

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSLAWRENCE KESTENBAUM
COUNTY CLERK / REGISTERBALLOT QUESTION COMMITTEE
COVER PAGEWASHTENAW COUNTY, MI
FILED 2026 JAN 16 PM 1:14
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: 5/15/2025 To 7/20/2025

1. Committee I.D. Number B-2026-001	4. Committee's Mailing Address 1405 Lutz Avenue Ann Arbor, MI 48103
2. Committee Name Respect Ann Arbor Parks	Area Code and Phone: 734-358-5275 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
Frank Wilhelme
1405 Lutz Avenue, Ann Arbor, MI 48103

Area Code and Phone

6. Treasurer's Business Address same	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) n/a
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Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE- ELECTION OR <input type="checkbox"/> POST- ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____ Date of Election: 8/5/2025	8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT 8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT (_____ Coverage Year)	8d: <input type="checkbox"/> 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. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	8f. <input checked="" type="checkbox"/> 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.
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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 **Frank Wilhelme**

Type or Print Name

Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2026-001

2. Committee Name Respect Ann Arbor Parks

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>59,873.12</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>59,873.12</u>	
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>59,873.12</u>	
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>910</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>910</u>	
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>34,396.55</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>34,396.55</u>	
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0</u>	
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>34,396.55</u>	
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0</u>	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>59,873.12</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>59,873.12</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>34,396.55</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>25,476.57</u>	*

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2026-001
2. Committee Name Respect Ann Arbor Parks

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: Library Green Conservancy P.O. Box 7848 Ann Arbor, MI 48107	4. Date of Receipt <u>5/15/2025</u>	\$ <u>59,873.1</u>	\$ <u>59,873.12</u>
Click Here for Memo Itemization			
5. If over \$100.00 cumulative, please provide: Occupation <u>n/a</u> Employer <u>n/a</u> Business Address <u>1405 Lutz Ave., Ann Arbor, MI 48103</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____	Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____	Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____	Click Here for Memo Itemization	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt _____ \$ _____ \$ _____	Click Here for Memo Itemization	

Page Subtotal 59,873.12

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

59,873.12

Enter this total
on line 3a of
Summary
Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B-2026-001

2. Committee Name Respect Ann Arbor Parks

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: City Printing Company, Inc. P.O. Box 9803333 Ypsilanti, MI 48198-0333	4. Purpose: printing mailers	<u>6/16/2</u>	<u>\$ 5,468.00</u>	<u>\$ 5,468.0</u>
	5. Ballot Proposal: Props A and B			<u>Date of Expenditure</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local			
Expenditure # 2 Name & Address: Unit Packaging Co. 119 Enterprise Drive Ann Arbor, MI 48103	4. Purpose: labeling and mailing	<u>6/25/2</u>	<u>\$ 5174.29</u>	<u>\$ 5,174.2</u>
	5. Ballot Proposal: Props A & B			<u>Date of Expenditure</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local			
Expenditure # 3 Name & Address: City Printing Company, Inc. P.O. Box 9803333 Ypsilanti, MI 48198-0333	4. Purpose: printing mailers	<u>7/18/2</u>	<u>\$ 5,468.00</u>	<u>\$ 10,936</u>
	5. Ballot Proposal: Props A & B			<u>Date of Expenditure</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local			
Expenditure # 4 Name & Address: Unit Packaging Co. 119 Enterprise Drive Ann Arbor, MI 48103	4. Purpose: labeling and mailing	<u>7/16/2</u>	<u>\$ 8,503.16</u>	<u>\$ 13,677.3</u>
	5. Ballot Proposal: Props A & B			<u>Date of Expenditure</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u>	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local			

Subtotal this page

24,613.45

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

Enter this total
on Line 8a of
the Summary
Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

B-2026-001

1. Committee I. D. Number 2020-001

BALLOT QUESTION COMMITTEE

2. Committee Name Respect Ann Arbor Parks

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: Dollar Bill Printing 3768 Plaza Drive Ann Arbor, MI. 48108				
4. Purpose: graphic design				
5. Ballot Proposal: Props A & B				
7/14/2 \$ 37.10 \$ 37.10 Date of Expenditure				
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement				
<input type="checkbox"/> Fund Raiser				
Expenditure # 2 Name & Address: Johnson Hill Land Ethics Studio 412 Longshore Drive Ann Arbor, MI 48105				
4. Purpose: massing study				
5. Ballot Proposal: Props A & B				
6/5/25 \$ 2,700 \$ 2,700 Date of Expenditure				
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement				
<input type="checkbox"/> Fund Raiser				
Expenditure # 3 Name & Address: Ann Arbor Observer P.O. Boz 1187 Ann Arbor, MI 48106				
4. Purpose: display advertisements				
5. Ballot Proposal: Props A & B				
7/18/2 \$ 7,046 \$ 7,046 Date of Expenditure				
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement				
<input type="checkbox"/> Fund Raiser				
Expenditure # 4 Name & Address:				
4. Purpose: <hr/>				
5. Ballot Proposal: <hr/>				
_____ Date of Expenditure				
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement				
<input type="checkbox"/> Fund Raiser				
County: <u>Washtenaw</u>				
Click for Memo Itemization Type <input checked="" type="checkbox"/>				
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
<input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local				

Subtotal this page 9,783.10

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

Enter this total

Enter this total

Enter this total
on Line 8a of
the Summary
Page



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

1. Committee I. D. Number B-2026-001

2. Committee Name Respect Ann Arbor Parks

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: Kitty Kahn 515 Krause Street Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation retired Employer Name & Address: retired	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>buttons and yard signs</u> 5. DATE OF RECEIPT: <u>May 15, 2025</u>	\$ <u>210</u>	\$ <u>210</u>
	6. VENDOR NAME & ADDRESS:	Click Here for Memo Itemization Type	
<input type="checkbox"/> Fund Raiser			
Contribution #2 Name & Address: Susan Cybulski 112 Kenwood Avenue Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation graphic design Employer Name & Address: self	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>graphic design</u> 5. DATE OF RECEIPT: <u>June 2025</u>	\$ <u>700</u>	\$ <u>700</u>
<input type="checkbox"/> Fund Raiser			
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser			

Page Subtotal

\$910

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

\$910

Enter this total on
line 6a of
Summary Page