



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>30,530.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$	<u>30,530.00</u>	(18.) \$ <u>30,530.00</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>30,530.00</u>	(20.) \$ <u>30,530.00</u>
<b>IN-KIND CONTRIBUTIONS</b>			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$	<u>4,025.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>4,025.00</u>	(21.) \$ <u>4,025.00</u>
<b>EXPENDITURES</b>			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$	<u>24,798.66</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>24,798.66</u>	(22.) \$ <u>24,798.66</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>24,798.66</u>	(24.) \$ <u>24,798.66</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.) \$	<u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
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>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>351.24</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>30,530.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>30,881.24</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>24,798.66</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>6,082.58</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 37508

2. Committee Name TCAPS Citizens for Students

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 08/23/12

Name & Address:

McKay, Douglas L.  
454 Timber Crest Drive  
Traverse City, MI 49686

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Physician Employer Grand Traverse Women's Clinic

Business Address 1200 6th St. Suite 400, Traverse City, MI 49684

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

3. Contribution # 2

4. Date of Receipt 08/23/12

Name & Address:

Luciani, Douglas  
6623 Mathison Rd. S  
Traverse City, MI 49686

\$ 250.00 \$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation Business Employer Traverse City Chamber of Commerce

Business Address 202 East Grandview Parkway, Traverse City, MI 49684

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

3. Contribution # 3

4. Date of Receipt 08/23/12

Name & Address:

Oblinger, Laura J.  
1020 Washington St.  
Traverse City, MI 49686

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 4

4. Date of Receipt 08/23/12

Name & Address:

Cousins, Stephen E.  
2311 Raven Lane  
Traverse City, MI 49686

\$ 250.00 \$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation Education Employer Traverse City Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

Page Subtotal

\$800.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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 08/23/12

Name & Address:

Trippe, Mary K  
615 E. State St.  
Traverse City, MI 49686

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Counselor Employer Bay Area Counseling, LLC

Business Address 3180 Racquet Club Drive, Traverse City, MI 49684

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

3. Contribution # 2

4. Date of Receipt 08/23/12

Name & Address:

Souden, Wesley I  
601 Riverine Drive, Apt. 203  
Traverse City, MI 49684

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 3

4. Date of Receipt 08/23/12

Name & Address:

Arnold, Alison B  
2201 Birchwood Court  
Traverse City, MI 49686

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Education Employer Traverse City Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

3. Contribution # 4

4. Date of Receipt 09/06/12

Name & Address:

Mikulski, Eileen B  
4391 Paper Birch Ln.  
Traverse City, MI 49686

\$ 250.00 \$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation Homemaker Employer Not Employed

Business Address Same as above

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

Page Subtotal

\$ 750.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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 09/06/12

Name & Address:

Koro, Linda S  
139 Wakulat Lane  
Traverse City, MI 49686

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 2

4. Date of Receipt 09/06/12

Name & Address:

Soma, Paul A  
9965 E. Avondale Lane  
Traverse City, MI 49684

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 3

4. Date of Receipt 09/06/12

Name & Address:

Wolf-Schlarf, Wendee  
6112 Northwind Court  
Traverse City, MI 49685

\$ 50.00 \$ 50.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 4

4. Date of Receipt 09/06/12

Name & Address:

Maner Costerisan  
2425 E. Grand River Ave. Suite 1  
Lansing, MI 48912

\$ 750.00 \$ 750.00

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

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Occupation Accounting Employer \_\_\_\_\_

Business Address Same as above

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

Page Subtotal

\$ 1,000.00

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

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 37508

2. Committee Name TCAPS Citizens for Students

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: <b>Elmer's Crane &amp; Dozer, Inc.</b> 3600 Rennie School Road Traverse City, MI 49686</p> <p>4. Date of Receipt <u>09/06/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer _____ Business Address <u>Same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>5000.00</u>	\$ <u>5000.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 2 Name &amp; Address: <b>Quinn &amp; Associates, LTD.</b> 3553 Old Mission Rd. Traverse City, MI 49686</p> <p>4. Date of Receipt <u>09/07/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Consulting</u> Employer _____ Business Address <u>Same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ <u>500.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 3 Name &amp; Address: <b>Berck, Cindy J</b> 224 Rivershore Drive Elk Rapids, MI 49629</p> <p>4. Date of Receipt <u>09/10/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<p>3. Contribution # 4 Name &amp; Address: <b>Smith, Colleen E</b> 224 Fairway Hills Drive Traverse City, MI 49684</p> <p>4. Date of Receipt <u>09/11/12</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$5,650.00**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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: Greenan, Michele E 13500 S. Partridge Run Drive Traverse City, MI 49684	4. Date of Receipt <u>09/12/12</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Bak, Mark A 4211 Broomhead Rd. Williamsburg, MI 49690	4. Date of Receipt <u>09/12/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Mohr, Jayne 3972 Incochee Rd. Traverse City, MI 49686	4. Date of Receipt <u>09/12/12</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Education</u> Employer <u>Traverse City Area Public Schools</u> Business Address <u>412 Webster Street, Traverse City, MI 49686</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: Appel, Gary 10979 Trillium Court Traverse City, MI 49684	4. Date of Receipt <u>09/13/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$425.00

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

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 37508

2. Committee Name TCAPS Citizens for Students

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 09/13/12

Name & Address:

Alfieri, Pamela A  
4774 Lakeshore Dr.  
Grawn, MI 49637

\$ 30.00 \$ 30.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 2

4. Date of Receipt 09/13/12

Name & Address:

Puckett, Julie A  
7889 Pinedale Drive  
Williamsburg, MI 49690

\$ 100.00 \$ 100.00

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

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

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

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

3. Contribution # 3

4. Date of Receipt 09/13/12

Name & Address:

Hall, Kelly  
512 McKinley Rd. E  
Traverse City, MI 49686

\$ 300.00 \$ 300.00

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

[Click Here for Memo Itemization](#)

Occupation Education Employer Board President Traverse City Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

3. Contribution # 4

4. Date of Receipt 09/13/12

Name & Address:

Rich, Marjorie  
7229 E. Shore Rd.  
Traverse City, MI 49686

\$ 100.00 \$ 100.00

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

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

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

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

Page Subtotal

\$ 530.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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 09/13/12

Name & Address:

The Bouma Corporation  
1933 Northern Star Dr  
Traverse City, MI 49686

\$ 150.00 \$ 150.00

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

[Click Here for Memo Itemization](#)

Occupation Construction

Employer \_\_\_\_\_

Business Address Same as above

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt 09/14/12

Name & Address:

Neibauer, Todd  
3347 Powder Horn Drive  
Traverse City, MI 49685

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

4. Date of Receipt 09/15/12

Name & Address:

Stauder Barch & Associates, Inc.  
3989 Research Park Drive  
Ann Arbor, MI 48108

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Financial Advisor

Employer \_\_\_\_\_

Business Address Same as above

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

4. Date of Receipt 09/15/12

Name & Address:

National Coatings, Inc.  
3520 Rennie School Rd.  
Traverse City, MI 49685

\$ 500.00 \$ 500.00

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

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Occupation Construction

Employer \_\_\_\_\_

Business Address Same as above

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

\$ 950.00

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





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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 09/17/12

Name & Address:

Hicks, Robert O  
6076 London Drive  
Traverse City, MI 49684

\$ 250.00 \$ 250.00

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

[Click Here for Memo Itemization](#)

Occupation Education Employer Traverse Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

3. Contribution # 2

4. Date of Receipt 09/17/12

Name & Address:

Vandermolen, Richard  
2668 Shenandoah Drive  
Traverse City, MI 49684

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 3

4. Date of Receipt 09/18/12

Name & Address:

Neils Engineering  
830 Cottage View Dr. Suite 102  
Traverse City, MI 49684

\$ 500.00 \$ 500.00

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

[Click Here for Memo Itemization](#)

Occupation Construction Employer \_\_\_\_\_

Business Address Same as above

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

3. Contribution # 4

4. Date of Receipt 09/19/12

Name & Address:

Thomas, Christine M  
9536 Schichtel Rd.  
Kingsley, MI 49649

\$ 20.00 \$ 20.00

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

[Click Here for Memo Itemization](#)

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

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

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

Page Subtotal

**\$870.00**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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 09/19/12

Name & Address:

Alfieri, Pamela  
4774 Lakeshore Dr.  
Grawn, MI 49637

\$ 70.00 \$ 100.00

[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 09/19/12

Name & Address:

Wacker, Caroline J  
3480 Kennedy Pl.  
Williamsburg, MI 49690

\$ 100.00 \$ 100.00

[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 09/20/12

Name & Address:

Low, Sandra  
3622 Matador W #27  
Traverse City, MI 49684

\$ 40.00 \$ 40.00

[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 # 4

4. Date of Receipt 09/20/12

Name & Address:

Hardy, Scott  
521 Washington St.  
Traverse City, MI 49686

\$ 150.00 \$ 150.00

[Click Here for Memo Itemization](#)

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

Occupation Construction Employer Arms & Cole-Hurst Mechanical

Business Address 885 Robinwood Ct, Traverse City, MI 49686

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

Page Subtotal

\$ 360.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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: Hallmark Construction 1874 Cass Hartman St. Suite A Traverse City, MI 49685		\$ 1000.00	\$ 1000.00
4. Date of Receipt <u>09/20/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer _____ Business Address <u>Same as above</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: Windemuller 1176 Electric Avenue Wayland, MI 49348		\$ 3500.00	\$ 3500.00
4. Date of Receipt <u>09/20/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer _____ Business Address <u>Same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Scott, Sander 6670 N Christianson Rd Northport, MI 49670		\$ 100.00	\$ 100.00
4. Date of Receipt <u>09/21/12</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Esper, Joseph 4493 Weatherwood Dr. Traverse City, MI 49685		\$ 25.00	\$ 25.00
4. Date of Receipt <u>09/21/12</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$4,625.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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 09/21/12

Name & Address:

Smith, Terry  
150 E. 11th St.  
Traverse City, MI 49684

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 2

4. Date of Receipt 09/22/12

Name & Address:

Huntington National Bank  
1227 E. Front Street  
Traverse City, MI 49686

\$ 1000.00 \$ 1000.00

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

[Click Here for Memo Itemization](#)

Occupation Banking Employer \_\_\_\_\_

Business Address Same as above

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

3. Contribution # 3

4. Date of Receipt 09/24/12

Name & Address:

Davis, Christine M  
9088 Lawrence Drive  
Traverse City, MI 49685

\$ 100.00 \$ 100.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 4

4. Date of Receipt 09/25/12

Name & Address:

Kuhlman, Megan  
58 Highview  
Traverse City, MI 49686

\$ 100.00 \$ 100.00

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

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

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

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

Page Subtotal

\$ 1,300.00

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

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 37508

2. Committee Name TCAPS Citizens for Students

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)
<b>3. Contribution # 1</b> Name & Address: Greenan, Michele E 13500 S. Parthridge Run Dr. Traverse City, MI 49684		4. Date of Receipt <u>09/26/12</u>	\$ <u>25.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 2</b> Name & Address: Robertson, W. Scott 10777 Pine Bluff Rd. #A Traverse City, MI 49684		4. Date of Receipt <u>09/26/12</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 3</b> Name & Address: Dionne, Sharon 973 Four Mile N Traverse City, MI 49686		4. Date of Receipt <u>09/26/12</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 4</b> Name & Address: Quinn-Nausadis, Emily 2757 Ridge Trail Traverse City, MI 49684		4. Date of Receipt <u>09/27/12</u>	\$ <u>200.00</u> \$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Education</u> Employer <u>Traverse Bay ISD</u> Business Address <u>1101 Red Drive, Traverse City, MI 49684</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

**\$325.00**

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

Enter this total  
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Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name &amp; Address: Cronander, Susan C. 319 W 11th St. Traverse City, MI 49684</p>		4. Date of Receipt <u>09/27/12</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<p>3. Contribution # 2 Name &amp; Address: Cornerstone Architects, Inc. 122 S Union St., Ste. 200 Traverse City, MI 49684</p>		4. Date of Receipt <u>09/29/12</u>	\$ <u>1000.00</u> \$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Architects</u> Employer _____ Business Address <u>Same as above</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	
<p>3. Contribution # 3 Name &amp; Address: Still, Marcia E 4209 Lone Pine Dr. Traverse City, MI 49684</p>		4. Date of Receipt <u>10/01/12</u>	\$ <u>20.00</u> \$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<p>3. Contribution # 4 Name &amp; Address: Meyer-Looze, Catherine L 1674 Bannister Rd. Traverse City, MI 49686</p>		4. Date of Receipt <u>10/01/12</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$1,120.00

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

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 37508

2. Committee Name TCAPS Citizens for Students

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 10/01/12

Name & Address:

McCall, Jame A  
3499 Kennedy Place  
Williamsburg, MI 49690

\$ 75.00 \$ 75.00

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

[Click Here for Memo Itemization](#)

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

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

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

3. Contribution # 2

4. Date of Receipt 10/01/12

Name & Address:

Morgan, Lance  
10608 Shrewbury St.  
Traverse City, MI 49684

\$ 150.00 \$ 150.00

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

[Click Here for Memo Itemization](#)

Occupation Education Employer Traverse City Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

3. Contribution # 3

4. Date of Receipt 10/02/12

Name & Address:

Tibaldi, Patricia  
8675 Horizon Drive  
Traverse City, MI 49684

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Education Employer Traverse City Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

3. Contribution # 4

4. Date of Receipt 10/03/12

Name & Address:

D & W Mechanical  
1266 Industry Drive Suite A  
Traverse City, MI 49686

\$ 200.00 \$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation Construction Employer \_\_\_\_\_

Business Address Same as above

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

Page Subtotal

\$ 625.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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 10/04/12

Name & Address:

Crandall, Megan M  
414 W Eighth St.  
Traverse City, MI 49684

\$ 50.00 \$ 50.00

[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 10/04/12

Name & Address:

Hall, Kelly  
512 McKinley Rd. E  
Traverse City, MI 49686

\$ 200.00 \$ 500.00

[Click Here for Memo Itemization](#)

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

Occupation Education Employer Board President Traverse City Area Public Schools

Business Address 412 Webster Street, Traverse City, MI 49686

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

3. Contribution # 3

4. Date of Receipt 10/05/12

Name & Address:

Camp, Angela  
2929 Old Farm Ln.  
Traverse City, MI 49685

\$ 100.00 \$ 100.00

[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 # 4

4. Date of Receipt 10/05/12

Name & Address:

Ruskowski, Elisabeth  
3172 Silver Farms Lane  
Traverse City, MI 49684

\$ 20.00 \$ 20.00

[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

Page Subtotal

**\$370.00**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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: McMurtrey, Dawn 1087 Knoll Crest Ct Traverse City, MI 49686	4. Date of Receipt <u>10/05/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Falconer, Erik 9612 E Walkabout Lane Traverse City, MI 49684	4. Date of Receipt <u>10/09/12</u>	\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial</u> Employer <u>Falconer Group Wealth Management</u> Business Address <u>125 Park Street, Traverse City, MI 49684</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Derrigan, Gary 725 West Bay Shore Dr. Suttons Bay, MI 49682	4. Date of Receipt <u>10/10/12</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Lowes, John 5322 Walker Rd. NW Rapids City, MI 49676	4. Date of Receipt <u>10/10/12</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$1,250.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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)
<b>3. Contribution # 1</b> Name & Address: <b>Buday, Michele</b> <b>831 Fisher Rd.</b> <b>Traverse City, MI 49685</b>		<b>4. Date of Receipt</b> <u>10/10/12</u>	<b>6. Amount</b> \$ <u>200.00</u> \$ <u>200.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Education</u> Employer <u>Traverse City Area Public Schools</u> Business Address <u>412 Webster Street, Traverse City, MI 49686</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 2</b> Name & Address: <b>Vigenski, Jill</b> <b>9805 E Fort Rd.</b> <b>Suttons Bay, MI 49682</b>		<b>4. Date of Receipt</b> <u>10/11/12</u>	<b>6. Amount</b> \$ <u>25.00</u> \$ <u>25.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> Name & Address: <b>Hogue, Jeremy</b> <b>3962 Vista Park</b> <b>Traverse City, MI 49684</b>		<b>4. Date of Receipt</b> <u>10/11/12</u>	<b>6. Amount</b> \$ <u>200.00</u> \$ <u>200.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>Social Work</u> Employer <u>13th Circuit Court</u> Business Address <u>328 Washington Street, Traverse City, MI 49684</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> Name & Address: <b>Evans, William</b> <b>3104 Ogidaki Rd.</b> <b>Traverse City, MI 49686</b>		<b>4. Date of Receipt</b> <u>10/11/12</u>	<b>6. Amount</b> \$ <u>50.00</u> \$ <u>50.00</u>
<b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

**\$475.00**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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)
<b>3. Contribution # 1</b> Name & Address: Zebell, Michele M 2616 Bowers Harbor Road Traverse City, MI 49686		4. Date of Receipt <u>10/11/12</u> \$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 2</b> Name & Address: Ryan, Ranger 4357 Appletree Ln. Traverse City, MI 49685		4. Date of Receipt <u>10/11/12</u> \$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 3</b> Name & Address: Traverse City Administration Association 412 Webster Street Traverse City, MI 49684		4. Date of Receipt <u>10/12/12</u> \$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Education</u> Employer _____ Business Address <u>Same as above</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	
<b>3. Contribution # 4</b> Name & Address: Urbanski, Steven 2883 Keewaydin Trail Traverse City, MI 49686		4. Date of Receipt <u>10/12/12</u> \$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$320.00**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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: Kolbusz, Charles L 8467 Davis Road Buckley, MI 49620		4. Date of Receipt <u>10/12/12</u>	\$ <u>100.00</u> \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Sullivan, Barbara 10070 E. Sapphire Circle Traverse City, MI 49684		4. Date of Receipt <u>10/12/12</u>	\$ <u>100.00</u> \$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Grand Traverse Construction 1616 South Airport Rd. Traverse City, MI 49686		4. Date of Receipt <u>10/12/12</u>	\$ <u>3000.00</u> \$ <u>3000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer _____ Business Address <u>Same as above</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: Larner, Jay T 1555 Oban Way Traverse City, MI 49686		4. Date of Receipt <u>10/17/12</u>	\$ <u>10.00</u> \$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$3,210.00

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

Enter this total  
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Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 37508

2. Committee Name TCAPS Citizens for Students

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)
<b>3. Contribution # 1</b> Name & Address: Tiesworth, Dan 10584 Wildwood Rd. Interlochen, MI 49643		4. Date of Receipt <u>10/17/12</u>  \$ <u>75.00</u>	\$ <u>75.00</u>  <a href="#">Click Here for Memo Itemization</a>
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			
<b>3. Contribution # 2</b> Name & Address: Premiere Land Services, LLC 446 Webster Street Traverse City, MI 49686		4. Date of Receipt <u>10/20/12</u>  \$ <u>5500.00</u>	\$ <u>5500.00</u>  <a href="#">Click Here for Memo Itemization</a>
5. If over \$100.00 cumulative, please provide: Occupation <u>Land Services</u> Employer _____ Business Address <u>Same as above</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<b>3. Contribution # 3</b> Name & Address:		4. Date of Receipt _____  \$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
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			
<b>3. Contribution # 4</b> Name & Address:		4. Date of Receipt _____  \$ _____	\$ _____  <a href="#">Click Here for Memo Itemization</a>
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 **\$5,575.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) **\$30,530.00**

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 37508

2. Committee Name TCAPS Citizens for Students

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)
<b>Contribution #1</b> <b>Name &amp; Address:</b> <b>Village Press, Inc.</b> <b>2779 Aero Park Drive</b> <b>Traverse City, MI 46984</b> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	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>Printing Postcards</u> 5. DATE OF RECEIPT: <u>09/24/12</u> 6. VENDOR NAME & ADDRESS:	\$ <u>2925.00</u>	\$ <u>2925.00</u>
<b>Contribution #2</b> <b>Name &amp; Address:</b> <b>Wendy Nienhouse</b> <b>7153 Logan Lane</b> <b>Traverse City, MI 49686</b> If over \$100.00 cumulative, please provide: Occupation <u>Photography and Consulting</u> Employer Name & Address:	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>Photography Services</u> 5. DATE OF RECEIPT: <u>09/24/12</u> 6. VENDOR NAME & ADDRESS:	\$ <u>300.00</u>	\$ <u>300.00</u>
<b>Contribution #3</b> <b>Name &amp; Address:</b> <b>Traverse Bay Economic Development Corporation</b> <b>202 E. Grandview Parkway</b> <b>Traverse City, MI 49684</b> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	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>Space</u> 5. DATE OF RECEIPT: <u>10/21/12</u> 6. VENDOR NAME & ADDRESS:	\$ <u>800.00</u>	\$ <u>800.00</u>

Page Subtotal

**\$4,025.00**

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

**\$4,025.00**

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 37508

2. Committee Name TCAPS Citizens for Students

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
<b>Expenditure # 1</b> Name & Address: <b>Grand Traverse County</b> <b>400 Boardman Ave.</b> <b>Traverse City, MI 49684</b>	<b>4. Purpose:</b> <u>Data List Equalization Dept</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>08/16/12</u> Date of Expenditure	<u>\$ 30.00</u>	<u>\$ 30.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 2</b> Name & Address: <b>Huntington National Bank</b> <b>1227 E. Front Street</b> <b>Traverse City, MI 49686</b>	<b>4. Purpose:</b> <u>Check Printing Fee</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>08/28/12</u> Date of Expenditure	<u>\$ 12.95</u>	<u>\$ 12.95</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 3</b> Name & Address: <b>Traverse City Post Office</b> <b>Union Street</b> <b>Traverse City, MI 49684</b>	<b>4. Purpose:</b> <u>Stamps</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/04/12</u> Date of Expenditure	<u>\$ 27.00</u>	<u>\$ 27.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 4</b> Name & Address: <b>Village Press, Inc.</b> <b>2779 Aero Park Drive</b> <b>Traverse City, MI 49684</b>	<b>4. Purpose:</b> <u>Printing Postcards</u> <b>5. Ballot Proposal:</b> <u>Multit-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/24/12</u> Date of Expenditure	<u>\$ 3500.00</u>	<u>\$ 3500.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			

Subtotal this page

**\$3,569.95**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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
<b>Expenditure # 1</b> Name & Address: Leelanau County 8527 E. Governmental Center Dr. Suttons Bay, MI 49682	4. Purpose: <u>Voter List</u> 5. Ballot Proposal: <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/24/12</u> Date of Expenditure	\$ <u>25.00</u>	\$ <u>25.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
<b>Expenditure # 2</b> Name & Address: Maple River Direct Mail 1569 Northern Star Drive Traverse City, MI 49696	4. Purpose: <u>Postcard mailing Services</u> 5. Ballot Proposal: <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/26/12</u> Date of Expenditure	\$ <u>1547.99</u>	\$ <u>1547.99</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
<b>Expenditure # 3</b> Name & Address: Mary Kay Trippe 615 E. State Street Traverse City, MI 49684	4. Purpose: <u>AV List Grand Traverse County</u> 5. Ballot Proposal: <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>09/27/12</u> Date of Expenditure	\$ <u>3.00</u>	\$ <u>3.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				
<b>Expenditure # 4</b> Name & Address: Maple River Direct Mail 1569 Northern Star Drive Traverse City, MI 49696	4. Purpose: <u>Postcard mailing Services</u> 5. Ballot Proposal: <u>Mulit-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/01/12</u> Date of Expenditure	\$ <u>1547.99</u>	\$ <u>3095.98</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser				

Subtotal this page

**\$3,123.98**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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
<b>Expenditure # 1</b> Name & Address: <b>Traverse City Area Public Schools</b> <b>412 Webster Street</b> <b>Traverse City, MI 49686</b>	<b>4. Purpose:</b> <u>FOIA request</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/05/12</u> Date of Expenditure	\$ <u>15.06</u>	\$ <u>15.06</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 2</b> Name & Address: <b>Mod-Zel</b> <b>201 14th Street</b> <b>Traverse City, MI 49684</b>	<b>4. Purpose:</b> <u>Signs and Wires</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/10/12</u> Date of Expenditure	\$ <u>2544.00</u>	\$ <u>2544.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 3</b> Name & Address: <b>Traverse City Area Public Schools</b> <b>412 Webster Street</b> <b>Traverse City, MI 49686</b>	<b>4. Purpose:</b> <u>FOIA request</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/12/12</u> Date of Expenditure	\$ <u>5.11</u>	\$ <u>20.17</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 4</b> Name & Address: <b>Northern Broadcast</b> <b>1020 Hastings</b> <b>Traverse City, MI 49686</b>	<b>4. Purpose:</b> <u>Radio Advertising</u> <b>5. Ballot Proposal:</b> <u>Multit-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/17/12</u> Date of Expenditure	\$ <u>2340.00</u>	\$ <u>2340.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			

Subtotal this page

**\$4,904.17**

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

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 37508

2. Committee Name TCAPS Citizens for Students

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
<b>Expenditure # 1</b> Name & Address: <b>Maple River Direct Mail</b> <b>1569 Northern Star Drive</b> <b>Traverse City, MI 49696</b>	<b>4. Purpose:</b> <u>Postcard Mailing Services</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/17/12</u> Date of Expenditure	\$ <u>11600.56</u>	\$ <u>14,696.54</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 2</b> Name & Address: <b>Barr Media (WTCM)</b> <b>314 E. Front St.</b> <b>Traverse City, MI 49684</b>	<b>4. Purpose:</b> <u>Radio Advertising</u> <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/17/12</u> Date of Expenditure	\$ <u>1600.00</u>	\$ <u>1600.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 3</b> Name & Address:	<b>4. Purpose:</b>  <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	 Date of Expenditure	\$ _____	\$ _____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			
<b>Expenditure # 4</b> Name & Address:	<b>4. Purpose:</b>  <b>5. Ballot Proposal:</b> <u>Multi-County</u> County: <u>Grand Traverse</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	 Date of Expenditure	\$ _____	\$ _____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type			

Subtotal this page

**\$13,200.56**

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

**\$24,798.66**

Enter this total  
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the Summary  
Page