



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: 10.18.10 To 11.22.10

1. Committee I.D. Number

95086

4. Committee's Mailing Address

1879 Knoll Ct  
Troy MI 48098

Area Code and Phone 248 641 7066  
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

248 641 7066

6. Treasurer's Business Address

Same

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

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:

11.2.10

8c.  ANNUAL STATEMENT  
(Coverage Year)

8d.  QUALIFICATION  
OR

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

Date of Qualification or Non-  
Qualification:

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.

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 DeBacker  
Type or Print Name

Signature

11.30.2010  
Date



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

SUMMARY PAGE  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
<b>3. Contributions</b>		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>4,119.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>4,119.00</u>	(18.) \$ <u>4,119.00</u>
<b>4. Other Receipts (Schedule 4A-1, Column 6)</b>	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)</b>	(5.) \$ <u>4,119.00</u>	(20.) \$ <u>4,119.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
<b>6. In-Kind Contributions</b>		
a. Itemized In-Kind Contributions (Schedule 4A-1K, Column 7)	(6a.) \$ <u>177.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)</b>	(7.) \$ <u>177.00</u>	(21.) \$ <u>217.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>4,668.29</u>	
b. Itemized 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>4,668.29</u>	(22.) \$ <u>4,668.29</u>
<b>9. Independent Expenditures (Schedule 4B-1, Column 7)</b>	(9.) \$ <u>—</u>	(23.) \$ <u>—</u>
<b>10. TOTAL EXPENDITURES (Add Line 8e + Line 9)</b>	(10.) \$ <u>4,668.29</u>	(24.) \$ <u>4,668.29</u>
<b>IN-KIND EXPENDITURES</b>		
<b>11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)</b>	(11.) \$ <u>—</u>	(25.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>2,200.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>—</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</b>	(13.) \$ <u>1,232.37</u>	
<b>14. Amount received during reporting period (Line 5, Column I, Total Contributions &amp; Other Receipts)</b>	(14.) + <u>4,119.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = <u>5,351.37</u>	
<b>16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)</b>	(16.) - <u>4,668.29</u>	
<b>17. ENDING BALANCE (Subtract line 16 from line 15)</b>	(17.) \$ <u>683.08</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

Town Centennial Fund

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 10/25/10

Name & Address:

John T Hennessy Jr.  
3462 Tothell  
Troy MI 48084

\$ 25.00 \$ 25.00

Click Here for Memo Itemization

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

Occupation Retired Employer

Business Address

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 2

4. Date of Receipt 11/1/2010

Name & Address:

John T Hennessy Jr.  
3462 Tothell  
Troy MI 48084

\$ 50.00 \$ 75.00

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 10/27/10

Name & Address:

James Latimer  
4861 Valley Vista Circle  
Troy MI 48098

\$ 100.00 \$ 100.00

Click Here for Memo Itemization

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

Occupation Employer

Business Address

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4

4. Date of Receipt 11/09/2010

Name & Address:

Stellar Engineering  
6602 Pownall  
Troy MI 48098

\$ 125.00 \$ 125.00

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

300.00

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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11/22/10



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

95086

1. Committee I.D. Number

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)
<p>3. Contribution # 1 Name &amp; Address: Susan Miller 3763 Mark Dr Troy MI 48083</p>		4. Date of Receipt 11/01/2010	\$ 50.00 \$ 50.00
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			
<p>3. Contribution # 2 Name &amp; Address: James Laurain 4057 Colonial Blvd. Troy MI 48085</p>		4. Date of Receipt 10/27/2010	\$ 40.00 \$ 40.00
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			
<p>3. Contribution # 3 Name &amp; Address: Robert M Saieg MD P.C. 38815 Dequindre Ste 101 Troy MI 48083</p>		4. Date of Receipt 10/27/2010	\$ 200.00 \$ 200.00
5. If over \$100.00 cumulative, please provide: (this is a business)		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address: 38815 Dequindre Troy 48083			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
<p>3. Contribution # 4 Name &amp; Address: Jeff Beckett 6173 Carriage Trail Troy MI 48098</p>		4. Date of Receipt 10.26.2010	\$ 2,000.00 \$ 2,000.00
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation Retired 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

2,290.00

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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11.22.10



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>E Barbara Martin</u> <u>260 Lyons</u> <u>Troy MI 48083</u>		\$ <u>10.00</u>	\$ <u>10.00</u>
4. Date of Receipt <u>10.25.10</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>Jerry E. Bloom</u> <u>3330 Essey</u> <u>Troy MI 48084</u>		\$ <u>200.00</u>	\$ <u>300.00</u>
4. Date of Receipt <u>10.26.10</u> 5. If over \$100.00 cumulative, please provide: 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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Marlyn Poppe</u> <u>5887 Hunters Gate</u> <u>Troy MI 48098</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
4. Date of Receipt <u>10.21.10</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>George Skaggs</u> <u>6335 Herb</u> <u>Troy MI 48098</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
4. Date of Receipt <u>10.23.10</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 255.00

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

Enter this total  
on line 3a of  
Summary  
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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.		5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Jan Gosselin</u> <u>5773 Sussex</u> <u>Troy MI 48098</u>		<u>\$500.00</u>	<u>\$500.00</u>
4. Date of Receipt: <u>10.24.10</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation: <u>homemaker</u> Employer: <u>N/A</u> 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>Stephanie Gosselin</u> <u>5773 Sussex</u>		<u>\$500.00</u>	<u>\$500.00</u>
4. Date of Receipt: <u>10.24.10</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation: <u>Manager</u> Employer: <u>Pomera Bread</u> <u>48045 Baldwin Rd Auburn Hills MI</u> 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>Victor Kochajda</u> <u>2220 Charnwood</u> <u>Troy MI 48068</u>		<u>\$50.00</u>	<u>\$50.00</u>
4. Date of Receipt: <u>10.26.10</u>		Click Here for Memo Itemization	
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			
3. Contribution # 4 Name & Address: <u>Dorie Troelsen</u> <u>2849 W. Washtenaw</u> <u>Troy MI 48098</u>		<u>\$25.00</u>	<u>\$25.00</u>
4. Date of Receipt: <u>10.26.10</u>		Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 1075.00

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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11,22.10



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>Lynn Dee Hodston</u> <u>1827 Smallbrook</u> <u>Tray MI 48085</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
4. Date of Receipt <u>11.7.10</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>Howard P. Dennis</u> <u>1575 Abbey</u> <u>Tray MI 48083</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
4. Date of Receipt <u>11.15.10</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>Lisa Powers</u> <u>5355 Shrewsbury</u> <u>Tray MI</u>		\$ <u>99.00</u>	\$ <u>99.00</u>
4. Date of Receipt <u>11.22.10</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: _____		\$ _____	\$ _____
4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

199.00

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

4119.00

Enter this total  
on line 3a of  
Summary  
Page

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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

Troy Citizens United

3. Name & Address From Whom Received Receipt	4. Date of Receipt	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 <a href="#">Click Here for Memo Itemization Type</a> <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 <a href="#">Click Here for Memo Itemization Type</a> <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 <a href="#">Click Here for Memo Itemization Type</a> <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 <a href="#">Click Here for Memo Itemization Type</a> <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 <a href="#">Click Here for Memo Itemization Type</a> <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 <a href="#">Click Here for Memo Itemization Type</a> <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal:

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

Enter this total on  
line 4 of Summary  
Page

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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 Trop. 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>Citizens for Life Liberty</u> <u>1261 Oakwood Ct</u> <u>Rochester Hills MI 48307</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 type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Robo call</u> 5. DATE OF RECEIPT: <u>11/1/10</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>VOICE Broadcasting</u> <u>1527 S. Cooper</u> <u>Arlington TX 76010</u>	\$ <u>177.00</u> \$ <u>177.00</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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____	
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: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____	

Page Subtotal 177.00  
Grand Total of all Schedules 4-IK (Complete on last page of Schedule) 177.00

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 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>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>10.25.10</u>	<u>500.00</u>	<u>1,788.77</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 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>10.27.10</u>	<u>1,516.23</u>	<u>3,305.10</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Wright Communications</u> <u>1229 Chicago</u> <u>Troy MI 48083</u>	4. Purpose: <u>printing</u> 5. Ballot Proposal: <u>4 millage Troy</u> <u>11.2.10</u> County: <u>Oakland</u>	<u>10.27.10</u>	<u>856.00</u>	<u>1,472.00</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>Via media</u> <u>850 Stephenson</u> <u>Troy MI 48083</u>	4. Purpose: <u>TV commercials</u> 5. Ballot Proposal: <u>4 millage Troy</u> <u>11.2.10</u> County: <u>Oakland</u>	<u>10.29.10</u>	<u>1,300.00</u>	<u>1,300.00</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page 4,172.23

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 Tray 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>Michigan Citizens for Liberty</u> <u>1261 Oakwood Ct</u> <u>Rochester Hills MI 48307</u>	4. Purpose: <u>Robocalls</u> 5. Ballot Proposal: <u>Humiliation Tray</u> County: <u>Oakland</u>	<u>11.4.10</u> Date of Expenditure	<u>\$ 177.00</u>	<u>\$ 177.00</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Frank Nowrylak</u> <u>3035 Newport</u> <u>Tray MI 48083</u>	4. Purpose: <u>Signs Reimburse</u> 5. Ballot Proposal: <u>to Done Right</u> <u>Tray Citizens United</u> County: <u>Oakland</u>	<u>10.18.10</u> Date of Expenditure	<u>\$ 319.06</u>	<u>\$ 638.12</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 checked="" 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	<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	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page 496.06

Grand Total of Schedules 4B  
(Complete on last page of Schedule) 4668.29

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 95084  
2. Committee Name TRAY CATERING LIMITED

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	_____ S _____ S 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	_____ S _____ S 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	_____ S _____ S 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	_____ S _____ S 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.

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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 Treey Citizens United

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom 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.  Loan endorsement or guarantee  
 Goods Donated or Loaned  
 Services Donated  
 Goods or Services Purchased \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Goods or Services Purchased - LOAN

Description: \_\_\_\_\_

5. DATE OF EXPENDITURE: \_\_\_\_\_  
6. VENDOR NAME & ADDRESS: \_\_\_\_\_

Ballot Proposal: \_\_\_\_\_  
 Statewide  Local

County: \_\_\_\_\_

Click Here for Memo Itemization

Expenditure #2  
Name & Address: \_\_\_\_\_

4.  Loan endorsement or guarantee  
 Goods Donated or Loaned  
 Services Donated  
 Goods or Services Purchased \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Goods or Services Purchased - LOAN

Description: \_\_\_\_\_

5. DATE OF EXPENDITURE: \_\_\_\_\_  
6. VENDOR NAME & ADDRESS: \_\_\_\_\_

Ballot Proposal: \_\_\_\_\_  
 Statewide  Local

County: \_\_\_\_\_

Click Here for Memo Itemization

Expenditure #3  
Name & Address: \_\_\_\_\_

4.  Loan endorsement or guarantee  
 Goods Donated or Loaned  
 Services Donated  
 Goods or Services Purchased \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Goods or Services Purchased - LOAN

Description: \_\_\_\_\_

5. DATE OF EXPENDITURE: \_\_\_\_\_  
6. VENDOR NAME & ADDRESS: \_\_\_\_\_

Ballot Proposal: \_\_\_\_\_  
 Statewide  Local

County: \_\_\_\_\_

Click Here for Memo Itemization

Subtotal this Page		
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)	0	0
	Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Page

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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 Pray 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: _____  For Activity Type (a-f), check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <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 _____	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): _____ Cumulative for Ballot Proposal \$ _____	_____	\$ _____
Expenditure #2 Name & Address: _____  For Activity Type (a-f), check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <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 _____	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): _____ Cumulative for Ballot Proposal \$ _____	_____	\$ _____
Expenditure #3 Name & Address: _____  For Activity Type (a-f), check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <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 _____	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): _____ Cumulative for Ballot Proposal \$ _____	_____	\$ _____

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

Enter total on Line 8b of the Summary Pg.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 4E  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 95086

2. Committee Name Tray Citizens Unite of

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

This Schedule summarizes:

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 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 guarantor, 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 Sussex Tray MI 48098	4. Type: <u>Act Payable</u> 5. Date Debt Was Incurred: <u>2.22.10</u> 6. Original Amount of Debt: \$ <u>1,200.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1,200.00</u>
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.

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