



**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 07/21/2014 To 10/19/2014  
Mo Day Year Mo Day Year

1. Committee I.D. Number

150283-0

150427

4. Committee's Mailing Address

PO BOX 775

2. Committee Name

CITIZENS TO KEEP OUR LIBRARIES OPEN

BAY CITY MI 48707

Area Code and Phone (989) 922-6447

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

STEWART REID  
2196 OLD HICKORY DR

BAY CITY MI 48706

Area Code and Phone (989) 922-6447

Driver License # (Optional)

6. Treasurer's Business Address

Area Code and Phone

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

Area Code and Phone

Driver License # (Optional)

8. TYPE OF STATEMENT:

8a.  PRE - ELECTION

OR

8b.  POST - ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY

GENERAL

SCHOOL

SPECIAL

Date of Election:

11/04/2014

Month Day Year

8c.  ANNUAL STATEMENT

( \_\_\_\_\_ Coverage Year)

8d.  QUALIFICATION

OR

NON-QUALIFICATION STATEMENT  
(Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e.  AMENDMENT TO CAMPAIGN STATEMENT

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

8f.  DISSOLUTION OF COMMITTEE  
Effective Date of Dissolution

Month Day Year

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 cannot be waived.

10. 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 Recordkeeper

STEWART REID

Type of Print Name

Stewart J. Reid  
Signature

Date 10/20/2014

Month Day Year

Rec'd 10/21/2014



**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

	Column I This Period	Column II Cumulative for Election
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>3095.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3095.00</u>	(18.) \$ <u>3095.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>3095.00</u>	(20.) \$ <u>3095.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>15175.01</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>46.96</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>15221.97</u>	(22.) \$ <u>15221.97</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>15221.97</u>	(24.) \$ <u>15221.97</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>19659.69</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>3095.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>22754.69</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>15221.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7532.72</u>	*

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedule pages must be included with this statement. \*If your ending balance is negative, please recheck your math.



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

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: PAULETTE ALLWARDT Address: 3903 SEQUIN DR  BAY CITY MI 48706 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"/> Fundraiser	20.00	20.00
3. Contribution # 2 Name: BAY CO GENEALOGICAL SOCIETY Address: P O BOX 1366  BAY CITY MI 48707 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"/> Fundraiser	300.00	300.00
3. Contribution # 3 Name: PAMELLA BINDER Address: P O BOX 913 BAY CITY MI 48707 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"/> Fundraiser	25.00	25.00
3. Contribution # 4 Name: MARCI COTTER Address: 1310 MARCHAND ST  BAY CITY MI 48706 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"/> Fundraiser	25.00	25.00

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

370.00

Enter this total  
on line 3a of  
Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 5 Name: DEBRA GRUBER Address: 108 BOEHRINGER CT  BAY CITY MI 48708 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"/> Fundraiser	25.00	25.00
3. Contribution # 6 Name: MICHAEL HALSTEAD Address: 2322 BAY WOODS CT  BAY CITY MI 48706 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"/> Fundraiser	25.00	25.00
3. Contribution # 7 Name: SALLIE HIRSCHMAN Address: 1742 S FARLEY RD  MUNGER MI 48747 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"/> Fundraiser	20.00	20.00
3. Contribution # 8 Name: JANET KARR Address: 6173 OAKJURST PARK DR  AKRON MI 48701 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"/> Fundraiser	10.00	10.00

Page Subtotal  
Grand Total of All Schedules 4A  
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80.00

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

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 9 Name: KATHLEEN KUERBITZ Address: 1566 SE BOUTELL RD  ESSEXVILLE MI 48732 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"/> Fundraiser	10.00	10.00
3. Contribution # 10 Name: MCLAREN BAY REGION Address: 1900 COLUMBUS  BAY CITY MI 48708 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"/> Fundraiser	1000.00	1000.00
3. Contribution # 11 Name: JUDITH MULLISON Address: 610 PARK  BAY CITY MI 48708 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"/> Fundraiser	50.00	50.00
3. Contribution # 12 Name: LYNETTE RIEDLINGER Address: 1463 CARRESS CT  ESSEXVILLE MI 48732 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"/> Fundraiser	100.00	100.00

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

1160.00

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

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 13 Name: BETTY SCHUBERT Address: 3115 SHERWOOD  BAY CITY MI 48706 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"/> Fundraiser	25.00	25.00
3. Contribution # 14 Name: SANDRA SCHULTZ Address: 307 SIDNEY  BAY CITY MI 48706 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"/> Fundraiser	20.00	20.00
3. Contribution # 15 Name: KRISTINA SILLS Address: 500 SCHEURMANN  ESSEXVILLE MI 48732 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"/> Fundraiser	50.00	50.00
3. Contribution # 16 Name: MARGARET SPIKER Address: 1001 22ND ST BAY CITY MI 48708 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"/> Fundraiser	20.00	20.00

Page Subtotal  
Grand Total of All Schedules 4A  
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115.00

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

1. Committee I.D. Number 150283-0 15042-7  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 17 Name: ERIKA TRAPP Address: 310 S BIRNEY  BAY CITY MI 48708 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"/> Fundraiser	50.00	50.00
3. Contribution # 18 Name: GLENDA VANDEMARK Address: 2975 CHRYSLER  BAY CITY MI 48706 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"/> Fundraiser	100.00	100.00
3. Contribution # 19 Name: JOHN VANLOOY Address: 804 LANGSTAFF  ESSEXVILLE MI 48732 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"/> Fundraiser	100.00	100.00
3. Contribution # 20 Name: JETT WHITEHEAD Address: 1412 CENTER  BAY CITY MI 48708 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"/> Fundraiser	25.00	25.00

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

275.00

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

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 21 Name: DOROTHY BICKMAN Address: 408 RICOMA BEACH  BAY CITY MI 48706 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"/> Fundraiser	20.00	20.00
3. Contribution # 22 Name: MARIAN GREGORY Address: 264 JENNISON PL  BAY CITY MI 48708 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"/> Fundraiser	25.00	25.00
3. Contribution # 23 Name: LESLEY HAMMOND Address: 602 HAND  BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>LIBRARIAN</u> Employer <u>BAY CO LIBRARY</u> <u>708 CENTER</u> Business Address _____ <u>BAY CITY MI 48708</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	200.00	200.00
3. Contribution # 24 Name: JEANETTE MARKS Address: 1290 CLEAR LAKE CT  OXFORD MI 48371 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"/> Fundraiser	100.00	100.00

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

345.00

Enter this total on line 3a of Summary Page



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

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 25 Name: DONALD MASSNICK Address: 112 HART ST  ESSEXVILLE MI 48732 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"/> Fundraiser	30.00	30.00
3. Contribution # 26 Name: MICHELLE STRASZ Address: 417 FILMORE PL  BAY CITY MI 48708 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"/> Fundraiser	50.00	50.00
3. Contribution # 27 Name: SARAH WOHLSCHLAG Address: 315 E WILDER  BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u>  Business Address <u>N/A</u> <u>N/A MI 48708</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	250.00	250.00
3. Contribution # 28 Name: WALTER FITZHUGH Address: 900 CENTER AVE  BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BIRCHLER FITZHUGH ET AL</u>  Business Address <u>900 CENTER</u> <u>BAY CITY MI 48708</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	200.00	200.00

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

530.00

Enter this total  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # 29 Name: KATHRYN GILSON Address: 804 W MIDLAND RD  AUBURN MI 48611 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"/> Fundraiser	35.00	35.00
3. Contribution # 30 Name: JUDITH JEFFERS Address: 2326 BAY WOODS CT  BAY CITY MI 48706 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"/> Fundraiser	10.00	10.00
3. Contribution # 31 Name: FRANCES SANTORO, DDS Address: 916 WAHSINGTON  BAY CITY MI 48708 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"/> Fundraiser	75.00	75.00
3. Contribution # 32 Name: CONNIE BARTON Address: 604 ELM ST  AUBURN MI 48611 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"/> Fundraiser	50.00	50.00

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

170.00

Enter this total  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election for Each Contributor (Through date of receipt)
3. Contribution # <u>33</u> Name: <u>GUY GREVE</u> Address: <u>2300 NURMI DR</u>  <u>BAY CITY MI 48708</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"/> Fundraiser	50.00	50.00

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

50.00
3095.00

Enter this total  
on line 3a of  
Summary  
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**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

1. Committee I.D Number 150283-0 150427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: EPIC MRA Address: 4710 W SAGINAW HIGHWAY  LANSING MI 48917 <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>VOTER LIST</u> Expenditure Code: <u>CN</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	07/24/2014	875.00	
Expenditure # 2 Name: F P HORAK Address: P O BOX 925  BAY CITY MI 48707 <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>PRINTING AND POSTAGE</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	09/12/2014	8296.73	
Expenditure # 3 Name: CHARTER MEDIA Address: 1625 CONCENTRIC  SAGINAW MI 48604 <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>ADVERTISING</u> Expenditure Code: <u>BA</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	09/24/2014	2100.00	
Expenditure # 4 Name: F P HORAK Address: P O BOX 925  BAY CITY MI 48707 <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>PRINTING</u> Expenditure Code: <u>PA</u> 5. Ballot Proposal: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	09/24/2014	1934.50	

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

13206.23

Enter this total on line 8a of the Summary Page



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

1. Committee I.D Number 150283-0 190427  
2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 5 Name : F P HORAK Address:  P O BOX 925  BAY CITY MI 48707 <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>PRINTING</u>  Expenditure Code: <u>PA</u> 5. Ballot Proposal:  _____  County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	10/01/2014	278.78	
Expenditure # 6 Name : DIGITY MEDIA Address:  1795 TITTABAWASSEE  SAGINAW MI 48604 <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>ADVETRISING</u>  Expenditure Code: <u>BA</u> 5. Ballot Proposal:  _____  County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	10/17/2014	1690.00	

Subtotal this page	1968.78
Grand Total of Schedules 4B (Complete on last page of Schedule)	15175.01

Enter this total on line 8a of the Summary Page