipt <u>10/3/2012</u> \$ <u>100.00</u>	\$ <u>350.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

375.00

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

2171.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name Walker Yes

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>David Benjamin</u> <u>73582 Hallridge NE Belding, MI 48809</u>		4. Date of Receipt <u>9/27/2012</u> \$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>Mike Sveadas</u> <u>296 13 Mile Rd NE Sparta, MI</u>		4. Date of Receipt <u>9/28/2012</u> \$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Ken Owen</u> <u>6918 Kitson Dr NE Rockford, MI 49341</u>		4. Date of Receipt <u>9/28/2012</u> \$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Benjamin L Reisterer</u> <u>2611 Hillside Dr. Walker, MI 49544</u>		4. Date of Receipt <u>8/22/2012</u> \$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Charter Communications</u> Business Address <u>3355 Walker Ave Walker, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

140.00

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

2171.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name Walker Yes

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Benjamin L Reisterer 2611 Hillside Dr. Walker, MI 49544		4. Date of Receipt <u>9/7/2012</u> \$ <u>150.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Charter Communications</u> Business Address <u>3355 Walker Ave Walker, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Benjamin L Reisterer 2611 Hillside Dr. Walker, MI 49544		4. Date of Receipt <u>9/24/2012</u> \$ <u>200.00</u>	\$ <u>400.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Charter Communications</u> Business Address <u>3355 Walker Ave Walker, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Benjamin L Reisterer 2611 Hillside Dr. Walker, MI 49544		4. Date of Receipt <u>10/12/2012</u> \$ <u>400.00</u>	\$ <u>800.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Charter Communications</u> Business Address <u>3355 Walker Ave Walker, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Benjamin L Reisterer 2611 Hillside Dr. Walker, MI 49544		4. Date of Receipt <u>9/28/2012</u> \$ <u>21.00</u>	\$ <u>821.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Advisor</u> Employer <u>Charter Communications</u> Business Address <u>3355 Walker Ave Walker, MI 49544</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

771.00

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

2171.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _____

2. Committee Name Walker Yes

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt 10/3/2012

Name & Address:

Kent County Taxpayers Alliance
538 Bond Ave NW Ste 812
Grand Rapids, MI 49503

\$ 810.00 \$ 810.00

[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 10/3/2012

Name & Address:

Betsy Boss
1079 Thornwyk NW Walker, MI 49534

\$ 75.00 \$ 75.00

[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 # 3

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[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 # 4

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

885.00

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

2171.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____

2. Committee Name Walker Yes

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <small>Copies/supplies</small> 5. DATE OF RECEIPT: <u>8/6/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Ben Reisterer 2611 Hillside Dr Walker, MI 49544	\$ <u>143.90</u>	\$ <u>143.90</u>
Contribution #2 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <small>Signatures</small> 5. DATE OF RECEIPT: <u>8/16/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Eric Nugent 3639 Merrimont Ct SE Kentwood, MI 49512	\$ <u>238.00</u>	\$ <u>238.00</u>
Contribution #3 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <small>Signatures</small> 5. DATE OF RECEIPT: <u>8/16/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Theodore Petzold 1312 Ford Ave NW Grand Rapids, MI 49505	\$ <u>286.00</u>	\$ <u>286.00</u>

Page Subtotal

667.90

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

1044.90

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____

2. Committee Name Walker Yes

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution #1 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> 6. VENDOR NAME & ADDRESS: Mike Allen 5274 Stage Grand Rapids, MI 49544	\$ <u>70.00</u>	\$ <u>70.00</u>
Contribution #2 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> 6. VENDOR NAME & ADDRESS: Martin Courtade 1535 Mason Grand Rapids, MI 49503	\$ <u>48.00</u>	\$ <u>48.00</u>
Contribution #3 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/19/2012</u> 6. VENDOR NAME & ADDRESS: Mark Thorndill 100 Dean NE Grand Rapids, MI 49505	\$ <u>36.00</u>	\$ <u>36.00</u>

Page Subtotal

154.00

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

1044.90

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____
2. Committee Name Walker Yes

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 <small>If over \$100.00 cumulative, please provide:</small> Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> 6. VENDOR NAME & ADDRESS: April Holder 10440 Laker Village Dr 23F Allendale MI 49407	\$ <u>4.00</u>	\$ <u>4.00</u>
Contribution #2 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 <small>If over \$100.00 cumulative, please provide:</small> Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> 6. VENDOR NAME & ADDRESS: Savanna Bree Holder 6567 Crabapple Dr Troy, MI 48098	\$ <u>1.00</u>	\$ <u>1.00</u>
Contribution #3 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 <small>If over \$100.00 cumulative, please provide:</small> Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> 6. VENDOR NAME & ADDRESS: Yvonne Planck 4565 Snow Apple Dr Walker, MI 49534	\$ <u>33.00</u>	\$ <u>33.00</u>

Page Subtotal

38.00

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

1044.90

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____

2. Committee Name Walker Yes

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: George Sikes Jr 4549 Jonathan Ct NW Walker, MI 49534</p>	<p>\$ <u>20.00</u> \$ <u>20.00</u></p>	
<p>Contribution #2 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Paul Segers 16095 Gary Ave Grand Haven, MI 49417</p>	<p>\$ <u>22.00</u> \$ <u>22.00</u></p>	
<p>Contribution #3 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ Signatures _____ 5. DATE OF RECEIPT: <u>8/16/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Roger Modderman III 7336 Piere St Allendale, MI 49401</p>	<p>\$ <u>102.00</u> \$ <u>102.00</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____

2. Committee Name Walker Yes

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution #1 Name & Address: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Signatures</u> 5. DATE OF RECEIPT: <u>8/16/2012</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Debbie Reid 2429 Elmridge NW Walker, MI 49534	\$ <u>41.00</u>	\$ <u>41.00</u>
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal

41.00

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

1644.90

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name Walker 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: Comerica Bank	4. Purpose: <u>Bank fee</u> 5. Ballot Proposal: <u>ITP</u>	9/14/2012 Date of Expenditure	\$ <u>21.17</u>	\$ <u>21.17</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: Facebook 1601 Willow Avenue, Menlo Park, California, 94025.	4. Purpose: <u>Ads</u> 5. Ballot Proposal: <u>ITP</u>	9/18/2012 Date of Expenditure	\$ <u>29.09</u>	\$ <u>29.09</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Facebook 1601 Willow Avenue, Menlo Park, California, 94025.	4. Purpose: <u>Ads</u> 5. Ballot Proposal: <u>ITP</u>	9/24/2012 Date of Expenditure	\$ <u>29.07</u>	\$ <u>58.16</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: Facebook 1601 Willow Avenue, Menlo Park, California, 94025.	4. Purpose: <u>Ads</u> 5. Ballot Proposal: <u>ITP</u>	10/1/2012 Date of Expenditure	\$ <u>29.03</u>	\$ <u>87.19</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

108.36

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

1154.38

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____
2. Committee Name Walker 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: Cascade Printing and Graphics 6504 28th St. SE ste. A Grand Rapids, MI 49546 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Post cards</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/3/2012 Date of Expenditure	\$ <u>806.66</u>	\$ <u>806.66</u>
Expenditure # 2 Name & Address: Facebook 1601 Willow Avenue, Menlo Park, California, 94025. <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Ads</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/9/2012 Date of Expenditure	\$ <u>29.07</u>	\$ <u>116.26</u>
Expenditure # 3 Name & Address: Facebook 1601 Willow Avenue, Menlo Park, California, 94025. <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>10/12/2012</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/12/2012 Date of Expenditure	\$ <u>28.94</u>	\$ <u>145.20</u>
Expenditure # 4 Name & Address: Comerica Bank 2500 Alpine Avenue NW Walker, MI 49544 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Bank fee</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/12/2012 Date of Expenditure	\$ <u>27.40</u>	\$ <u>48.57</u>

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

892.07

1154.38

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name Walker 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: Cascade Printing and Graphics 6504 28th St. SE ste. A Grand Rapids, MI 49546 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Flyers printing</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/18/2012 Date of Expenditure	\$ <u>137.00</u>	\$ <u>943.66</u>
Expenditure # 2 Name & Address: Facebook 1601 Willow Avenue, Menlo Park, California, 94025. <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Ads</u> 5. Ballot Proposal: <u>ITP</u> County: <u>Kent</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/19/2012 Date of Expenditure	\$ <u>16.95</u>	\$ <u>162.15</u>
Expenditure # 3 Name & Address: <input type="checkbox"/> 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: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____	\$ _____
Expenditure # 4 Name & Address: <input type="checkbox"/> 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: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____	\$ _____

Subtotal this page

153.95

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

1154.38

Enter this total
on Line 8a of
the Summary
Page



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

December 6, 2012

Friends of Transit-Walker
Amy Hayes
3343 Peach Ridge NW
Walker, Michigan 49544

Dear Ms. Hayes:

The Department of State received a response to the complaint you filed against Walker Yes, which concerns an alleged violation of the Michigan Campaign Finance Act (MCFA), 1976 P.A. 388, MCL 169.201 *et seq.* A copy of the response is provided as an enclosure with this letter.

If you elect to file a rebuttal statement, you are required to send it within 10 business days of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely,

A handwritten signature in cursive script that reads "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Ben Reisterer

Walker Yes

11/28/2012

Ben Reisterer, Treasurer

2611 Hillside Dr

Walker, MI 49544

Department of State

Bureau of Elections

Attn: Lori A. Bourbonais

Richard H. Austin Building, 1st Floor

430 West Allegan Street

Lansing, MI 48918

Dear Ms. Bourbonais,

In response to the campaign finance complaint received by your office from Amy Hayes on behalf of Friends of Transit-Walker, my responses are below:

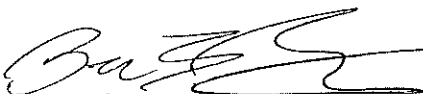
In regards to the allegation that postage was not included on our statement, we inadvertently left off an in-kind contribution of postage. This was a mistake and not intentional. An amended campaign finance statement was filed with the Kent County Clerk on 11/28/2012 to reflect this unintentional omission. A copy of that amendment is attached.

In regards to the allegation that we incorrectly listed the price of the post cards we had printed through Cascade Printing, we also inadvertently left off the in-kind discount received by Cascade Printing. This was a mistake and not intentional. The above-mentioned campaign finance amendment was filed to reflect the correct amount. In addition, a copy of the invoice received from Cascade Printing is attached which reflects the total cost and the discount received.

In regard to phone call costs, we were not invoiced for the calls until after the election, so the cost will be included on our post-election campaign finance statement, which is due by December 26th. This portion of the complaint is premature.

I hope that this resolves the matter. All expenses have been appropriately reported to the Kent County Clerk as of the mailing of this response.

Sincerely,



Ben Reisterer

BUREAU OF ELECTIONS
MI DEPT OF STATE
2012 DEC -4 PM 3:13



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Kent County Clerk
Elections Division

NOV 28 2012

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 10/21/12

1. Committee I.D. Number

4. Committee's Mailing Address 2611 Hillside Drive
Walker, MI 49544

2. Committee Name

Walker Yes

Area Code and Phone: (616) 460-0871

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

Ben Reisterer
2611 Hillside Drive
Walker, MI 49544

Area Code and Phone (616) 460-0871

6. Treasurer's Business Address

Ben Reisterer
2611 Hillside Drive
Walker, MI 49544

Area Code and Phone (616) 460-0871

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

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☒ PRE-ELECTION
OR

☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

- ☐ PRIMARY
☒ GENERAL
☐ SCHOOL
☐ SPECIAL
☐ OTHER: _____

Date of Election:
10/06/12

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

Ben Reisterer
Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name Walker Yes

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2,171.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2,171.00</u>	(18.) \$ <u>2,171.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>2,171.00</u>	(20.) \$ <u>2,171.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-1K, Column 7)	(6a.) \$ <u>2,451.76</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>2,451.76</u>	(21.) \$ <u>2,451.76</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1,154.38</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>1,154.38</u>	(22.) \$ <u>1,154.38</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>1,154.38</u>	(24.) \$ <u>1,154.38</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>2,171.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2,171.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1,154.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,016.62</u>	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number _____

2. Committee Name Walker Yes

3. Name and Address from whom received <small>If contribution is from an individual, please enter last name first.</small>	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: Kent County Taxpayers Alliance 538 Bond Ave NW Ste 812 Grand Rapids, MI 49503 If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Postage</u> 5. DATE OF RECEIPT: <u>10/10/12</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: US Postal Service 225 Michigan St NW Grand Rapids, MI 49501	\$ <u>1153.19</u>	\$ <u>1153.19</u>
Contribution #2 Name & Address: Cascade Printing 6504 28th Street SE Ste A Grand Rapids, MI 49546 If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Flyer discount</u> 5. DATE OF RECEIPT: <u>09/18/12</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Cascade Printing 6504 28th Street SE Ste A Grand Rapids, MI 49546	\$ <u>253.67</u>	\$ <u>253.67</u>
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation _____ Employer Name & Address: _____ <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ \$ _____ 5. DATE OF RECEIPT: _____ <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal **\$1,406.86**

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

\$1,406.86

Enter this total on
line 6a of
Summary Page

CASCADE PRINTING and GRAPHICS

6504 28th Street, S.E. • Suite A
Grand Rapids, MI 49546
Phone (616) 222-2937 • Fax (616) 222-2939

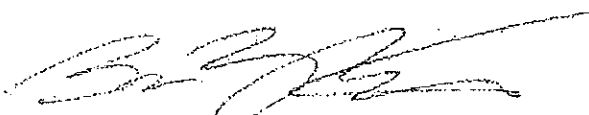
Invoice

No. **40587**

Date 9/18/12

Customer P.O. No.

Walker Yes
600 Broadway Ave SW Suite 406
Grand Rapids MI 49504

QUANTITY	DESCRIPTION	AMOUNT	
10,000	Walker YES! EDDM Mailer - 8.5" x 11" - 100# Gloss Cover - Printed 4/4 full color with aqueous coating - 4-5 day production -	1,014.67	
	Customer Discount	-253.67	
<p>Thank You! We Appreciate Your Business. Personal Service • Unbeatable Values</p> 	Rapid Materials - Walker	SUB	761.00
		TAX	45.66
		SHIPPING	
		TOTAL	806.66



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

March 6, 2013

Walker Yes
Ben Reisterer, Treasurer
2611 Hillsdale Drive
Walker, Michigan 49544

Dear Mr. Reisterer:

The Department of State (Department) has completed its investigation of a complaint filed against you by Amy Hayes on behalf of Friends of Transit-Walker, which alleged that you violated the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq.* This letter concerns the disposition of Ms. Hayes's complaint.

The MCFA requires the treasurer of a committee to file complete and accurate finance statements and reports. A person who files an incomplete or inaccurate statement may be subject to a civil fine of up to \$1,000.00. MCL 169.234(7).

The Act also requires the Department to "endeavor to correct the violation or prevent a further violation by using informal methods[.]" if it finds that "there may be reason to believe that a violation ... has occurred[.]" MCL 169.215(10). The objective of an informal resolution is "to correct the violation or prevent a further violation[.]" *Id.* If the Department is unable to correct or prevent additional violations, it may convene an administrative hearing or ask the Attorney General to prosecute if a crime has been committed. *Id.*

The complaint was filed by Ms. Hayes on November 5, 2012, and you filed a written response on December 4, 2012. Ms. Hayes did not file a rebuttal statement.

Ms. Hayes alleged that you under-reported expenditures for postcards and omitted expenditures for postage and robocalls on your 2012 pre-election general campaign finance statement. Ms. Hayes provided as evidence a copy of the committee's pre-election general finance statement filed on October 26, 2012, copies of a flyer which stated "Vote YES on WITHDRAWAL for local control[.] lower taxes[, and] more efficient bus service [.]" and a quote for postcards from Cascade Printing.

In response, you stated that you "inadvertently left off an in-kind contribution of postage" and that it was "a mistake and not intentional." Additionally, you stated that you "inadvertently left off the in-kind discount" given to you by Cascade Printing for the postcards and that this, too, "was a mistake and not intentional." Further, you provided a copy of the amended 2012 pre-election general statement which you filed on November 28, 2012. You asserted that this amended statement accurately reflected the contributions received and expenditures made by committee during the period covered by the statement and that all expenses had been

appropriately reported. Finally, you stated that you were not invoiced for the robocalls until after the election, and that the cost of those calls would be included on your post-election campaign finance statement.

The Department believes that the evidence tends to show that your 2012 post-election primary campaign finance statement was incomplete or inaccurate, and a violation of the Act occurred. However, the Department believes that the evidence also tends to show that this was not an intentional violation. Further, you corrected the violation by filing an amended statement as soon as you were given notice of the inaccurate report.

While the Department believes a violation occurred, section 15(10) of the MCFA requires the Department to "endeavor to correct the violation or prevent a further violation by using informal methods such as a conference, conciliation, or persuasion [.]". The Department is satisfied that you took appropriate corrective measures to ensure full and accurate disclosure of your committee's contributions and expenditures and requires no further action at this time.

Additionally, this letter has served to remind you of your duty under the Act to file complete and accurate campaign finance statements. MCL 169.234. The Department expects that any future filings will meet this obligation.

The Department considers this matter closed and will take no further enforcement action at this time.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Amy Hayes