



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 8/23/11 To 12/31/11

1. Committee I.D. Number
95086

4. Committee's Mailing Address
1879 Knoll Ct
Troy MI 48098
Area Code and Phone 2486417066
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

2. Committee Name
Troy Citizens United

5. Treasurer's Name and Residential Address
Deborah DeBacker
1879 Knoll Ct
Troy MI 48098
Area Code and Phone 2486417066

7. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)
same
Area Code and Phone

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

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:
8-2-11

8c. ANNUAL STATEMENT
2011 Coverage Year)
8d. QUALIFICATION
OR
 NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)
Date of Qualification or Non-Qualification:

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
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.

RECEIVED FOR FILING
OAKLAND COUNTY CLERK
2012 JAN 12 AM 11:45
BY DEPUTY COUNTY CLERK

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.
Current Treasurer or Designated Record Keeper Deborah Ann DeBacker
Type or Print Name Deborah Ann DeBacker Signature
Date 1/12/12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 95086
2. Committee Name Tray Citizens United

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>230.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>230.00</u>	(16.) \$ <u>230.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>162.00</u>	(18.) \$ <u>162.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>392.00</u>	(20.) \$ <u>392.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4A-K, Column 7)	(6a.) \$ <u>0</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.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>750.53</u>	
b. Itemized Not-Out-The-Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>750.53</u>	(22.) \$ <u>750.53</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>750.53</u>	(24.) \$ <u>750.53</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</u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>1,825.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed)	(13.) \$ <u>361.28</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>392.00</u>	
15. SUBTOTAL: Add lines 13 and 14	(15.) = <u>753.28</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>750.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2.75</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 95086
2. Committee Name Troy Citizens United

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Timban, Teresita S.</u> <u>4435 Tallman</u> <u>Troy MI 48085</u>	4. Date of Receipt <u>9/28/11</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	
3. Contribution # 2 Name & Address: <u>Stellar Engineering</u> <u>6602 PineWay</u> <u>Troy MI 48098</u>	4. Date of Receipt <u>9/28/11</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: <u>LOUIS J. Franz</u> <u>5740 Houghten</u> <u>Troy MI 48098-2911</u>	4. Date of Receipt <u>9/8/11</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	
3. Contribution # 4 Name & Address: <u>Robert & Cathy Scott</u> <u>255 Wilton</u> <u>Troy MI 48085</u>	4. Date of Receipt <u>9/8/11</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 190.00
 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

95086

2. Committee Name

Troy Citizens United

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

9/28/11

Name & Address:

Kelly, Robert
4839 Somerton Dr.
Troy MI 48085

\$ 25.00 \$ 25.00

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

12/30/11

Name & Address:

Arkadiusz molenda
3429 Balfour
Troy MI 4

\$ 15.00 \$ 15.00

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

Name & Address:

\$ _____ \$ _____

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

Name & Address:

\$ _____ \$ _____

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

40.00

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

230.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 95086
2. Committee Name Tracy Citizens Club

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>Via media</u> <u>3910 Adler Place</u> <u>Bethlehem PA 18017</u>	Date of Receipt <u>9/28/11</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input checked="" type="checkbox"/> Refund/Rebate <u>Excess of Deposit</u> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>162.00</u>
Receipt #2 Name & Address	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Refund/Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Refund/Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Refund/Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Refund/Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Refund/Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____

Page Subtotal 162.00

Grand Total of All Schedules 4A-1
(Complete on last page of Schedule) 162.00

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 95086
2. Committee Name Troy Citizens United

3. Name and address of person to whom paid
4. State purpose of expenditure.
5. Identify the ballot proposal involved. Indicate whether supported or opposed.
6. Date
7. Amount
8. Cumulative for election

Expenditure # 1
Name & Address:
R G Telecom
5773 Sussex
Troy MI 4

4. Purpose: Calls

5. Ballot Proposal: Library
Oppose tax

6. Date: 9/29/10 \$ 375.00 \$ 375.00

County: Oakland

Support Oppose
 Statewide Local

Check box if expenditure is payment of debt or obligation reported on previous statement
 Fund Raiser

Click for Memo Itemization Type

Expenditure # 2
Name & Address:
Frank Howeyak
3035 Newport Ct
Troy MI 480

4. Purpose: Printing

5. Ballot Proposal: Oppose tax
Library

6. Date: 9/29/10 \$ 375.00 \$ 375.00

County: Oakland

Support Oppose
 Statewide Local

Check box if expenditure is payment of debt or obligation reported on previous statement
 Fund Raiser

Click for Memo Itemization Type
Manhattan Mailers
51132 Milana Macomb Twp
MI 48043

Expenditure # 3
Name & Address:
Paypal Fees
12312 Port Grace
San Jose CA 95131

4. Purpose: fees

5. Ballot Proposal: Opposed tax

6. Date: 8/02/11 \$.53 \$ 28.44

County: Oakland

Support Oppose
 Statewide Local

Check box if expenditure is payment of debt or obligation reported on previous statement
 Fund Raiser

Click for Memo Itemization Type

Expenditure # 4
Name & Address:

4. Purpose:

5. Ballot Proposal: \$ _____ \$ _____

Date of Expenditure

County:

Support Oppose
 Statewide Local

Check box if expenditure is payment of debt or obligation reported on previous statement
 Fund Raiser

Click for Memo Itemization Type

Subtotal this page 750.53
Grand Total of Schedules 4B
(Complete on last page of Schedule) 750.53

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 95084
2. Committee Name Tray Citizens United

This Schedule itemizes:		(Check either a or b. Use only for the purpose checked.)		
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee		OR		
b. <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee.				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Terence Roberts Industrial Process Piping 347 Park Tray MI 48083	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>12.22.09</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>500.00</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Terence Roberts Industrial Process Piping 347 Park Tray MI 48083	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>2.5.10</u> 6. Original Amount of Debt: <u>\$ 500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>500.00</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: R.G Telecom 5773 Sussey Tray MI 48018	4. Type: <u>A/P</u> 5. Date Debt Was Incurred: <u>2.22.10</u> 6. Original Amount of Debt: <u>\$ 1,200.00</u>	<u>9/29/11</u> \$ <u>375.00</u> \$ _____ \$ _____ \$ _____	\$ <u>375.00</u>	\$ <u>825.00</u>
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 1,825.00
Grand Total of all Schedules 4E 1,825.00
(Complete on last page of Schedule showing amounts owed by or to the committee.)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page