



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150427-0

2. Committee Name CITIZENS TO KEEP OUR LIBRARIES OPEN

	Column I This Period	Column II Cumulative for Election
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>17931.21</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>17931.21</u>	(18.) \$ <u>19501.21</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>17931.21</u>	(20.) \$ <u>19501.21</u>
IN-KIND CONTRIBUTIONS		
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>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>1872.94</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>1872.94</u>	(22.) \$ <u>11615.96</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>1872.94</u>	(24.) \$ <u>11615.96</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3601.42</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>17931.21</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>21532.63</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1872.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>19659.69</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.
Authority granted under P.A. 388 of 1976



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

1. Committee I.D. Number 150427-0
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: FRIENDS OF THE BAY CO LIBRARY Address: 123 CENTER BAY CITY MI 48708 4. Date of Receipt <u>06/20/2014</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	9000.00	9000.00
3. Contribution # 2 Name: THOMAS BAIRD Address: 1407 TAYLOR BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</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	31.21	31.21
3. Contribution # 3 Name: JOELLEN BARNES Address: 515 HANDY BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	25.00	25.00
3. Contribution # 4 Name: THOMAS BIRCH Address: 1911 CENTER BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>BAY CO LIBRARY</u> Business Address <u>708 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	250.00	250.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	9306.21	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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: SUSAN BLOENK Address: 1111 N WATER ST BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</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	25.00	25.00
3. Contribution # 6 Name: JOSEPH BONEM Address: 1006 NEBOBISH ESSEXVILLE MI 48732 4. Date of Receipt <u>06/25/2014</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	10.00	10.00
3. Contribution # 7 Name: DON CARLYON Address: 1715 FIFTH AVE BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</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	100.00	100.00
3. Contribution # 8 Name: SUSAN CHERWIN Address: 1119 CARRIE LYNN DR BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer <u>NONE</u> Business Address <u>NOT APPLICABLE</u> <u>NOT APPLICABLE MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	500.00	500.00

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

635.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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: ROBERT CIERZNIEWSKI Address: 225 N SHERIDAN ST BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>NOT APPLICABLE</u> <u>NOT APPLICABLE MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	500.00	500.00
3. Contribution # 10 Name: EDWARD CLEMENTS Address: 515 WEBB BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	30.00	30.00
3. Contribution # 11 Name: MARY JANE COOPER Address: 123 CENTER BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</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	25.00	25.00
3. Contribution # 12 Name: CHARLES CUSICK Address: 3287 PARKWAY BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	20.00	20.00

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

575.00

Enter this total on line 3a of Summary Page



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

1. Committee I.D. Number 150427-0
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: BONNIE DARBY Address: 155 RIVER TRAIL BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	25.00	25.00
3. Contribution # 14 Name: JANE DAVIDSON Address: 106 N MOUNTAIN BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	25.00	25.00
3. Contribution # 15 Name: MITZI DIMITROFF Address: 2720 OAKMONT BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	100.00	100.00
3. Contribution # 16 Name: DIANE GABIL Address: 1031 N JOHES ESSEXVILLE MI 48732 4. Date of Receipt <u>06/25/2014</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	25.00	25.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	175.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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: SHIRLEY GRANMAISON Address: 1182 S HURON RD KAWKAWLIN MI 48631 4. Date of Receipt <u>06/25/2014</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
3. Contribution # 18 Name: MICHAEL HANISKO Address: 294 THUNDERBIRD BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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
3. Contribution # 19 Name: LINDA HEEMSTRA Address: 3011 COVENTRY BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>BAY CO LIBRARY</u> Business Address <u>708 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	1000.00	1000.00
3. Contribution # 20 Name: ROSEMARY HILL Address: 1702 KACZMAREK BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	25.00	25.00

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

1125.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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: DAVID HUNT Address: 302 KILLARNEY 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: RUTH JAFFEE Address: 102 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	50.00	50.00
3. Contribution # 23 Name: RUTH JAFFEE Address: 102 BOEHRINGER CT BAY CITY MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>NOT APPLICABLE</u> <u>NOT APPLICABLE MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	200.00	250.00
3. Contribution # 24 Name: JOHN KELLERMAN Address: 3061 HAWTHORNE 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	50.00	50.00

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

320.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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: PRISCILLA KILLINGBECK Address: 960 W PREVO RD LINWOOD MI 48634 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 # 26 Name: RICHARD KOCIBA Address: 4412 ELEVEN MILE 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	25.00	25.00
3. Contribution # 27 Name: CAROLYN KREBS Address: 1302 NEBOBISH 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 # 28 Name: ELIZABETH LOLL Address: 5244 FAIRWAY 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	100.00	100.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	160.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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: INEZ LUCE Address: 302 N JOHNSON 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 # 30 Name: LUCILLE MARTIN Address: 2941 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	25.00	25.00
3. Contribution # 31 Name: JEAN MCCUE Address: 102 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 # 32 Name: ROBERT MCKINLEY Address: 6247 FAIRWAY PINES 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
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	200.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 33 Name: DOMINIC MONASTIERE Address: 4659 NICCOLET PL 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	50.00	50.00
3. Contribution # 34 Name: KATHLEEN MOSTEK Address: 2789 WHEELER 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 # 35 Name: GUY MOULTHROP Address: 2167 CENTER 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 # 36 Name: ROSEMARY POPE Address: 513 WEBB 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	50.00	50.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	150.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 37 Name: JANET RICHARDS Address: 6052 OLD HICKORY BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	5.00	5.00
3. Contribution # 38 Name: PEGGY ROWLEY Address: PO BOX 1115 BAY CITY MI 48707 4. Date of Receipt <u>06/25/2014</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	100.00	100.00
3. Contribution # 39 Name: NORA SEIFFERLY Address: 1840 MORIN DR BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</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	20.00	20.00
3. Contribution # 40 Name: EDWIN SHIMABUKURO Address: 4538 GREENFIELD BAY CITY MI 48706 4. Date of Receipt <u>06/25/2014</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	100.00	100.00

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

225.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 41 Name: RICHARD SHOOK Address: PO BOX 382 BAY CITY MI 48707 4. Date of Receipt <u>06/25/2014</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	100.00	100.00
3. Contribution # 42 Name: DAWN STEWART Address: 3348 W KINDE KINDE MI 48445 4. Date of Receipt <u>06/25/2014</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	10.00	10.00
3. Contribution # 43 Name: MICHAEL STONER Address: 1480 E MT FOREST RD PINCONNING MI 48650 4. Date of Receipt <u>06/25/2014</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	20.00	20.00
3. Contribution # 44 Name: WEBSTER TALLY Address: 2215 MCKINLEY ST BAY CITY MI 48708 4. Date of Receipt <u>06/25/2014</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	100.00	100.00

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

230.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 49 Name: D KEITH BIRCHLER Address: 900 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
3. Contribution # 50 Name: MARGARET BIRD Address: 2124 MCKINLEY 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	100.00	100.00
3. Contribution # 51 Name: BONNIE CLEVINGER Address: 1005 MURPHY 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	50.00	70.00
3. Contribution # 52 Name: MARY DAVIS Address: 114 OEAkland 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)

275.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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>53</u> 4. Date of Receipt <u>06/27/2014</u> Name: <u>WANDA DZIWURA</u> Address: <u>1147 N PINE RD</u> <u>ESSEXVILLE MI 48732</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
3. Contribution # <u>54</u> 4. Date of Receipt <u>06/27/2014</u> Name: <u>CHRISTINE ECKERLE</u> Address: <u>1768 E SDIDLERS</u> <u>KAWKAWLIN MI 48631</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	100.00	100.00
3. Contribution # <u>55</u> 4. Date of Receipt <u>06/27/2014</u> Name: <u>JUDITH GILLETTE</u> Address: <u>200 N CHILSON</u> <u>BAY CITY MI 48706</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	20.00	20.00
3. Contribution # <u>56</u> 4. Date of Receipt <u>06/27/2014</u> Name: <u>BETHANY GROTELUESCHEN</u> Address: <u>1719 NINTH ST</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	20.00	20.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	190.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 57 Name: GERALDINE HIGGS Address: 321 N JOHNSON 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	100.00	100.00
3. Contribution # 58 Name: JUDITH KELLY Address: 3465 KIESEL RD 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	50.00	50.00
3. Contribution # 59 Name: SUZANNE LEY Address: 7492 CYPRESS POINTE 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	50.00	50.00
3. Contribution # 60 Name: PATRICIA O'TOOLE Address: 2273 FAIRWAY PINES 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)

225.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 61 Name: KRISTA PEDERSEN Address: 453 OLD ORCHARD ESSEXVILLE MI 48732 4. Date of Receipt <u>06/27/2014</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	100.00	100.00
3. Contribution # 62 Name: TANIA RIDLEY Address: 2199 REPPUHN BAY CITY MI 48706 4. Date of Receipt <u>06/27/2014</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCTION MANAGER</u> Employer <u>SC JOHNSON</u> Business Address <u>4867 E WILDER</u> <u>BAY CITY MI 48706</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 # 63 Name: ROY SCHAIRER Address: 103 PARKWOOD BAY CITY MI 48708 4. Date of Receipt <u>06/27/2014</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
3. Contribution # 64 Name: AGNESS SCHMIDT Address: 1068 UNION RD AUBURN MI 48611 4. Date of Receipt <u>06/27/2014</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	10.00	10.00

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

360.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 65 Name: MOGLIS SHANKOOL Address: 1200 W JENNY 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	50.00	50.00
3. Contribution # 66 Name: MARLENE SPENDER Address: 1852 MCKINLEY 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	100.00	100.00
3. Contribution # 67 Name: ERIN SULLIVAN Address: 3345 NORTHWAY 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	50.00	50.00
3. Contribution # 68 Name: DEE SWEENEY Address: 1617 HELEN 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	50.00	50.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	250.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 69 Name: ARDATH TIMM Address: 2317 GYSIN 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	20.00	20.00
3. Contribution # 70 Name: PAUL TRAVIS Address: 708 S ARBOR 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	50.00	50.00
3. Contribution # 71 Name: EDITH WACKSMAN Address: 1605 CARLA DR 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	25.00	25.00
3. Contribution # 72 Name: CAROLYN WIERDA Address: 5607 CHRISTWAY 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	100.00	100.00

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

195.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 73 Name: KAREN WOZNIAK Address: 2001 S SHERMAN 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
3. Contribution # 74 Name: LOIS ZURVALEC Address: 204 CAROLINE 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	25.00	25.00
3. Contribution # 75 Name: ROD ADAMS Address: 609 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	30.00	30.00
3. Contribution # 76 Name: ELIZABETH ANDRESEN Address: 1711 CENTER AVE 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	30.00	30.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	105.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 81 Name: MARY ANNA JANOWICZ Address: 214 GRANT 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	10.00	10.00
3. Contribution # 82 Name: DIANE KARNER Address: 3024 HAWTHORNE 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	10.00	10.00
3. Contribution # 83 Name: ROBERT LACHANCE Address: 1 NELSON LANE BAY CITY MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>NOT APPLICABLE</u> <u>NOT APPLICABLE MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	500.00	500.00
3. Contribution # 84 Name: BARBARA LAPORTE Address: 411 GREEN 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)

545.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 85 Name: SUSAN LOESEL Address: 464 GOLDEN GATE PT SARASOTA FL 34236 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 # 86 Name: JOY MCFADYEN Address: 2220 MCKINLEY 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 # 87 Name: GARY PAVEGLIO Address: 2508 FITZHUGH 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
3. Contribution # 88 Name: SUE PHILLIPS Address: 209 SHARPE 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	20.00	20.00

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

140.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 89 Name: CAROL RICHARDSON Address: 6331 GOLF LAKES 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	100.00	100.00
3. Contribution # 90 Name: JOAN SINKE Address: 5264 PARKWAY 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 # 91 Name: JEANNIE TRAXLER Address: 2732 OAKMONT 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 # 92 Name: LINDA AUSTIN Address: 2809 WASHINGTON ST MIDLAND MI 48642 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)	270.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 93 Name: ANNE CLARK Address: 1940 S COOK OWOSSO MI 48867 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	40.00	40.00
3. Contribution # 94 Name: SANDRA DEZELAH Address: 1150 HAMPSTEAD 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	20.00	20.00
3. Contribution # 95 Name: GENA GATES Address: 401 N BREAKER COVE 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 # 96 Name: DONALD HALOG Address: 3054 CANTERBURY BA 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	50.00	50.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	160.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 101 Name: MORGANS AUTO REPAIR Address: 800 CENTER AVE BAY CITY MI 48708 4. Date of Receipt <u>07/11/2014</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	25.00	25.00
3. Contribution # 102 Name: JANE MURPHY Address: 643 S LINWOOD BEACH LINWOOD MI 48634 4. Date of Receipt <u>07/11/2014</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	25.00	25.00
3. Contribution # 103 Name: THOMAS NIEMANN Address: 4058 ALLEN CT BAY CITY MI 48706 4. Date of Receipt <u>07/11/2014</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
3. Contribution # 104 Name: FRANK QUINN Address: 4110 CREEKWOOD BAY CITY MI 48708 4. Date of Receipt <u>07/11/2014</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>BRAUN KENDRICK FINKBEINER</u> Business Address <u>4301 FASHION SQUARE BLVD</u> <u>SAGINAW MI 48603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fundraiser	250.00	250.00
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	350.00	

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 105 Name: NEIL RAMSEYER Address: 1537 ELWAL CT ESSEXVILLE MI 48732 4. Date of Receipt <u>07/11/2014</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
3. Contribution # 106 Name: LINDA REEVES Address: 640 E WHEELER MIDLAND MI 48640 4. Date of Receipt <u>07/11/2014</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
3. Contribution # 107 Name: BRENDA ROWLEY Address: 191 ATHLONE BEACH BAY CITY MI 48706 4. Date of Receipt <u>07/11/2014</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	25.00	25.00
3. Contribution # 108 Name: SAGINAW BAY UNDERWRITERS Address: 1258 S WASHINGTON SAGINAW MI 48605 4. Date of Receipt <u>07/11/2014</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	100.00	100.00

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

225.00

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D. Number 150427-0
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 # 109 Name: JACQUELINE SECOR Address: 6554 WILDWOOD ALGER MI 48610 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 # 110 Name: CAROL TONER Address: 5251 FAIRWAY 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	10.00	10.00
3. Contribution # 111 Name: JUDITH WISNIEWSKI Address: 4640 FOX POINTE DR #135 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)

55.00
17931.21

Enter this total
on line 3a of
Summary
Page



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

1. Committee I.D Number 150427-0
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: BAY CITY DEMOCRAT PRESS Address: 309 NINTH ST BAY CITY MI 48708 <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: <u>LIBRARY MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/11/2014	62.54	62.54
Expenditure # 2 Name: TRACY TEICH Address: 2275 CARROLL BAY CITY MI 48708 <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>POSTAGE</u> Expenditure Code: <u>MA</u> 5. Ballot Proposal: <u>LIBRARY MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/20/2014	343.00	505.54
Expenditure # 3 Name: THUMB PRINT Address: 814 ADAMS BAY CITY MI 48708 <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: <u>LIBRARY MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/20/2014	100.00	162.54
Expenditure # 4 Name: BAY CITY DEMOCRAT PRESS Address: 309 NINTH ST BAY CITY MI 48708 <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: <u>LIBRARY MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	07/11/2014	1367.40	1872.94

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

1872.94

1872.94

Enter this total
on line 8a of
the Summary
Page