



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: 3.16.10 To 10.17.10

1. Committee I.D. Number
9508U

4. Committee's Mailing Address
1879 Knoll Ct
Troy MI 48098
Area Code and Phone 248 641 7060
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 DeBacter
1879 Knoll Ct
Troy MI 48098
Area Code and Phone

PO Box 1947
Troy MI 48099

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

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

DEPUTY CLERK
2010 OCT 22 AM 8:30

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
OR
8b. POST-ELECTION

8c. ANNUAL STATEMENT
(Coverage Year)

8d. QUALIFICATION
OR

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

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

Pre-Election or Post-Election Statement relates to:
 PRIMARY GENERAL
 SCHOOL SPECIAL
Date of Election: 11.2.10

Date of Qualification or Non-Qualification:

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

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

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Deborah DeBacter Deborah DeBacter Date 10.22.10
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

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

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>3,722.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>3,722.00</u>	(18.) \$ <u>3,722.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,722.00</u>	(20.) \$ <u>3,722.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>40.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>40.00</u>	(21.) \$ <u>40.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>2,686.23</u>	
b. Itemized Pay-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>—</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>—</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>—</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>2,686.23</u>	(22.) \$ <u>2,686.23</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>—</u>	(23.) \$ <u>—</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>2,686.23</u>	(24.) \$ <u>2,686.23</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures - Endorsements, Donations or Loans of Goods or Services (Schedule 4E-2, Column 8)	(11.) \$ <u>—</u>	(25.) \$ <u>—</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>2,200.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>216.60</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>3,722.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>3,938.60</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2,686.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,252.37</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 # _____ 4. Date of Receipt <u>5.24.10</u> Name & Address: <u>Knauss, Joanne</u> <u>5284 Orchard Crest</u> <u>Troy MI 48085</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	
3. Contribution # 2 4. Date of Receipt <u>10.8.10</u> Name & Address: <u>Block, Edwin</u> <u>3871 Anvil</u> <u>Troy MI 48083</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	
3. Contribution # 3 4. Date of Receipt <u>10.4.10</u> Name & Address: <u>DeBacter, Deborah</u> <u>1879 Knoll Ct</u> <u>Troy MI 48098</u>		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>homemaker</u> Employer <u>none</u> Business Address <u>none</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 4. Date of Receipt <u>10.4.10</u> Name & Address: <u>Staeger, Gerard</u> <u>3053 Newport</u> <u>Troy MI 48084</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>Guest, Olds West</u> Business Address <u>30600 Telegraph Bingham Farms MI 48025</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal: 700.00

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 Tray 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 10.4.10

Name & Address: Gosselin, Robert
5773 Sussex
Tray MI 48098

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

Occupation Designer Employer General Motors

Business Address Tech Center Van Dikee Warren MI

Type of Contribution: Direct Loan from a person Fund Raiser

\$ 500.00 s

[Click Here for Memo Itemization](#)

3. Contribution # 2 4. Date of Receipt 10.4.10

Name & Address: Daniels, Janice
5314 Breeze Hill Pl
Tray MI 48098

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

\$ 50.00 s

[Click Here for Memo Itemization](#)

3. Contribution # 3 4. Date of Receipt 10.4.10

Name & Address: Howrylak, Frank
3035 Newport Ct
Tray MI 48084

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

Occupation Retired Employer N/A

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

\$ 200.00 s

[Click Here for Memo Itemization](#)

3. Contribution # 4 4. Date of Receipt 10.12.10

Name & Address: Goswick, M
218 Ottawa
Tray MI 48085

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

\$ 500.00 s

[Click Here for Memo Itemization](#)

Page Subtotal 800.00

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

Enter this total on line 3e 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 Tray 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>Lauren Geraldine</u> <u>1436 Almond</u> <u>Tray MI 48098</u>		4. Date of Receipt <u>10.12.10</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>Sheeran, Edward</u> <u>2801 Hylane</u> <u>Tray MI 48098</u>		4. Date of Receipt <u>10.12.10</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Wohler, Frances</u> <u>3728 Boulder</u> <u>Tray MI 48084</u>		4. Date of Receipt <u>10.12.10</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Baker, Richard</u> <u>6894 Dublin Fair</u> <u>Tray MI 48098</u>		4. Date of Receipt <u>10.12.10</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 205.00

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 LD. 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 10.12.10

Name & Address: Joyce, Judy
90 Hampshire
Troy MI 48085

\$ 25.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 4. Date of Receipt: 10.12.10

Name & Address: Drake Barbara
3751 Woodman
Troy MI 48084

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 4. Date of Receipt 10.12.10

Name & Address: Plomer, Henry
4875 Deepwood
Troy MI 48098

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 4. Date of Receipt 10.12.10

Name & Address: Tahner, James
4822 Stoddard
Troy MI 48085

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 165.00

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 10.12.10

Name & Address: Tanner, James
4822 Stoddard
Troy MI 48085

\$ 20.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt 10.12.10

Name & Address: Waloshen, Jeffrey
1747 Elm
Troy MI 48098

\$ 100.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 10.12.10

Name & Address: Cordra, Joyce
2864 Quincy
Troy MI 48085

\$ 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 # 4 4. Date of Receipt 10.12.10

Name & Address: Sheker, Fodes
5964 Whitfield
Troy MI 48098

\$ 50.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 195.00

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

Tray 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 10.12.10

Name & Address:
Eisenbacher, David
1863 Lakewood
Tray MI 48083

\$ 200.00 \$ 220.00

Click Here for Memo Itemization

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

Occupation Engineer Employer A/Fmew
Business Address 340 E Big Beaver Ste 135 Tray 48083
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2

4. Date of Receipt 10.12.10

Name & Address:
Hayden, Daniel
1677 Calypso
Tray MI 48084

\$ 50.00 \$ 50.00

Click Here for Memo Itemization

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3

4. Date of Receipt 10.13.10

Name & Address:
W.H. John
1868 Kirts
Tray MI 48084

\$ 1,000.00 \$ 1,000.00

Click Here for Memo Itemization

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

Occupation Financial Advisor Employer New England
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4

4. Date of Receipt 10.16.10

Name & Address:
Eckhout F.J.
5740 Greenhill
Tray MI 48098

\$ 99.00 \$ 99.00

Click Here for Memo Itemization

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

1,389.00

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

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 950820
2. Committee Name Tray Citizens United

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

3. Contribution # 1
Name & Address: Griv, E James
2508 Coral
Tray MI 48085

4. Date of Receipt 7.16.10

5. Amount \$ 10.00 \$ 10.00

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

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Webb, Carole
2434 Hampton Lane
Tray MI 48084

4. Date of Receipt 3.21.10

5. Amount \$ 25.00 \$ 25.00

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

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

Occupation r Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Bnscoe, Alan
2236 Michele
Tray MI 48085

4. Date of Receipt 5.27.10

5. Amount \$ 25.00 \$ 25.00

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

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Bloom J.E.
3320 Essex
Tray MI 48084

4. Date of Receipt 5.27.10

5. Amount \$ 100.00 \$ 100.00

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

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 160.00

Grand Total of All Schedules 4A (Complete on last page of Schedule) 2194.00

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 95084
2. Committee Name _____

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Anthony Cruz</u> <u>3509 Shakespeare</u> <u>Troy MI 48084</u>		4. Date of Receipt <u>5.27.10</u>	\$ <u>28.00</u> \$ <u>28.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

28.00

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

3,722.00

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:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest Click Here for Memo Itemization Type <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal

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

0

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: <u>United States Postal Service PO Box</u> <u>Troy MI</u>	4. Purpose: <u>PO Box</u> 5. Ballot Proposal: <u>4 millages - Troy</u> <u>11.2.10</u> County: <u>Oakland</u>	<u>5/27/10</u>	<u>\$ 28.00</u>	<u>\$ 28.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Wright Communications Printing</u> <u>1229 Chicago</u> <u>Troy MI 48083</u>	4. Purpose: <u>Printing</u> 5. Ballot Proposal: <u>4 millages - Troy</u> <u>11.2.10</u> County: <u>Oakland</u>	<u>10/12/10</u>	<u>\$ 816.00</u>	<u>\$ 816.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Doug Tietz Marketing</u> <u>5833 Bingham</u> <u>Troy MI 48083</u>	4. Purpose: <u>Marketing Services</u> 5. Ballot Proposal: <u>Troy</u> <u>2.23.10 Tax Incl. 9mils</u> County: <u>Oakland</u>	<u>3.24.10</u>	<u>\$ 233.42</u>	<u>\$ 233.42</u>
<input checked="" type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>Lasercom</u> <u>2230 Elliot</u> <u>Troy MI 48083</u>	4. Purpose: <u>mailing</u> 5. Ballot Proposal: <u>4 millage Troy</u> <u>11.2.10</u> County: <u>Oakland</u>	<u>10.12.10</u>	<u>\$ 1,288.87</u>	<u>\$ 1,288.87</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal (this page) 2,366.29

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

-

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 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: <u>Paypal Fees</u> <u>12312 Port Grace Blvd</u> <u>San Jose CA 95131</u>	4. Purpose: <u>fees for online payment</u> 5. Ballot Proposal: <u>4 ballot proposal Troy</u> <u>11.2.10</u>	<u>5.2.10</u> Date of Expenditure	<u>\$.88</u>	<u>\$.88</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Done Right</u> <u>419 N Saginaw</u> <u>Pontiac MI 48342</u>	4. Purpose: <u>Signs</u> 5. Ballot Proposal: <u>4 ballot + proposal Troy</u> <u>11.2.10</u>	<u>10.13.10</u> Date of Expenditure	<u>\$ 319.06</u>	<u>\$ 319.06</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Oakland</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address:	4. Purpose:	5. Ballot Proposal:	\$ _____	\$ _____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose:	5. Ballot Proposal:	\$ _____	\$ _____
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page .88
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) 2,686.23
 Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 4B-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 950810
2. Committee Name Tray Citizens United

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose.)	5. Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election
Expenditure #1 Name & Address:	4. Purpose: _____	5. _____ Ballot Proposal	_____ \$ _____ \$ Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click Here for Memo Itemization		
Expenditure #2 Name & Address:	4. Purpose: _____	5. _____ Ballot Proposal	_____ \$ _____ \$ Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click Here for Memo Itemization		
Expenditure #3 Name & Address:	4. Purpose: _____	5. _____ Ballot Proposal	_____ \$ _____ \$ Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click Here for Memo Itemization		
Expenditure #4 Name & Address:	4. Purpose: _____	5. _____ Ballot Proposal	_____ \$ _____ \$ Date of Expenditure		
<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click Here for Memo Itemization		

Subtotal this page

0

Grand Total of all Schedules 4B-1
(Complete on last page of Schedule)

0

Enter total on
line 9 of
Summary Pg.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 4B-2
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 95086

2. Committee Name Troy Citizens United

3. Name and Address of person or committee to whom goods or services were donated or loaned, or of which goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____ \$ _____	Click Here for Memo Itemization	
Ballot Proposal: <input type="checkbox"/> Statewide <input type="checkbox"/> Local				
County _____				
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____ \$ _____	Click Here for Memo Itemization	
Ballot Proposal: <input type="checkbox"/> Statewide <input type="checkbox"/> Local				
County _____				
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____ \$ _____	Click Here for Memo Itemization	
Ballot Proposal: <input type="checkbox"/> Statewide <input type="checkbox"/> Local				
County _____				

Subtotal this Page		
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)	0	0
Enter this total on line 9c of the Summary Page		
Enter this total on line 11 of the Summary Page		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 95086

2. Committee Name Tray Citizens United

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution #1 Name & Address <u>Gerard Staeger</u> <u>3083 Newport</u> <u>Tray MI 48084</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>telephone</u> 5. DATE OF RECEIPT: <u>9.30.10</u> 6. VENDOR NAME & ADDRESS: Click Here for Memo Itemization	\$ <u>40.00</u> \$ <u>40.00</u>	
Contribution #2 Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: Click Here for Memo Itemization	\$ _____ \$ _____	
Contribution #3 Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: Click Here for Memo Itemization	\$ _____ \$ _____	

Page Subtotal

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

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 95086

2. Committee Name Gray Citizens United

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made.	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):	Date	\$
For Activity Type (a-f), check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent	Click for Memo Itemization Type		
If in support of or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Cumulative for Ballot Proposal \$		
<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Statewide Proposal Name	Local Proposal Name	Indicate County
Expenditure #2 Name & Address	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):	Date	\$
For Activity Type (a-f), check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent	Click for Memo Itemization Type		
If in support of or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Cumulative for Ballot Proposal \$		
<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Statewide Proposal Name	Local Proposal Name	Indicate County
Expenditure #3 Name & Address	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):	Date	\$
For Activity Type (a-f), check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent	Click for Memo Itemization Type		
If in support of or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Cumulative for Ballot Proposal \$		
<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Statewide Proposal Name	Local Proposal Name	Indicate County

Subtotal this page 0

Grand Total of all Schedules 4B-G
(Complete on last page of Schedule) 0

Enter total on
Line 8b of the
Summary Pg.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

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

This Schedule summarizes:

(Check either a or b. Use only for the purpose checked.)

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.

3. Name and Billing 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) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)
--	--	------------------------------------	---------------------------------------	--

Debt #1 Owed to or by: <u>Terence Roberts Industrial Process Piping 347 Park Troy MI 48083</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred</u> <u>12.22.09</u> 6. <u>Original Amount of Debt</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
--	--	----------------------------	-------------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Owed to or by: <u>Terence Roberts Industrial Process Piping 347 Park Troy MI 48083</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred</u> <u>2.5.10</u> 6. <u>Original Amount of Debt</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
--	--	----------------------------	-------------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Owed to or by: <u>R.G Telecom 5773 Sussex Troy MI 48098</u>	4. Type: <u>Acc Payable</u> 5. <u>Date Debt Was Incurred</u> <u>2.22.10</u> 6. <u>Original Amount of Debt</u> \$ <u>1,200.00</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>1,200.00</u> <input type="checkbox"/> FORGIVEN
---	--	----------------------------	-------------	---

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 2,200.00
Grand Total of all Schedules 4E 2,200.00
(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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE

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

- USE A SEPARATE SHEET FOR EACH EVENT - 1A

3. Date Event Was Held _____	4. Number of Individuals Attending or Participating (whichever is greater) _____	5. Type of Fund Raising Activity _____	6. Address and Name (If any) of the place where the activity was held _____ <input type="checkbox"/> Private Residence
-------------------------------------	---	---	--

7. Total Contributions \$ 0

8. Other Receipts \$ 0

9. Gross Receipts (Add lines 7 and 8) \$ 0

10. Total Cost of Event \$ 0

*Includes In-Kind Contributions and All Expenditures Made For the Event

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.