



MICHIGAN DEPARTMENT OF STATE **FILED**
BUREAU OF ELECTIONS

20 AUG 28 AM 9:17

**BALLOT QUESTION COMMITTEE
COVER PAGE**

CLERK OF CIRCUIT COURT
JAMES H. GLENN, JR.
MICHIGAN

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: 7/20/20 To 8-24-20

1. Committee I.D. Number **139799**

4. Committee's Mailing Address **8303 Waschull Drive
Washington Township, MI
48094**

2. Committee Name
usataxfighters.org

Area Code and Phone: 586-488-5177

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

Dave Jaye 25810 Hickory Blvd. #603, Bonita Springs, FL 34134

Area Code and Phone 586-488-5177

6. Treasurer's Business Address
same

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

Area Code and Phone

Area Code and Phone

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:
August 4, 2020

8b.

☐ FEBRUARY STATEMENT
☐ APRIL STATEMENT
☐ JULY STATEMENT
☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT
(____ 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

DAVE JAYE

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 139799

2. Committee Name usataxfighters.org

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>315.92</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>315.92</u>	(18.) \$ <u>1,012.72</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>315.10</u>	(20.) \$ <u>1,012.72</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>323.11</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>323.11</u>	(21.) \$ <u>432.28</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>\$200</u>	
b. Itemized Get-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>200</u>	(22.) \$ <u>702</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>200</u>	(24.) \$ <u>702</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>323.11</u>	(25.) \$ <u>323.11</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>3,750</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>72.50</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>315.92</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>388.40</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>200</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>188.40</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 139799

2. Committee Name usataxfighters.org

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:

4. Date of Receipt

6/22/20

Dave Jaye, 25810 Hickory Blvd. #603 Bonita

\$ 200 \$ 800

Springs, FL 34134

[Click Here for Memo Itemization](#)

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

Occupation English/Business Teach Employer Express Languages

Business Address 1947 Tamiami Trail, N Suite 207, Naples, FL 34103

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt

7-5-20

Name & Address:

Jack Oddo
58872 Graft Ave.
Lenox, MI 48048

\$ 96.80 \$ 96.80

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

7-28-20

Name & Address:

Karl Pilot
6700 West Ave.
Washington Township, MI 48054

\$ 19.12 \$ 19.12

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

Name & Address:

\$ 315.92 \$ 1,115.92

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

315.92

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

315.92

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 139799

2. Committee Name usataxfighters.org

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: Dave Jaye 25810 Hickory Blvd. #603 Bonita Springs, FL 34134 If over \$100.00 cumulative, please provide: Occupation English and Business Teacher Employer Name & Address: <u>Express Languages</u> <u>947 Park Ave. Suite 207</u> <u>Naples, FL 34103</u> ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☒ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>Photos</u> 5. DATE OF RECEIPT: <u>7-19-20</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>Dreams Inc</u> <u>1616 Westgate Cir</u> <u>Brentwood TN 37027</u>	\$ <u>20</u>	\$ <u>20</u>
Contribution #2 Name & Address: <u>SAME</u> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <u>SAME</u> ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☒ Goods Donated or loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>Videos</u> 5. DATE OF RECEIPT: <u>7-30-20</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>SAME</u>	\$ <u>64</u>	\$ <u>84</u>
Contribution #3 Name & Address: <u>SAME</u> If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <u>SAME</u> ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☒ Goods Donated or loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description <u>Campaign Promotion</u> 5. DATE OF RECEIPT: <u>8-3-20</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>Advanced Campaigns</u> <u>357 Rolling Green Drive NW</u> <u>Grand Rapids MI 49534-5882</u>	\$ <u>229.11</u>	\$ <u>338.28</u>

Page Subtotal

313.11

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

313.11

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 139799

2. Committee Name usataxfighters.org

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: Neat and Nifty Tech LC 42174 Blossom Lane Clinton Township, MI 48038		4. Purpose: <u>Web Work</u>		
5. Ballot Proposal: <u>STAR</u> <u>Washington River Park Rec - TAX INCORPORATION</u>		8-21-20	\$ <u>200.00</u>	\$ <u>900.00</u>
County: <u>MACOMB</u>		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☒ Oppose	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 2				
Name & Address:		4. Purpose:		
5. Ballot Proposal:		\$ \$		
County:		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☐ Oppose	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 3				
Name & Address:		4. Purpose:		
5. Ballot Proposal:		\$ \$		
County:		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☐ Oppose	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 4				
Name & Address:		4. Purpose:		
5. Ballot Proposal:		\$ \$		
County:		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☐ Oppose	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Statewide ☐ Local			

Subtotal this page

200.00

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

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 139799
2. Committee Name USA Taxfighters.org

This Schedule itemizes:

(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 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) 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 6 minus Item 8)
Debt #1 Owed to or by: <u>DAVE JAYE</u> <u>25815 Hickory Blvd #603</u> <u>Bonita Springs FL</u> <u>34124</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred</u> <u>9/12/19</u> 6. <u>Original Amount of Debt</u> <u>\$ 1,000⁰⁰</u>	\$ \$ \$ \$ \$	\$	\$ <u>4000⁰⁰</u>

☐
FORGIVEN

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

Debt #2 Owed to or by: <u>Neat Nifty Tech L.C.</u> <u>42174 Blossin Lane</u> <u>Macomb Township, MI</u> <u>48038</u>	4. Type: <u>Interest free</u> 5. <u>Date Debt Was Incurred</u> <u>2/25/20</u> 6. <u>Original Amount of Debt</u> <u>\$ 2,750⁰⁰</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,750⁰⁰</u>
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☐
FORGIVEN

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

Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ \$ \$ \$ \$	\$	\$
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☐
FORGIVEN

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

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 4E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

3,750⁰⁰

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