



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

BALLOT QUESTION COMMITTEE
COVER PAGE

20 APR 27 PM 1:26

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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

1. Committee I.D. Number 139801		3. This Statement covers From: <u>03/31/20</u> To <u>04/20/20</u>	
2. Committee Name Macomb for Kids		4. Committee's Mailing Address PO Box 7274 Sterling Heights, MI 48311 Area Code and Phone: <u>(586) 825-0429</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
5. Treasurer's Name and Residential Address Robert Ross 2769 Arrowwood Ct. Sterling Heights, MI 48314 Area Code and Phone (586) 825-0429			
6. Treasurer's Business Address 2769 Arrowwood Ct. Sterling Heights, MI 48314 Area Code and Phone (586) 825-0429		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Robert Callender 29120 W Nottingham Cir Warren, MI 48092 Area Code and Phone (586) 825-0429	
8. TYPE OF STATEMENT: 8a. ☐ PRE-ELECTION OR ☐ POST-ELECTION Pre-Election or Post-Election Statement relates to: ☐ PRIMARY ☐ GENERAL ☐ SCHOOL ☐ SPECIAL ☐ OTHER: _____ Date of Election: _____		8b. ☐ FEBRUARY STATEMENT ☒ APRIL STATEMENT ☐ JULY STATEMENT ☐ OCTOBER STATEMENT 8c. ☐ ANNUAL STATEMENT (<u>2020</u> Coverage Year) 8d. ☐ Post Petition Sample Filing under MCL 168.483a (Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition) 8e. ☐ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	
8f. ☐ DISSOLUTION OF COMMITTEE REQUEST 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 <u>Robert Callender</u> <u>[Signature]</u> Type or Print Name Signature			



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**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

		Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS			
3. Contributions			
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$	<u>460.50</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$	<u>460.50</u>	(20.) \$ <u>260,113.50</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$		
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.) \$		
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$		
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$		(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$		(24.) \$ <u>251,902.42</u>
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$		(25.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 4E)	(12a.) \$		
b. Owed to the Committee (Schedule 4E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7,750.58</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	<u>460.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>8,211.08</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	<u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>8,211.08</u>	*

*If your ending balance is negative, please recheck your math.



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ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139802

2. Committee Name Macomb for Kids

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: Robert Callender 29120 W Nottingham Cir. Warren, MI 48092 4. Date of Receipt <u>04/03/20</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Warren Consolidated Schools</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>225.50</u>	\$ <u>475.50</u>
3. Contribution # 2 Name & Address: Patrick Rorai 970 Berkshire Grosse Pointe Park, MI 48230 4. Date of Receipt <u>04/03/20</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Michigan Education Association</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>235.00</u>	\$ <u>735</u>
3. Contribution # 3 Name & Address: 4. 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: 4. 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

\$460.50

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

\$460.50

Enter this total
on line 3a of
Summary
Page