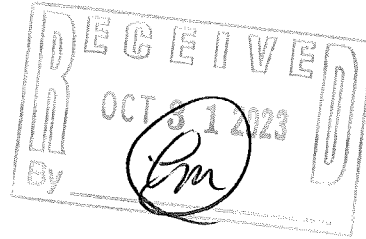




MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

1. Committee I.D. Number 98290		3. This Statement covers From: <u>08/14/23</u> To <u>10/22/23</u>	
2. Committee Name No On Ranked Rigged Choice Voting		4. Committee's Mailing Address 3214 Shenandoah Royal oak, Mi 48073 Area Code and Phone: <u>(248) 229-2958</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 Suzanne Lynch-3214 Shenandoah, Royal oak, Mi 48073 Area Code and Phone <u>(248) 229-2958</u>			
6. Treasurer's Business Address 3214 Shenandoah, Royal oak, Mi 48073 Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) N/A 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: <u>11/7/23</u>		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 <u>Suzanne Lynch</u> / <u>Suzanne Lynch</u> Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 98290

2. Committee Name No On Ranked Rigged Choice Voting

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>485.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>485.00</u>	(18.) \$ <u>485.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>485.00</u>	(20.) \$ <u>485.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</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>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>485.00</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>485.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>485.00</u>	(24.) \$ <u>485.00</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>485.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>485.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>485.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</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 98290

2. Committee Name No On Ranked Rigged Choice Voting

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: Maurice, Cindy 729 Lloyd Ave. Royal Oak, MI 48073		4. Date of Receipt <u>10/10/20</u>	\$ <u>100.00</u> \$ <u>100.00</u>
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 Name & Address: Bill Harrison 2729 Trafford Royal Aok, MI 48073		4. Date of Receipt <u>10/10/20</u>	\$ <u>95.00</u> \$ <u>95.00</u>
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 Name & Address: Kokubo, Jennifer 161 Hendrie Blvd Royal Oak, MI 48067		4. Date of Receipt <u>10/10/20</u>	\$ <u>40.00</u> \$ <u>40.00</u>
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 Name & Address: Clyde Mason 2643 Bembridge Royal Oak, MI 48073		4. Date of Receipt <u>10/12/20</u>	\$ <u>200.00</u> \$ <u>200.00</u>
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

\$435.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 98290

2. Committee Name No One Ranked Rigged Choice Voting

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: Ross, Eunice 3439 Benjamin Royal Oak, MI 48073	4. Date of Receipt <u>10/10/20</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
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 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		Click Here for Memo Itemization	
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		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: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$50.00

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

\$485.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

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: Sign Rocket 340 Broadway Ave St. Paul Park, Minn 55071	4. Purpose: <u>Yard Signs</u> 5. Ballot Proposal: _____ County: <u>Oakland</u> ☐ Support ☐ Oppose ☐ Statewide ☐ Local	10/07/20 Date of Expenditure	\$ <u>485.00</u>	\$ <u>485.00</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			
Expenditure # 2 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ ☐ Support ☐ Oppose ☐ Statewide ☐ Local	_____ Date of Expenditure	\$ _____	\$ _____
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			
Expenditure # 3 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ ☐ Support ☐ Oppose ☐ Statewide ☐ Local	_____ Date of Expenditure	\$ _____	\$ _____
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			
Expenditure # 4 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: _____ County: _____ ☐ Support ☐ Oppose ☐ Statewide ☐ Local	_____ Date of Expenditure	\$ _____	\$ _____
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	Click for Memo Itemization Type			

Subtotal this page

485.00

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

Enter this total
on Line 8a of
the Summary
Page