



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: 8/7/2024 To 10/20/2024

1. Committee I.D. Number

B-2024-010

4. Committee's Mailing Address

3340 FERNWOOD AVE.
ANN ARBOR, MI 48108

2. Committee Name

Citizens for Fiscal Responsibility

Area Code and Phone: _____
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

Alex Lowe
3340 FERNWOOD AVE.
ANN ARBOR, MI 48108

Area Code and Phone

6. Treasurer's Business Address

Area Code and Phone

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

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:

11/5/2024

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.

4:58

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 Alex Lowe

Type or Print Name

Signature

Alex Lowe



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2024-010

2. Committee Name CITIZENS FOR FISCAL RESPONSIBILITY

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>40,945.34</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>40,945.34</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>9,947.38</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>10,347.38</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>34,934.97</u>	
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.) \$ <u>34,934.97</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>30.76</u>	(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.) \$ _____	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>40,945.34</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>40,945.34</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>34,934.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,010.37</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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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 8/16/2024

Name & Address:

Alex Lowe

3340 Fernwood Avenue Ann Arbor , MI 48108

\$ 100.00

\$ 100.00

[Click Here for Memo Itemization](#)

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

Software Developer

Canonical USA Inc

Occupation _____ Employer _____

Business Address 838 Walker Road Suite 21-2 Dover, DE 19904

Type of Contribution:



Direct



Loan from a person



Fund Raiser

3. Contribution # 2 4. Date of Receipt 8/16/2024

Name & Address:

Brandon Dimcheff

1401 Harpst St. Ann Arbor , MI 48104

\$ 250.00

\$ 250.00

[Click Here for Memo Itemization](#)

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

Occupation Software Engineer

Employer Openly

Business Address 131 Dartmouth St. Boston, MA 2116

Type of Contribution:



Direct



Loan from a person



Fund Raiser

3. Contribution # 3 4. Date of Receipt 8/16/2024

Name & Address:

James Fields

2539 Prairie St Ann Arbor , MI 48105

\$ 100.00

\$ 100.00

[Click Here for Memo Itemization](#)

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

Occupation Not Employed

Employer Not Employed

Business Address 2840 Briarcliff St Ann Arbor, MI 48105

Type of Contribution:



Direct



Loan from a person



Fund Raiser

3. Contribution # 4 4. Date of Receipt 8/16/2024

Name & Address:

Adam Goodman

400 Virginia Ave Ann Arbor , MI 48103

\$ 500.00

\$ 500.00

[Click Here for Memo Itemization](#)

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

Occupation Not Employed

Employer Not Employed

Business Address 123 N. Ashley Suite 100 Ann Arbor, MI 48104

Type of Contribution:



Direct



Loan from a person



Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: John Eric Ivancich 2529 Towner Blvd Ann Arbor , MI 48104	4. Date of Receipt <u>8/16/2024</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal Software Engineer</u> Employer <u>IBM</u> <u>1 New Orchard Rd. Armonk, NY 10504</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Meredith Kahn 817 Pomona Road Ann Arbor , MI 48103	4. Date of Receipt <u>8/16/2024</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Librarian</u> Employer <u>University of Michigan</u> <u>817 Pomona Rd Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Daniel Adams 1016 Daniel St. Ann Arbor , MI 48103	4. Date of Receipt <u>8/17/2024</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>General Motors</u> <u>1016 Daniel St Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Libby Hemphill 1701 Crestland St Ann Arbor , MI 48104	4. Date of Receipt <u>8/18/2024</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>University of Michigan</u> <u>105 S State Ann Arbor, MI 48109</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: David Fry 3040 Bird Song Lane Ann Arbor , MI 48105	4. Date of Receipt <u>8/21/2024</u>	6. Amount \$ <u>\$ 500.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>\$ 500.00</u>
---	--	--------------------------------------	--

[Click Here for Memo Itemization](#)

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

Occupation Not Employed Employer Not Employed
3040 Bird Song Lane Ann Arbor, MI 48105
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 Name & Address: Linh Song 1290 Bardstown Trl Ann Arbor , MI 48105	4. Date of Receipt <u>8/21/2024</u>	6. Amount \$ <u>\$ 5,000.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>\$ 5,000.00</u>
--	--	--	--

[Click Here for Memo Itemization](#)

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

Occupation Councilmember Employer City of Ann Arbor
2370 E. Stadium Box 120 Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: Adam Jaskiewicz 1430 Las Vegas Dr Ann Arbor , MI 48103	4. Date of Receipt <u>8/24/2024</u>	6. Amount \$ <u>\$ 100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>\$ 100.00</u>
---	--	--------------------------------------	--

[Click Here for Memo Itemization](#)

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

Occupation Not Employed Employer Not Employed
1430 Las Vegas Dr Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: Alex Holland 1112 Pauline Blvd Ann Arbor , MI 48103	4. Date of Receipt <u>8/24/2024</u>	6. Amount \$ <u>\$ 100.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>\$ 100.00</u>
--	--	--------------------------------------	--

[Click Here for Memo Itemization](#)

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

Occupation Software Engineer Employer Cloudflare
1112 Pauline Blvd Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Rob Utterback 545 S. Seventh Ann Arbor , MI 48103-4760	4. Date of Receipt <u>8/25/2024</u>	\$ \$ 50.00	\$ \$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Cataloger</u> Employer <u>University of Michigan Library</u> <u>545 S. 7th St Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Peter Honeyman 113 S Fourth Ave Apt 4 Ann Arbor , MI 48104-1930	4. Date of Receipt <u>8/26/2024</u>	\$ \$ 100.00	\$ \$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>University of Michigan</u> <u>113 S Fourth Ave Apt 4 Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Marlin Whitaker 1449 Morehead Drive Ann Arbor , MI 48103	4. Date of Receipt <u>8/26/2024</u>	\$ \$ 25.00	\$ \$ 25.00
5. If over \$100.00 cumulative, please provide: Not Employed Not Employed Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>1449 Morehead Drive Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: ross smith 1607 charlton ave ann arbor , MI 48103	4. Date of Receipt <u>8/26/2024</u>	\$ \$ 50.00	\$ \$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Operations</u> Employer <u>Pomerium</u> <u>9450 SW Gemini Dr. PMB 98694 Beaverton, OR 97008</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Joan Lowenstein 502 Burson Pl Ann Arbor , MI 48104	4. Date of Receipt <u>8/28/2024</u> \$ <u>100.00</u>	\$ <u>100.00</u>
---	--	------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
502 Burson Pl Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 Name & Address: Leah Gunn 4733 Surfwood Dr Commerce Charter Twp , MI 48382	4. Date of Receipt <u>8/31/2024</u> \$ <u>200.00</u>	\$ <u>200.00</u>
---	--	------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
4733 Surfwood Dr Commerce Charter Twp, MI 48382
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: Robert Boley 1619 Dicken Dr Ann Arbor , MI 48103	4. Date of Receipt <u>9/5/2024</u> \$ <u>50.00</u>	\$ <u>50.00</u>
---	--	-----------------

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

[Click Here for Memo Itemization](#)

Occupation Lawyer Employer ArentFox Schiff LLP
350 S Main St Ste 210 Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: Heidi Poscher 1919 S Industrial Hwy Ann Arbor , MI 48104	4. Date of Receipt <u>9/6/2024</u> \$ <u>1,000.00</u>	\$ <u>1,000.00</u>
---	---	--------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
1919 S Industrial Hwy Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Arah Jocque 1024 Woodbridge Ann Arbor , MI 48103		4. Date of Receipt <u>9/7/2024</u> \$ <u>15.00</u>	\$ <u>15.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>1024 Woodbridge Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 2 Name & Address: Jeff Hauptman 611 Stratford Drive Ann Arbor , MI 48104		4. Date of Receipt <u>9/7/2024</u> \$ <u>5,000.00</u>	\$ <u>5,000.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Oxford Company</u> <u>777 East Eisenhower Suite 850 Ann Arbor, MI 48108</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 Name & Address: Jonathan Oberheide 1908 Scottwood Ave Ann Arbor , MI 48104		4. Date of Receipt <u>9/9/2024</u> \$ <u>2,500.00</u>	\$ <u>2,500.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Self-employed Self-employed Occupation <u>Self-employed</u> Employer <u>Self-employed</u> <u>1908 Scottwood Ave Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 Name & Address: Dharma Akmon 1156 Glen Leven Rd Ann Arbor , MI 48103		4. Date of Receipt <u>9/11/2024</u> \$ <u>300.00</u>	\$ <u>300.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Managing Director</u> Employer <u>University of Michigan</u> <u>1156 Glen Leven Rd Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: John Splitt 207 W. William St. Apt.1 Ann Arbor , MI 48104		4. Date of Receipt <u>9/12/2024</u> \$ <u>\$ 100.00</u>	 \$ <u>\$ 100.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>332 Maynard St. Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 2 Name & Address: Christine Veenstra 319 South 7th Street Ann Arbor , MI 48103		4. Date of Receipt <u>9/13/2024</u> \$ <u>\$ 50.00</u>	 \$ <u>\$ 50.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>University of Michigan</u> <u>319 South 7th Street Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 Name & Address: Kerry Sheldon 1405 Arborview Blvd Ann Arbor , MI 48103		4. Date of Receipt <u>9/15/2024</u> \$ <u>\$ 50.00</u>	 \$ <u>\$ 50.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Founder</u> Employer <u>Bridgeport Consulting</u> <u>1405 Arborview Blvd Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 Name & Address: Brandon Dimcheff 1401 Harpst St. Ann Arbor , MI 48104		4. Date of Receipt <u>9/17/2024</u> \$ <u>\$ 200.00</u>	 \$ <u>\$ 450.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Software Engineer</u> Employer <u>Openly</u> <u>131 Dartmouth St. Boston, MA 2116</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Adam Goodman 400 Virginia Ave Ann Arbor , MI 48103	4. Date of Receipt <u>9/17/2024</u>	\$ <u>\$ 2,500.00</u> \$ <u>\$ 3,000.00</u>
---	--	---

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
123 N. Ashley Suite 100 Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 Name & Address: Daniel Adams 1016 Daniel St Ann Arbor , MI 48103	4. Date of Receipt <u>9/17/2024</u>	\$ <u>\$ 500.00</u> \$ <u>\$ 1,000.00</u>
---	--	---

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

[Click Here for Memo Itemization](#)

Occupation Attorney Employer General Motors
1016 DANIEL ST Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: margaret ging 383 Larkspur St Ann Arbor , MI 48105	4. Date of Receipt <u>9/17/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
---	--	---------------------------------------

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

[Click Here for Memo Itemization](#)

Self Employed Tree City Diapers Inc
Occupation _____ Employer _____
2465 W. Stadium Blvd Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: Adam Jaskiewicz 1430 Las Vegas Dr. Ann Arbor , MI 48103	4. Date of Receipt <u>9/17/2024</u>	\$ <u>\$ 250.00</u> \$ <u>\$ 250.00</u>
--	--	---

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
1430 Las Vegas Dr. Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Scott Trudeau 526 N Main St Ann Arbor, MI 48104	4. Date of Receipt <u>9/17/2024</u>	6. Amount \$ \$ 100.00	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \$ 100.00
--	--	-------------------------------	---

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

[Click Here for Memo Itemization](#)

Occupation Chief Technology Officer Employer Listings Project LLC
526 N Main St Ann Arbor, MI 48104
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 Name & Address: Patrick McSweeney 2320 Parkwood Ave Ann Arbor, MI 48104	4. Date of Receipt <u>9/17/2024</u>	\$ \$ 100.00	\$ \$ 100.00
--	--	--------------	--------------

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

[Click Here for Memo Itemization](#)

Occupation Software Engineer Employer Sol Systems
1101 Connecticut Ave NW Second Floor Washington, DC 20036
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: Courtney Piotrowski 517 Krause St Ann Arbor, MI 48103	4. Date of Receipt <u>9/17/2024</u>	\$ \$ 250.00	\$ \$ 250.00
--	--	--------------	--------------

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

[Click Here for Memo Itemization](#)

Occupation Landscape Architect Employer livingLAB
4444 2nd ave Detroit, MI 48201
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: David Fry 3040 Bird Song Lane Ann Arbor, MI 48105	4. Date of Receipt <u>9/17/2024</u>	\$ \$ 2,500.00	\$ \$ 3,000.00
--	--	----------------	----------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
3040 Bird Song Lane Ann Arbor, MI 48105
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: John Eric Ivancich 2529 Towner Blvd Ann Arbor , MI 48104	4. Date of Receipt <u>9/17/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 100.00</u>
---	--	--

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

[Click Here for Memo Itemization](#)

Occupation Principal Software Engineer Employer IBM
1 New Orchard Rd. Armonk, NY 10504
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 Name & Address: loren bondurant 1511 jewett ave ann arbor , MI 48104	4. Date of Receipt <u>9/17/2024</u>	\$ <u>\$ 5.00</u> \$ <u>\$ 5.00</u>
---	--	-------------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Library worker Employer AADL
343 S 5th Ave Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: Sandi Smith 515 N Ashley St Ann Arbor , MI 48103	4. Date of Receipt <u>9/18/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
---	--	---------------------------------------

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

[Click Here for Memo Itemization](#)

Real Estate Broker
Occupation Real Estate Broker Employer Trillium Real Estate
323 Braun Ct Ann Arbor, MI 48104
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: Mattie O'Brien 1341 Wines Dr Ann Arbor , MI 48103	4. Date of Receipt <u>9/18/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
--	--	---------------------------------------

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

[Click Here for Memo Itemization](#)

Not employed
Occupation Not employed Employer Not employed
1341 Wines Dr Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Erich Zechar 2435 Prairie St Ann Arbor , MI 48105		4. Date of Receipt <u>9/19/2024</u> \$ \$ 50.00	\$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Registered Nurse</u> Employer <u>University of Michigan</u> <u>1500 e medical center drive Ann Arbor, MI 48109</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 2 Name & Address: Nicholas Caldwell 2111 Fair St Ann Arbor , MI 48103		4. Date of Receipt <u>9/19/2024</u> \$ \$ 50.00	\$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Michigan <u>Michigan Education Association</u> <u>2111 Fair st Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 Name & Address: Kelly Bakulski 742 Gott St Ann Arbor , MI 48103		4. Date of Receipt <u>9/19/2024</u> \$ \$ 100.00	\$ \$ 100.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Professor</u> Employer <u>University of Michigan</u> <u>742 Gott St Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 Name & Address: Karen Thomas 1980 Alhambra Dr. Ann Arbor , MI 48103		4. Date of Receipt <u>9/22/2024</u> \$ \$ 25.00	\$ \$ 25.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Not employed</u> Employer <u>Not employed</u> <u>1980 Alhambra Dr. Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Larry Nisson 1227 Lutz Ave. Ann Arbor , MI 48103	4. Date of Receipt <u>9/26/2024</u>	\$ \$ 500.00	\$ \$ 500.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>1227 Lutz Ave. Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Rachel Leggett 2149 Fair St Ann Arbor , MI 48103	4. Date of Receipt <u>9/27/2024</u>	\$ \$ 50.00	\$ \$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Software engineer</u> Employer <u>Webflow</u> <u>2149 Fair St Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Kent Weichmann 241 Crest Ann Arbor , MI 48103	4. Date of Receipt <u>10/1/2024</u>	\$ \$ 25.00	\$ \$ 25.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Mediator</u> Employer <u>Self employed</u> <u>241 Crest Ave. Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: John Eric Ivancich 2529 Towner Blvd Ann Arbor , MI 48104	4. Date of Receipt <u>10/1/2024</u>	\$ \$ 50.00	\$ \$ 150.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal Software Engineer</u> Employer <u>IBM</u> <u>1 New Orchard Rd. Armonk, NY 10504</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Anne Sullivan 1375 Bardstown Trail Ann Arbor, MI 48105		4. Date of Receipt <u>10/1/2024</u> \$ \$ 250.00	\$ \$ 250.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Software engineer</u> Employer <u>Google</u> <u>1375 Bardstown Trl Ann Arbor, MI 48105</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 2 Name & Address: Justin Colacino 742 Gott St Ann Arbor, MI 48103		4. Date of Receipt <u>10/1/2024</u> \$ \$ 50.00	\$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Professor</u> Employer <u>University of Michigan</u> <u>742 Gott St Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 Name & Address: Nate LaFerle 2815 Override Dr Ann Arbor, MI 48104		4. Date of Receipt <u>10/1/2024</u> \$ \$ 50.00	\$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Consultant <u>Remisphere LLC</u> Occupation <u>Consultant</u> Employer <u>Remisphere LLC</u> <u>2815 Override Dr Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 Name & Address: Timothy Wesley 3035 Whisperwood Dr. Apt 352 Ann Arbor, MI 48105		4. Date of Receipt <u>10/1/2024</u> \$ \$ 210.34	\$ \$ 210.34 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Engineering</u> Employer <u>MemryX</u> <u>1600 Huron Pkwy Ann Arbor, MI 48109</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Gregory Haskins 311 Wilton St Ann Arbor , MI 48103	4. Date of Receipt <u>10/1/2024</u> \$ <u>\$ 25.00</u>	\$ <u>\$ 25.00</u>
---	--	--------------------

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

[Click Here for Memo Itemization](#)

Occupation Software Engineer Employer Ford Motor Company
1 The American Road Dearborn, MI 48126
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2 Name & Address: Adam Goodman 400 Virginia Ave Ann Arbor , MI 48103	4. Date of Receipt <u>10/2/2024</u> \$ <u>\$ 1,250.00</u>	\$ <u>\$ 4,350.00</u>
---	---	-----------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
123 N. Ashley Suite 100 Ann Arbor, MI 48104
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 Name & Address: Leslie Sobel 690 Barton Dr Ann Arbor , MI 48105	4. Date of Receipt <u>10/2/2024</u> \$ <u>\$ 25.00</u>	\$ <u>\$ 25.00</u>
--	--	--------------------

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

[Click Here for Memo Itemization](#)

Occupation artist Employer self
1314 Beechwood Dr Ann Arbor, MI 48103
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 Name & Address: Jack Zaiantz 2816 Brockman BLVD Ann Arbor , MI 48104	4. Date of Receipt <u>10/3/2024</u> \$ <u>\$ 50.00</u>	\$ <u>\$ 50.00</u>
---	--	--------------------

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

[Click Here for Memo Itemization](#)

Occupation computer scientist Employer soar technology
2816 Brockman Blvd Ann Arbor, MI 48104
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Daniel Rosenbaum 521 Fountain Street Ann Arbor, MI 48103	4. Date of Receipt <u>10/4/2024</u>	6. Amount <u>\$ \$ 50.00</u> \$ \$ 50.00
---	--	---

Click Here for Memo Itemization

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

Occupation Professor Employer Michigan State University
648 North Shaw Lane East Lansing, MI 48824
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2 Name & Address: Carla Bayha 1601 Cherokee Ann Arbor, MI 48104-4448	4. Date of Receipt <u>10/4/2024</u>	\$ \$ 50.00 \$ \$ 50.00
---	--	----------------------------

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

Occupation Not Employed Employer Not Employed.
1601 Cherokee Ann Arbor, MI 48104-4448
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 Name & Address: Jon Mallek for City Council 1755 Brian Ct, Ann Arbor, MI 48104	4. Date of Receipt <u>10/5/2024</u>	\$ \$ 500.00 \$ \$ 500.00
---	--	------------------------------

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: Democrats for Ann Arbor 3340 Fernwood Ave Ann Arbor MI 48108	4. Date of Receipt <u>10/8/2024</u>	\$ \$ 5,000.00 \$ \$ 5,000.00
---	--	----------------------------------

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

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

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Devin Stevens 201 S 1st St. Apt. 706 Ann Arbor , MI 48104	4. Date of Receipt <u>10/9/2024</u>	\$ \$ 50.00 \$ \$ 50.00
--	--	------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
3003 Washtenaw Avenue Ann Arbor, MI 48104
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2 Name & Address: Kiff Hamp 2205 Melrose Ave Ann Arbor , MI 48104-4069	4. Date of Receipt <u>10/9/2024</u>	\$ \$ 500.00 \$ \$ 500.00
---	--	--------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Nonprofit Executive Employer Huron Waterloo Pathways Initiative
339 E Liberty Suite 320 Ann Arbor, MI 48104
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 Name & Address: Mary Garton 3080 Cedarbrook Rd Ann Arbor , MI 48105	4. Date of Receipt <u>10/9/2024</u>	\$ \$ 500.00 \$ \$ 500.00
--	--	--------------------------------

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

[Click Here for Memo Itemization](#)

Not employed Not employed
Occupation _____ Employer _____
3080 Cedarbrook Rd Ann Arbor, MI 48105
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: Ian Bratcher 417 W Davis Ave Ann Arbor , MI 48103	4. Date of Receipt <u>10/10/2024</u>	\$ \$ 1,000.00 \$ \$ 1,000.00
--	---	------------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
417 W Davis Ave Ann Arbor, MI 48103
Business Address
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Luke Rodehorst 827 Brooks Street Ann Arbor, MI 48103-3161		4. Date of Receipt <u>10/10/2024</u> \$ \$ 500.00	\$ \$ 500.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales manager</u> Employer <u>Google</u> <u>2300 Traverwood Drive Ann Arbor, MI 48105</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 2 Name & Address: Charles Frenzel 1411 Pear St Ann Arbor, MI 48105		4. Date of Receipt <u>10/11/2024</u> \$ \$ 50.00	\$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Stewardship Coordinator</u> Employer <u>Huron River Watershed Council</u> <u>117 N First St Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 Name & Address: Naomi Goldberg 1701 Crestland Drive Ann Arbor, MI 48104		4. Date of Receipt <u>10/11/2024</u> \$ \$ 50.00	\$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive director</u> Employer <u>Movement Advancement Project</u> <u>1701 Crestland Drive Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 Name & Address: Jessica 'Decky' Alexander 3485 Greenleaf Ct. Ann Arbor, MI 48105		4. Date of Receipt <u>10/11/2024</u> \$ \$ 125.00	\$ \$ 125.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Eastern Michigan University</u> <u>203 Boone Ypsilanti, MI 48197</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Gabriela McCubbrey 2496 Georgetown Blvd Ann Arbor , MI 48105		4. Date of Receipt <u>10/11/2024</u> \$ <u>\$ 50.00</u>	 \$ <u>\$ 50.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>2496 Georgetown Blvd Ann Arbor, MI 48105</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 2 Name & Address: Carol Goodman 2126 Fair St Ann Arbor , MI 48103		4. Date of Receipt <u>10/11/2024</u> \$ <u>\$ 25.00</u>	 \$ <u>\$ 25.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>2126 Fair St Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 Name & Address: Ross Smith 2235 E 6th St Apt 402 Austin , TX 78702		4. Date of Receipt <u>10/11/2024</u> \$ <u>\$ 50.00</u>	 \$ <u>\$ 100.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Sre Pomerium Occupation _____ Employer _____ <u>1607 Charlton Ave Ann Arbor, MI 48103-4169</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 Name & Address: Margaret Wyzlic 4758 Dunbarton Ct Ann Arbor , MI 48103		4. Date of Receipt <u>10/11/2024</u> \$ <u>\$ 25.00</u>	 \$ <u>\$ 25.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Marketing Manager</u> Employer <u>Oxford Companies</u> <u>4758 Dunbarton Ct Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Gregory Pratt 3580 Oakwood St. Ann Arbor , MI 48104		4. Date of Receipt <u>10/12/2024</u>	 \$ \$ 50.00 \$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Community Organizer/Social Worker</u> Employer <u>None</u> <u>3580 Oakwood St. Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 2 Name & Address: Jonathan Levine 456 Hilldale Dr Ann Arbor , MI 48105		4. Date of Receipt <u>10/12/2024</u>	 \$ \$ 50.00 \$ \$ 50.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>University of Michigan</u> <u>456 Hilldale Drive Ann Arbor, MI 48105</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 Name & Address: Anita Repp 2612 White Oak Ct Ann Arbor , MI 48103		4. Date of Receipt <u>10/12/2024</u>	 \$ \$ 20.00 \$ \$ 20.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Ann Arbor Endocrinology</u> <u>2612 White Oak Ct Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 Name & Address: Patrick McSweeney 2320 Parkwood Ave Ann Arbor , MI 48104		4. Date of Receipt <u>10/12/2024</u>	 \$ \$ 100.00 \$ \$ 200.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Software Engineer</u> Employer <u>Sol Systems</u> <u>2320 Parkwood Avenue Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

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

Page ____ of ____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Evan Pratt 200 N Main Ann Arbor , MI 48104	4. Date of Receipt <u>10/12/2024</u> \$ \$ 50.00	\$ \$ 50.00
---	--	-------------

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

[Click Here for Memo Itemization](#)

Occupation Elected Official Employer Washtenaw County
705 N Zeeb Rd Ann Arbor, MI 48107
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2 Name & Address: Chip Smith 517 Krause st Ann Arbor , MI 48103	4. Date of Receipt <u>10/13/2024</u> \$ \$ 250.00	\$ \$ 250.00
--	---	--------------

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

[Click Here for Memo Itemization](#)

Occupation Urban planner Employer Wade trim
500 griswold ate 2500 Detroit, MI 48226
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 Name & Address: Joe LaBriola 1832 Delaware Street Berkeley , CA 94703	4. Date of Receipt <u>10/13/2024</u> \$ \$ 50.00	\$ \$ 50.00
--	--	-------------

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

[Click Here for Memo Itemization](#)

Occupation Professor Employer University of Michigan
1219 Broadway St Ann Arbor, MI 48105
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 Name & Address: Mika LaVaque-Manty 1160 Bardstown Trail Ann Arbor , MI 48105	4. Date of Receipt <u>10/13/2024</u> \$ \$ 25.00	\$ \$ 25.00
---	--	-------------

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

[Click Here for Memo Itemization](#)

Occupation Professor Employer University of Michigan
505 S. State St. Ann Arbor, MI 48109
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: James Amrine 732 Braeside Pl Ann Arbor , MI 48103		4. Date of Receipt <u>10/13/2024</u> \$ \$ 25.00	\$ \$ 25.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Development Manager</u> Employer <u>Altair Engineering</u> <u>1820 East Big Beaver Rd Troy, MI 48083</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 2 Name & Address: Naomi Silver 1694 Miller Avenue Ann Arbor , MI 48103		4. Date of Receipt <u>10/13/2024</u> \$ \$ 25.00	\$ \$ 25.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Faculty</u> Employer <u>University of Michigan Sweetland Center for Writing</u> <u>105 S State St Ann Arbor, MI 48109-1285</u> Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 Name & Address: Judah Garber 1508 Granger Ave Ann Arbor , MI 48104		4. Date of Receipt <u>10/13/2024</u> \$ \$ 25.00	\$ \$ 25.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>1508 Granger Ave Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 Name & Address: Ronald Emaus 2503 Hampshire Rd Ann Arbor , MI 48104		4. Date of Receipt <u>10/13/2024</u> \$ \$ 25.00	\$ \$ 25.00 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Sr Software Engineer</u> Employer <u>Retired</u> <u>2503 Hampshire Rd Ann Arbor, MI 48104</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Virginia Rogers 1332 White St Ann Arbor , MI 48104	4. Date of Receipt <u>10/13/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
---	---	---------------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
1332 White St Ann Arbor, MI 48104
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2 Name & Address: Peter Honeyman 113 S 4th Ave Apt 4 Ann Arbor , MI 48104	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 100.00</u> \$ <u>\$ 200.00</u>
--	---	---

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 Name & Address: Theresa Reid 3025 Provincial Dr Ann Arbor , MI 48104	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 25.00</u> \$ <u>\$ 25.00</u>
---	---	---------------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Writer Employer Self
3025 Provincial Drive Ann Arbor, MI 48104
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 Name & Address: Donna Winkelman 3980 Ridgmaar Square Ann Arbor , MI 48105	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
--	---	---------------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Employer Not Employed
3980 Ridgmaar Square Ann Arbor, MI 48105
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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 10/14/2024

Constance Colthorp
732 Braeside Pl Ann Arbor , MI 48103

\$ \$ 25.00 \$ \$ 25.00

[Click Here for Memo Itemization](#)

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

Occupation Communications Manager Employer University of Michigan

732 Braeside Pl Ann Arbor, MI 48103

Business Address

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

3. Contribution # 2
Name & Address:

4. Date of Receipt 10/14/2024

Aidan Sova
1537 Pine Valley Blvd. Apt. 206R Ann Arbor , MI 48104

\$ \$ 25.00 \$ \$ 25.00

[Click Here for Memo Itemization](#)

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

Occupation Consultant Employer Google

1537 Pine Valley Blvd. Ann Arbor, MI 48104

Business Address

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

3. Contribution # 3
Name & Address:

4. Date of Receipt 10/14/2024

Ksenia Kozak
3585 Windemere Dr Ann Arbor , MI 48105

\$ \$ 25.00 \$ \$ 25.00

[Click Here for Memo Itemization](#)

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

Technical Expert Ford

Occupation _____ Employer _____

Business Address 1 American Rd Dearborn, MI 48126

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

3. Contribution # 4
Name & Address:

4. Date of Receipt 10/14/2024

Eli Savit
4993 Hidden Brook Court Ann Arbor , MI 48105

\$ \$ 50.00 \$ \$ 50.00

[Click Here for Memo Itemization](#)

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

Occupation Prosecuting Attorney Employer Washtenaw County

Business Address 200 N. Main St Ann Arbor, MI 48104

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

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Katie Scott 926 Loyola Dr Ann Arbor , MI 48103	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 25.00</u> \$ <u>\$ 25.00</u>
---	---	---------------------------------------

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

Occupation RN Employer University of Michigan Health System
926 Loyola Dr Ann Arbor, MI 48103
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 Name & Address: Julie Grand 1604 Brooklyn Ave. Ann Arbor , MI 48104	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
--	---	---------------------------------------

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

Occupation Lecturer Employer University of Michigan-Dearborn
4901 Evergreen Dearborn, MI 48128
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 Name & Address: Brandon Dimcheff 1401 Harpst St. Ann Arbor , MI 48104	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 100.00</u> \$ <u>\$ 550.00</u>
--	---	---

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

Software Engineer Openly
Occupation _____ Employer _____
131 Dartmouth St. Boston, MA 2116
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 Name & Address: Leslie Sobel 690 Barton Dr Ann Arbor , MI 48105	4. Date of Receipt <u>10/14/2024</u>	\$ <u>\$ 50.00</u> \$ <u>\$ 50.00</u>
--	---	---------------------------------------

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

artist self
Occupation _____ Employer _____
1314 Beechwood Dr Ann Arbor, MI 48103
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: adrian iraola 7129 tupelo dr Ann Arbor , MI 48103		4. Date of Receipt <u>10/14/2024</u> \$ <u>\$ 200.00</u>	 \$ <u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>self employed</u> Employer <u>self</u> <u>7129 tupelo dr Ann Arbor, MI 48103</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Luis Vazquez 909 Barton Dr Ann Arbor , MI 48105		4. Date of Receipt <u>10/14/2024</u> \$ <u>\$ 50.00</u>	 \$ <u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> <u>909 Barton Dr Ann Arbor, MI 48105</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Jean M Leverich 912 Pomona Road Ann Arbor , MI 48103		4. Date of Receipt <u>10/14/2024</u> \$ <u>\$ 75.00</u>	 \$ <u>\$ 75.00</u>
5. If over \$100.00 cumulative, please provide: Social worker/psychotherapist Occupation <u>Self</u> Employer <u>343 S. Main St. Suite 208 Capac, MI 48014</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Brian Chambers 2815 Ember Way Ann Arbor , MI 48104		4. Date of Receipt <u>10/14/2024</u> \$ <u>\$ 25.00</u>	 \$ <u>\$ 25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Alliance Exec</u> Employer <u>Dassault Systmes</u> <u>175 Wyman Street Waltham, MA 2452</u> Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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

Page ____ of ____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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: Christopher Taylor 1516 Granger Ann Arbor , MI 48104	4. Date of Receipt <u>10/14/2024</u>	\$ \$ 125.00 \$ \$ 125.00
---	---	--------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Attorney Hooper Hooper
126 Main Ann Arbor, MI 48104
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2 Name & Address: Dale Harrison 2251 Woodhaven Ct Ann Arbor , MI 48105-9296	4. Date of Receipt <u>10/14/2024</u>	\$ \$ 50.00 \$ \$ 50.00
--	---	------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Sr. Staff Engineer/VP Comerica Bank
2251 Woodhaven Ct Ann Arbor, MI 48105-9296
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 Name & Address: Jeri Hollister 801 Amherst Ave Ann Arbor , MI 48105	4. Date of Receipt <u>10/14/2024</u>	\$ \$ 25.00 \$ \$ 25.00
--	---	------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Not Employed Not Employed
801 Amherst Ave Ann Arbor, MI 48105
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 Name & Address: Janis Bobrin 3465 Vintage Valley Ann Arbor , MI 48105	4. Date of Receipt <u>10/14/2024</u>	\$ \$ 50.00 \$ \$ 50.00
--	---	------------------------------

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

[Click Here for Memo Itemization](#)

Occupation Water Resources Commissioner Washtenaw County
P.O. Box 8645 Ann Arbor, MI 48107-8645
Business Address
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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 10/14/2024

Jinny Potter
2936 Aurora Street Ann Arbor , MI 48105

\$ \$ 5.00 \$ \$ 5.00

[Click Here for Memo Itemization](#)

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

Occupation Not Employed Employer Not Employed
2203 Platt Rd Ann Arbor, MI 48104

Business Address _____

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

3. Contribution # 2
Name & Address:

4. Date of Receipt 10/14/2024

Robert Gordon
2328 Fernwood Ann Arbor , MI 48104

\$ \$ 50.00 \$ \$ 50.00

[Click Here for Memo Itemization](#)

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

Occupation Not Employed Employer Not Employed
2328 Fernwood Ann Arbor, MI 48104

Business Address _____

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

3. Contribution # 3
Name & Address:

4. Date of Receipt 10/14/2024

Willow Davis
815 Barton Drive Ann Arbor , MI 48105

\$ \$ 10.00 \$ \$ 10.00

[Click Here for Memo Itemization](#)

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

Museum Graphic Designer University of Michigan
Occupation _____ Employer _____

Business Address 1105 North University Avenue Ann Arbor, MI 48109

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

3. Contribution # 4
Name & Address:

4. Date of Receipt 10/14/2024

Gay Rosenwald
1510 granger ave Ann Arbor , MI 48104

\$ \$ 250.00 \$ \$ 250.00

[Click Here for Memo Itemization](#)

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

Occupation Not Employed Employer Not Employed

Business Address 1510 granger ave Ann Arbor, MI 48104

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

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name Citizens for Fiscal Responsibility

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 10/15/2024

Lisa Disch for City Council
441 Hilldale Dr Ann Arbor , MI 48105

\$ \$ 500.00 \$ \$ 500.00

[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 # 2
Name & Address:

4. Date of Receipt 10/15/2024

Vote Erica Briggs
538 Fifth st Ann Arbor , MI

\$ \$ 3,250.00 \$ \$ 3,250.00

[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
Name & Address:

4. Date of Receipt 10/16/2024

Stefan Arambasich
2142 Yorktown Drive Ann Arbor , MI 48105-2943

\$ \$ 30.00 \$ \$ 30.00

[Click Here for Memo Itemization](#)

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

Senior Software Engineer ActBlue Technical Services
Occupation _____ Employer _____

366 Summer Street Somerville, MA 2144
Business Address _____

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

3. Contribution # 4
Name & Address:

4. Date of Receipt 10/18/2024

Eric Goldberg
3010 Dexter Rd Ann Arbor , MI 48103

\$ \$ 100.00 \$ \$ 100.00

[Click Here for Memo Itemization](#)

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

Partner Sudo Laboratories LLC
Occupation _____ Employer _____

3010 Dexter Rd Ann Arbor, MI 48103
Business Address _____

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

Page Subtotal

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

Page _____ of _____

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 B-2024-010

2. Committee Name CITIZENS FOR FISCAL RESPONSIBILITY

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: Democrats for Ann Arbor 3340 FERNWOOD AVE. ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: ☐ 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>Mailer</u> 5. DATE OF RECEIPT: <u>9/26/2024</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Allied Printing 240 N Fenway Dr Fenton, MI 48430	\$ <u>\$5,997.38</u>	\$ <u>\$5,997.38</u>
Contribution #2 Name & Address: Linh Song 1290 Bardstown Trl Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation <u>City councilmember</u> Employer Name & Address: City of Ann Arbor 2370 E. Stadium Box 120 Ann Arbor, MI 48104 ☒ 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>Food for fundraiser</u> 5. DATE OF RECEIPT: <u>10/14/2024</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Chelas's 693 S Maple Rd Ann Arbor, MI 48103	\$ <u>450</u>	\$ <u>450</u>
Contribution #3 Name & Address: Democrats for Ann Arbor 3340 FERNWOOD AVE. ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	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>Data</u> 5. DATE OF RECEIPT: <u>10/15/2024</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: NGP VAN 655 15th St NW Suite 650	\$ <u>400</u>	\$ <u>6,397.38</u>

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

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

1. Committee I. D. Number B-2024-010

2. Committee Name CITIZENS FOR FISCAL RESPONSIBILITY

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: Democrats for Ann Arbor 3340 FERNWOOD AVE. ANN ARBOR, MI 48108 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: ☐ 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>Legal Counsel</u> 5. DATE OF RECEIPT: <u>10/17/2024</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Goodman Acker 17000 W Ten Mile Rd Southfield, MI 48075	\$ <u>\$3,100.00</u>	\$ <u>\$9,497.38</u>
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: ☐ 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 _____ 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: ☐ 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 _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2024-010
2. Committee Name Citizens for Fiscal Responsibility

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: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Retainer</u>		
		8/7/2024	\$ 700.00	\$ 700.00
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		
Expenditure # 2				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Retainer</u>		
		8/7/2024	\$ 700.00	\$ 1,400.00
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		
Expenditure # 3				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Domain</u>		
		8/7/2024	\$ 14.00	\$ 1,414.00
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		
Expenditure # 4				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Google Suite</u>		
		8/7/2024	\$ 7.20	\$ 1,421.20
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

B-2024-010

1. Committee I. D. Number _____

2. Committee Name Citizens for Fiscal Responsibility

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: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Google Workspace</u>		
		8/20/2024	\$ 12.50	\$ 1,433.7
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
County: <u>Washtenaw</u>		Click for Memo Itemization Type		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☒ Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 2				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Costco Snacks</u>		
		8/23/2024	\$ 43.76	\$ 1,477.4
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
County: <u>Washtenaw</u>		Click for Memo Itemization Type		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☒ Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 3				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Flyers</u>		
		8/24/2024	\$ 132.50	\$ 1,609.9
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
County: <u>Washtenaw</u>		Click for Memo Itemization Type		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☒ Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local			
Expenditure # 4				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Retainer</u>		
		9/1/2024	\$ 700.00	\$ 2,309.9
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>		
		Date of Expenditure		
County: <u>Washtenaw</u>		Click for Memo Itemization Type		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	☐ Support ☒ Oppose			
☐ Fund Raiser	☐ Statewide ☐ Local			

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

B-2024-010

1. Committee I. D. Number _____
2. Committee Name Citizens for Fiscal Responsibility

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: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Website		
		9/1/2024	\$ 1,500.00	\$ 3,809.9
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Expenditure # 2				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Printer Ink		
		9/8/2024	\$ 21.71	\$ 3,831.6
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Expenditure # 3				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Campaign Verify		
		9/8/2024	\$ 47.50	\$ 3,979.1
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Expenditure # 4				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Google Workspace		
		9/9/2024	\$ 7.20	\$ 3,886.37
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

B-2024-010

1. Committee I. D. Number _____
2. Committee Name Citizens for Fiscal Responsibility

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: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Domain		
		9/9/2024	\$ 14.00	\$ 3,900.3
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Click for Memo Itemization Type				
Expenditure # 2				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Field Director Stipened		
		9/11/2024	\$ 250.00	\$ 4,150.3
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Click for Memo Itemization Type				
Expenditure # 3				
Name & Address: Sawicki and Son 1521 W Lafayette Blvd Detroit, MI 48216		4. Purpose: Yard Signs		
		9/17/2024	\$ 1,152.75	\$ 1,152.7
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Click for Memo Itemization Type				
Expenditure # 4				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: Walk Literature		
		9/20/2024	\$ 601.45	\$ 4,751.82
		5. Ballot Proposal: Ann Arbor Proposal D		
		Date of Expenditure		
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: Washtenaw		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Click for Memo Itemization Type				

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2024-010
2. Committee Name Citizens for Fiscal Responsibility

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: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Google Workspace</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	9/20/2024 \$ 12.50	\$ 4,764.3
		County: <u>Washtenaw</u>	Date of Expenditure	
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Expenditure # 2				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Field Organizer Stipened</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	9/24/2024 \$ 500.00	\$ 5,264.3
		County: <u>Washtenaw</u>	Date of Expenditure	
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Expenditure # 3				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Mail Chimp</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	9/25/2024 \$ 13.25	\$ 5,277.5
		County: <u>Washtenaw</u>	Date of Expenditure	
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		
Expenditure # 4				
Name & Address: Little Caesars 1944 W Stadium Blvd Ann Arbor, MI 48103		4. Purpose: <u>Pizza</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	9/25/2024 \$ 19.15	\$ 19.15
		County: <u>Washtenaw</u>	Date of Expenditure	
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose		
		☐ Statewide ☐ Local		

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

B-2024-010

1. Committee I. D. Number _____

2. Committee Name Citizens for Fiscal Responsibility

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: Bank of Ann Arbor 125 S 5th Ave Ann Arbor, MI 48104	4. Purpose: <u>Wire Fee</u> 5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	<u>9/26/2024</u> Date of Expenditure	\$ <u>\$ 20.00</u>	\$ <u>\$ 20.00</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose ☐ Statewide ☐ Local			
Expenditure # 2 Name & Address: Change Media Group PO Box 776850 Chicago, IL 60677	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	<u>9/26/2024</u> Date of Expenditure	\$ <u>\$ 10,414.58</u>	\$ <u>\$ 10,414</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose ☐ Statewide ☐ Local			
Expenditure # 3 Name & Address: Sawicki and Son 1521 W Lafayette Blvd Detroit, MI 48216	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	<u>9/30/2024</u> Date of Expenditure	\$ <u>\$ 1,152.75</u>	\$ <u>\$ 2,305.50</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose ☐ Statewide ☐ Local			
Expenditure # 4 Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103	4. Purpose: <u>Retainer</u> 5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	<u>10/1/2024</u> Date of Expenditure	\$ <u>\$ 700.00</u>	\$ <u>\$ 6,017.57</u>
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose ☐ Statewide ☐ Local			

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2024-010
2. Committee Name Citizens for Fiscal Responsibility

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: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Text Messages</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	10/3/2024 Date of Expenditure	\$ \$ 693.86 \$ \$ 6,671.4
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		
Expenditure # 2				
Name & Address: Bank of Ann Arbor 125 S 5th Ave Ann Arbor, MI 48104		4. Purpose: <u>Wire Fee</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	10/8/2024 Date of Expenditure	\$ 20.00 \$ 40.00
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		
Expenditure # 3				
Name & Address: Change Media Group PO Box 776850 Chicago, IL 60677		4. Purpose: <u>Advertising</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	10/8/2024 Date of Expenditure	\$ 10,414.58 \$ 20,829
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		
Expenditure # 4				
Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		4. Purpose: <u>Flyers</u>		
		5. Ballot Proposal: <u>Ann Arbor Proposal D</u>	10/9/2024 Date of Expenditure	\$ 455.12 \$ 7,126.5
☐ Check box if expenditure is payment of debt or obligation reported on previous statement		County: <u>Washtenaw</u> Click for Memo Itemization Type		
☐ Fund Raiser		☐ Support ☒ Oppose ☐ Statewide ☐ Local		

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

B-2024-010

1. Committee I. D. Number

Citizens for Fiscal Responsibility

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:				
Blue Path Solutions LLC	Field Director Stipened			
2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		10/11/2024	\$ 250.00	\$ 7,126.4
	4. Purpose:			
	5. Ballot Proposal:	Date of Expenditure		
	Ann Arbor Proposal D			
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenaw	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose			
	☐ Statewide ☐ Local			
Expenditure # 2				
Name & Address:				
Costco Wholesale	Tape			
771 Airport Blvd Ann Arbor, MI 48108		10/11/2024	\$ 42.38	\$ 42.38
	4. Purpose:			
	5. Ballot Proposal:	Date of Expenditure		
	Ann Arbor Proposal D			
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenaw	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose			
	☐ Statewide ☐ Local			
Expenditure # 3				
Name & Address:				
Blue Path Solutions LLC	Field Director Stipened			
2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		10/15/2024	\$ 617.86	\$ 7994.41
	4. Purpose:			
	5. Ballot Proposal:	Date of Expenditure		
	Ann Arbor Proposal D			
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenaw	Click for Memo Itemization Type		
☒ Fund Raiser	☐ Support ☒ Oppose			
	☐ Statewide ☐ Local			
Expenditure # 4				
Name & Address:				
Lowertown Cafe	Venue			
2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103		10/14/2024	\$ 100	\$ 100
	4. Purpose:			
	5. Ballot Proposal:	Date of Expenditure		
	Ann Arbor Proposal D			
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenaw	Click for Memo Itemization Type		
☐ Fund Raiser	☐ Support ☒ Oppose			
	☐ Statewide ☐ Local			

Subtotal this page

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

Clear Form

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B-2024-010
2. Committee Name Citizens for Fiscal Responsibility

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: Sawicki and Son 1521 W Lafayette Blvd Detroit, MI 48216	4. Purpose: Yard Signs 5. Ballot Proposal: Ann Arbor Proposal D County: <u>Washtenaw</u> ☐ Support ☒ Oppose ☐ Statewide ☐ Local	6. Date 10/15/2024 Date of Expenditure	7. Amount \$ 1,311.75 Click for Memo Itemization Type	8. Cumulative for election \$ 3,617.2
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser				
Expenditure # 2 Name & Address: Blue Path Solutions LLC 2075 W Stadium Blvd PO Box 2861 Ann Arbor, MI 48103	4. Purpose: Literature Printing 5. Ballot Proposal: Ann Arbor Proposal D County: <u>Washtenaw</u> ☐ Support ☒ Oppose ☐ Statewide ☐ Local	6. Date 10/18/2024 Date of Expenditure	7. Amount \$ 1,098.85 Click for Memo Itemization Type	8. Cumulative for election \$ 9,093.2
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser				
Expenditure # 3 Name & Address: ActBlue 366 Summer St Somerville, MA 02114	4. Purpose: Fees 5. Ballot Proposal: Ann Arbor Proposal D County: <u>Washtenaw</u> ☐ Support ☒ Oppose ☐ Statewide ☐ Local	6. Date 10/20/2024 Date of Expenditure	7. Amount \$ 474.06 Click for Memo Itemization Type	8. Cumulative for election \$ 474.06
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser				
Expenditure # 4 Name & Address: Stripe 354 Oyster Point Blvd San Francisco, CA 94080	4. Purpose: Fees 5. Ballot Proposal: Ann Arbor Proposal D County: <u>Washtenaw</u> ☐ Support ☒ Oppose ☐ Statewide ☐ Local	6. Date 10/20/2024 Date of Expenditure	7. Amount \$ 719.71 Click for Memo Itemization Type	8. Cumulative for election \$ 719.71
☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser				

Subtotal this page

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 IN-KIND EXPENDITURES
SCHEDULE 4B-2

1. Committee I. D. Number B-2024-010

BALLOT QUESTION COMMITTEE

2. Committee Name CITIZENS FOR FISCAL RESPONSIBILITY

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 n Item 5)
Expenditure #1 Name & Address: Democrats for Ann Arbor 3340 FERNWOOD AVE. ANN ARBOR, MI 48108 Ballot Proposal: _____ ☐ Statewide ☒ Local County <u>Washtenaw</u>	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased ☐ Goods or Services Purchased - LOAN Description <u>Pizza</u> 5. DATE OF EXPENDITURE: <u>9/25/2024</u> 6. VENDOR NAME & ADDRESS: Little Caesars 1944 W Stadium Blvd Ann Arbor, MI 48103	\$ <u>19.15</u>	\$ <u>9.57</u>	\$ <u>9.57</u>
Click Here for Memo Itemization				
Expenditure #2 Name & Address: Democrats for Ann Arbor 3340 FERNWOOD AVE. ANN ARBOR, MI 48108 Ballot Proposal: _____ ☐ Statewide ☒ Local County <u>Washtenaw</u>	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased ☐ Goods or Services Purchased - LOAN Description <u>Tape</u> 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: Costco Wholesale 771 Airport Blvd Ann Arbor, MI 48103	\$ <u>42.38</u>	\$ <u>21.19</u>	\$ <u>30.76</u>
Click Here for Memo Itemization				
Expenditure #3 Name & Address: Ballot Proposal: _____ ☐ Statewide ☐ Local County _____	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: _____	\$ _____	\$ _____	\$ _____
Click Here for Memo Itemization				

Subtotal this Page		30.76
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)		
Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**FUND RAISER
SCHEDULE 4F
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2024-010
2. Committee Name CITIZENS FOR FISCAL RESPONSIBILITY

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/14/2024</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Dinner + Rally</u>	6. Address and Name (If any) of the place where the activity was held <u>Lowertown Cafe</u> <u>1031 Broadway St,</u> <u>Ann Arbor, MI 48105</u> ☐ Private Residence
---	---	---	--

7. Total Contributions \$ 10165.69

8. Other Receipts \$ 1100

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

10. Total Cost of Event \$ 11065.69

*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 (%)
Democrats for Ann Arbor	46% C4FR	50

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.

