



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

18 APR 30 AM 9:06

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

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 1/1/18 To 4/30/18

1. Committee I.D. Number  
139574

4. Committee's Mailing Address  
13250 IRVINGTON DR  
WARREN MI 48088  
Area Code and Phone: 248-515-2281  
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.

2. Committee Name  
TAXPAYERS FOR MACOMB  
COMMUNITY College

5. Treasurer's Name and Residential Address  
DIANE L. YOUNG  
SAME  
Area Code and Phone

6. Treasurer's Business Address  
SAMES  
Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)  
SAMES  
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:  
MAY 8<sup>TH</sup> 2018

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 DIANE L. YOUNG [Signature]  
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139574  
2. Committee Name Taxpayers For Malamb College.

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>14,415</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>14,415</u>	(18.) \$ <u>14,515</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>14,415</u>	(20.) \$ <u>14,515</u>
<b>IN-KIND CONTRIBUTIONS</b>		
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. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>6531.06</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>6531.06</u>	(22.) \$ <u>6531.06</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>6531.06</u>	(24.) \$ <u>6531.06</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>100-</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>14,415</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = <u>14,515</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>6531.06</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>7883.94</u>	

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

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

1. Committee I.D. Number 139574

2. Committee Name TAXPAYERS FOR MACOMB COMMUNITY COLLEGE

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: CHRISTINE BORKOWSKI  
40963 E. ROSEWOOD DR  
CLINTON TWP MI 48038

4. Date of Receipt 2/19/18

\$ 100<sup>00</sup> \$ 100<sup>00</sup>

Click Here for Memo Itemization

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

Occupation Retired Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2  
Name & Address: Paul Thacker  
11027 TIMBERLINE  
Shelby Twp MI 48310

4. Date of Receipt 2/19/18

\$ 100<sup>00</sup> \$ 100<sup>00</sup>

Click Here for Memo Itemization

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

Occupation Retired Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3  
Name & Address: JAMES O. SAWYER  
45810 PRIVATE STORE DR.  
Chesterfield MI 48047

4. Date of Receipt 1/25/18

\$ 1500<sup>00</sup> \$ 1500<sup>00</sup>

Click Here for Memo Itemization

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

Occupation President Employer Macomb Community College

Business Address 14500 E. 12 mile WALKER MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4  
Name & Address: CASANDRA Ulbrich  
1890 LODGATE LANE  
ROCHESTER Hills MI 48309

4. Date of Receipt 1/25/18

\$ 250<sup>00</sup> \$ 250<sup>00</sup>

Click Here for Memo Itemization

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

Occupation Vice-President Employer Macomb Community College

Business Address 14500 E. 12 mile rd. walker MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 1950<sup>00</sup>

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

14415

Enter this total  
on line 3a of  
Summary  
Page

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139574

2. Committee Name Taxpayers for Macomb Community College

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>Terry Pritchett</u> <u>62823 TOURNAMENT DR</u> <u>WASHINGTON TWP MI 48094</u> 4. Date of Receipt <u>2/22/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50<sup>00</sup></u>	\$ <u>50<sup>00</sup></u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>AUDREY TAKACS</u> <u>17620 White Pine Ct.</u> <u>NORTHVILLE MI 48168</u> 4. Date of Receipt <u>2/22/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Macomb Community College</u> Business Address <u>14500 E. 12 mile rd Lo Ann Arbor MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100<sup>00</sup></u>	\$ <u>100<sup>00</sup></u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>JAMES JACOBS</u> <u>1017 BALFAR</u> <u>GROSSE POINTE MI 48230</u> 4. Date of Receipt <u>2/22/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100<sup>00</sup></u>	\$ <u>100<sup>00</sup></u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>KATHRYN VARTY</u> <u>1688 MAPLE CT.</u> <u>ROCHESTER MI 48306</u> 4. Date of Receipt <u>2/22/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100<sup>00</sup></u>	\$ <u>100<sup>00</sup></u> Click Here for Memo Itemization

Page Subtotal 350<sup>00</sup>  
 Grand Total of All Schedules 4A (Complete on last page of Schedule) 14415

Enter this total on line 3a of Summary Page

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

1. Committee I.D. Number 13954  
 2. Committee Name Taxpayers for Macomb Community College

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>JAMES O SAWYER</u> <u>45810 PRIVATE SHORE DR.</u> <u>CHESTERFIELD MI 48047</u>	4. Date of Receipt <u>3/15/18</u>	\$ <u>500</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Macomb Community College</u> Business Address <u>14500 E. 12 mile Rd. Warren MI 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>BARBARA ROSSMAN</u> <u>54311 Queensborough Dr.</u> <u>Shelby TWP MI 48315</u>	4. Date of Receipt <u>3/15/18</u>	\$ <u>200<sup>00</sup></u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Admin.</u> Employer <u>Henry Ford Hospital</u> Business Address <u>15855 19 mile Rd. Clinton Twp 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Eugene Lovell</u> <u>24300 Little Mack</u> <u>St. Clair Shores MI 48080</u>	4. Date of Receipt <u>3/15/18</u>	\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Banker</u> Employer <u>FIRST STATE BANK</u> Business Address <u>24300 Little Mack St. Clair Shores MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Michael Kramer</u> <u>45100 Sterritt.</u> <u>UTICA MI 48317</u>	4. Date of Receipt <u>3/20/18</u>	\$ <u>250<sup>00</sup></u>	\$ <u>250<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>MOCERI</u> Business Address <u>45100 Sterritt. Suite 200 UTICA 48317</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1950<sup>00</sup>  
 Grand Total of All Schedules 4A  
 (Complete on last page of Schedule) 14415  
 Enter this total on line 3a of Summary Page

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

1. Committee I.D. Number ~~13957~~ 13957A  
 2. Committee Name Taxpayers for Macomb Community College

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: LABORER LOCAL 1191 Construction workers IND. EDUCATION CTE 2161 W. GRAND BLVD DETROIT MI 48208	4. Date of Receipt <u>4/2/18</u>  \$ <u>2000.00</u>	\$ <u>2000.00</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: MICHIGAN Regional Council Carpenters SPECIAL ASSESSMENT 400 TOWER REN CEN Suite 1010 DETROIT MI 48243	4. Date of Receipt <u>4/9/18</u>  \$ <u>1000.00</u>	\$ <u>1000.00</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: <del>TAXPAYERS</del> CONSTRUCTION WORKERS LOCAL 1096 ED. CONST. PAC. 2161 W. GRAND BLVD. DETROIT MI 48208	4. Date of Receipt <u>4/18/17</u>  \$ <u>2000.00</u>	\$ <u>2000.00</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: BARTON MALOW 26500 AMERICAN DR. SOUTHFIELD MI 48034	4. Date of Receipt <u>4/12/18</u>  \$ <u>2000.00</u>	\$ <u>2000.00</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		

Page Subtotal 7000.00  
 Grand Total of All Schedules 4A (Complete on last page of Schedule) 14415

Enter this total on line 3a of Summary Page

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

1. Committee I.D. Number 139574  
 2. Committee Name Taxpayers for Macomb Community College

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 4/12/18

JAMES B. JACOBS  
1017 BALFOUR  
GROSSE POINTE MI 48230

\$ 100 \$ 200-

Click Here for Memo Itemization

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

Occupation retired Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2  
Name & Address:

4. Date of Receipt 4/12/18

CARDI DEMONACO  
23285 Oakwood  
Eastpointe MI 48021

\$ 50<sup>00</sup> \$ 50<sup>00</sup>

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

Occupation Computer Employer Macomb County  
1 South Main Mt. Clemens MI 48043

Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3  
Name & Address:

4. Date of Receipt 4/12/18

MICHAEL DEVAULT  
7910 WALTERS RD  
LANSBURG MI 48848

\$ 150<sup>00</sup> \$ 150<sup>00</sup>

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

Occupation Retired. Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4  
Name & Address:

4. Date of Receipt 4/12/18

CATHY Kelly  
27061 Beane  
HARISON TWP MI

\$ 20<sup>00</sup> \$ 20<sup>00</sup>

Click Here for Memo Itemization

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

Occupation PROFESSOR Employer Macomb Community College

Business Address 14500 E. 17 Mile Rd. Warren MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

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

~~300~~ 320  
14,415

Enter this total on line 3a of Summary Page

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number i39574  
2. Committee Name Taxpayers for Macomb Community College

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

3. Contribution # 1  
Name & Address: JAMES W. VARTY  
1688 MAPLECREAK CT  
ROCHESTER MI 48306

4. Date of Receipt 4/12/18

6. Amount \$ 100<sup>00</sup> \$ 100<sup>00</sup>

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

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

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

3. Contribution # 2  
Name & Address: Denise Williams  
29410 Grandview  
HARRISON TWP MI 48045

4. Date of Receipt 7/12/18

6. Amount \$ 250<sup>00</sup> \$ 250<sup>00</sup>

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

5. If over \$100.00 cumulative, please provide:  
Occupation ADMINISTRATOR Employer MACOMB COMMUNITY COLLEGE  
Business Address 14500 E. 12 Mile Rd. WARREN MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3  
Name & Address: PATRICIA EISENMAN  
2448 STANTON CT.  
Shelby TWP MI 48316

4. Date of Receipt 4/12/18

6. Amount \$ 100<sup>00</sup> \$ 100<sup>00</sup>

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

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

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

3. Contribution # 4  
Name & Address: JACOB FEMMINED  
136 S. WILSON BLD.  
MT. CLEMENS MI 48043

4. Date of Receipt 4/18/18

6. Amount \$ 100<sup>00</sup> \$ 100<sup>00</sup>

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

5. If over \$100.00 cumulative, please provide:  
Occupation ATTORNEY Employer FEMMINED ATTORNEYS  
Business Address 110 MAIN ST. MT CLEMENS MI 48043

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

Page Subtotal 550<sup>00</sup>  
Grand Total of All Schedules 4A (Complete on last page of Schedule) 14,415  
Enter this total on line 3a of Summary Page



**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 2/19/18

JOYE CLARK  
35945 Kelly Rd.  
CLIFTON TWP MI 48035

\$ 50 \$ 50

Click Here for Memo Itemization

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

Occupation \_\_\_\_\_ Employer WSU

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2  
Name & Address:

4. Date of Receipt 3/23/18

LLOYD QUICK  
5349 WEST FIREPAI WAY  
TUCSON AZ 85742

\$ 150<sup>00</sup> \$ 150<sup>00</sup>

Click Here for Memo Itemization

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

Occupation Retired Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3  
Name & Address:

4. Date of Receipt 3/29/18

MARTIN MANNA  
~~Address~~ 3601 15 mile rd.  
Sterling Heights mi 48310

\$ 1000 \$ 1000

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

Occupation Admin Employer CHALDEAN FOUNDATION

Business Address 3601 15 mile Rd. Sterling Heights mi 48310

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4  
Name & Address:

4. Date of Receipt 4/2/18

Jill Thomas Little

\$ 50 \$ 50

Click Here for Memo Itemization

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

Occupation ~~Admin~~ Dean Employer MACOMB Community College

Business Address 14500 E. 17 Mile Rd Warren mi 48055

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

1250

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

14415

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 139574  
2. Committee Name Taxpayers for Macomb Community College

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>CARL WECKERSE</u> <u>27247 PEMBROKE DR</u> <u>WARREN MI 48092</u>	4. Date of Receipt <u>4/18/18</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>MACOMB COMMUNITY COLLEGE</u> Business Address <u>14500 E. 12 mile Rd. Warren mi 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>ROBERT MURRAY</u> <u>43265 EMILY DR.</u> <u>STERLING HIGHTS MI 48314</u>	4. Date of Receipt <u>4/18/18</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>HONTER WENDT</u> <u>6796 PUTTYGOT. PD</u> <u>CHINA MI 48054</u>	4. Date of Receipt <u>4/18/18</u>	\$ <u>250<sup>00</sup></u>	\$ <u>250<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Macomb Community College</u> Business Address <u>14500 E. 12 mile Rd. Warren mi 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: _____	4. Date of Receipt _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 400  
Grand Total of All Schedules 4A  
(Complete on last page of Schedule) 14,415

Enter this total on line 3a of Summary Page

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 4/16/18

Michael ZIMMERMAN  
14500 E. 12 mile  
WARREN MI 48088

\$ 75<sup>00</sup> \$ 75-

Click Here for Memo Itemization

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

Occupation CIO Employer MACOMB Community College  
Business Address 14500 E. 12 mile Rd. Warren MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2  
Name & Address:

4. Date of Receipt 4/12/18

WILLIAM TAMMONE  
2724 Stonebury Dr  
Rochester Hills MI 48307

\$ 500<sup>00</sup> \$ 500<sup>00</sup>

Click Here for Memo Itemization

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

Occupation PROUST Employer MACOMB Community College  
Business Address 14500 E. 12 mile Rd. Warren MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3  
Name & Address:

4. Date of Receipt 4/12/18

CASANDRA Ulbrich  
1890 LUDgate Lane  
Rochester Hills MI 48309

\$ 20- \$ 270.00

Click Here for Memo Itemization

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

Occupation Vice-President Employer MACOMB Community College  
Business Address 14500 E. 12 mile Rd. Warren MI 48088

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4  
Name & Address:

4. Date of Receipt 4/2/18

CLARK ANDREWS  
12900 Hull Rd  
Sterling Hgts MI 48313

\$ 50- \$ 50-

Click Here for Memo Itemization

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

Occupation LAWYER Employer O'neilly Randall PC  
Business Address 12900 Hull Rd. Sterling Heights MI 48313

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal

645

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

14,415

Enter this total  
on line 3a 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 \_\_\_\_\_

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: <u>Charge Media</u>	4. Purpose: <u>LOGO DESIGN</u> 5. Ballot Proposal: <u>MACOMB COMMUNITY COLLEGE MILLAGE</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>3/8/18</u> Date of Expenditure	<u>\$ 500<sup>00</sup></u> Amount	<u>\$ 500<sup>00</sup></u> Cumulative
Expenditure # 2 Name & Address: <u>U.S. Post Office</u> <u>2632 S. ROCK RD.</u> <u>ROCHESTER HILLS MI 48307</u>	4. Purpose: <u>POSTAGES</u> 5. Ballot Proposal: <u>MACOMB COM. COLLEGE</u> County: <u>MACOMB</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>4/2/18</u> Date of Expenditure	<u>\$ 350<sup>00</sup></u> Amount	<u>\$ 350<sup>00</sup></u> Cumulative
Expenditure # 3 Name & Address: <u>AMERICAN Speedy</u> <u>917 N. MAIN</u> <u>ROCHESTER MI 48307</u>	4. Purpose: <u>PRINTING</u> 5. Ballot Proposal: <u>MACOMB COM. COLLEGE</u> County: <u>MACOMB</u> <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>4/2/18</u> Date of Expenditure	<u>\$ 192.71</u> Amount	<u>\$ 192.71</u> Cumulative
Expenditure # 4 Name & Address: <u>VISTA PRINT</u> <u>275 WYMAN ST.</u> <u>WALTHAM MA 02451</u>	4. Purpose: <u>FLYERS</u> 5. Ballot Proposal: <u>MACOMB COMMUNITY COLLEGE</u> County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>4/2/18</u> Date of Expenditure	<u>\$ 643.41</u> Amount	<u>\$ 643.41</u> Cumulative

Subtotal this page 1686.12  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule) 6531.00

Enter this total on Line 8a of the Summary Page

**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: Chemical BANK	4. Purpose: BANK Fee 5. Ballot Proposal: MACOMB COMM. College County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	3/16/18 Date of Expenditure	\$ 3.00 \$ 3.00	\$ 3.00
Expenditure # 2 Name & Address: AMERICAN GRAPHICS 34895 Grosbeck Hwy CLINTON TWP 48035	4. Purpose: PRINTING 5. Ballot Proposal: MACOMB COMM. College County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/10/18 Date of Expenditure	\$ 421.90 \$ 421.90	\$ 421.90
Expenditure # 3 Name & Address: Change Media 1000 S. WASHINGTON LANSING MI 48910	4. Purpose: MAILING 5. Ballot Proposal: MACOMB COMM. College County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/13/18 Date of Expenditure	\$ 3323.47 \$ 3323.47	3823.47 <del>3323.47</del>
Expenditure # 4 Name & Address: KAVANS 28970 Hayes Roseville MI 48066	4. Purpose: Food 5. Ballot Proposal: MACOMB COMM. College County: MACOMB <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/12/18 Date of Expenditure	\$ 1039.50 \$ 1039.50	\$ 1039.50

Subtotal this page

4787.87

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

6531.00

Enter this total on Line 8a of the Summary Page

**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: DAY PAI 2211 NORTH FIRST ST. SAN JOSE CA 95131  <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 FEES</u>  5. Ballot Proposal: <u>MACOMB COMM. COLLEGE</u>  County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	4/17/18 Date of Expenditure	\$ 57.07 \$ 57.07	\$ 57.07 Click for Memo Itemization Type
Expenditure # 2 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	\$ _____ \$ _____	Click for Memo Itemization Type
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	\$ _____ \$ _____	Click for Memo Itemization Type
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 type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	Click for Memo Itemization Type

Subtotal this page 57.07  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule) 6531.06  
 Enter this total on Line 8a of the Summary Page