



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

LAWRENCE KESTENBAUM
COUNTY CLERK / REGISTER

**BALLOT QUESTION COMMITTEE
COVER PAGE**

WASHTENAW COUNTY, MI
FILED 2026 JAN 18 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

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☒ PRE- ELECTION
OR

☐ POST- ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ SCHOOL

☒ SPECIAL

☐ OTHER: _____

Date of Election:

8/5/2025

8b.

☐ FEBRUARY STATEMENT

☐ APRIL STATEMENT

☐ JULY STATEMENT

☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

(_____ Coverage Year)

8d:

☐ Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. ☐ DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

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

3. Contributions
a. Itemized Contributions (Schedule 4A, Column 6)

Column I
This Period
(3a.) \$ 59,873.12

b. Unitemized Contributions
(less than \$20.01 - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 59,873.12

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$ 0

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3 c + Line 4)

(5.) \$ 59,873.12

Column II
Cumulative for Election Cycle

(18.) \$ 59,873.12

(19.) \$ 0

(20.) \$ 59,873.12

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions
a. Itemized In-Kind Contributions
(Schedule 4-IK, Column 7)

(6a.) \$ 910

b. Unitemized (less than \$20.01 each - no Schedule)

(6b.) \$ NOT APPLICABLE

7. **TOTAL IN-KIND CONTRIBUTIONS**
(Add Line 6a + Line 6b)

(7.) \$ 910

(21.) \$ 910

EXPENDITURES

8. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(8a.) \$ 34,396.55

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(8b.) \$ 0

c. In-Kind Expenditures - Purchase of Goods or Services
(Schedule 4B-2, Column 7)

(8c.) \$ 0

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(8d.) \$ 0

e. Subtotal of Expenditures

(8e.) \$ 34,396.55

(22.) \$ 34,396.55

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ 0

(23.) \$ 0

10. **TOTAL EXPENDITURES** (Add Line 8e + Line 9)

(10.) \$ 34,396.55

(24.) \$ 0

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ 0

(25.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 4E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 0

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 59,873.12

15. **SUBTOTAL** Add lines 13 and 14

(15.) = 59,873.12

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - 34,396.55

17. **ENDING BALANCE**
(Subtract line 16 from line 15)

(17.) \$ 25,476.57 *

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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>
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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address:		4. Date of Receipt	\$ \$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:		4. Date of Receipt	\$ \$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:		4. Date of Receipt	\$ \$
5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		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: <u>printing mailers</u> 5. Ballot Proposal: <u>Props A and B</u>	6/16/2 Date of Expenditure	\$ 5,468.00	\$ 5,468.0
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 2				
Name & Address: Unit Packaging Co. 119 Enterprise Drive Ann Arbor, MI 48103	4. Purpose: <u>labeling and mailing</u> 5. Ballot Proposal: <u>Props A & B</u>	6/25/2 Date of Expenditure	\$ 5174.29	\$ 5,174.2
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 3				
Name & Address: City Printing Company, Inc. P.O. Box 9803333 Ypsilanti, MI 48198-0333	4. Purpose: <u>printing mailers</u> 5. Ballot Proposal: <u>Props A & B</u>	7/18/2 Date of Expenditure	\$ 5,468.00	\$ 10,936
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				
Expenditure # 4				
Name & Address: Unit Packaging Co. 119 Enterprise Drive Ann Arbor, MI 48103	4. Purpose: <u>labeling and mailing</u> 5. Ballot Proposal: <u>Props A & B</u>	7/16/2 Date of Expenditure	\$ 8,503.16	\$ 13,677.3
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
<input type="checkbox"/> Fund Raiser				

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

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

34,396.55

Enter this total
on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

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 <u>retired</u> Employer Name & Address: <u>retired</u> <input type="checkbox"/> Fund Raiser	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> 6. VENDOR NAME & ADDRESS:	\$ <u>210</u>	\$ <u>210</u>
Contribution #2 Name & Address: Susan Cybulski 112 Kenwood Avenue Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation <u>graphic design</u> Employer Name & Address: <u>self</u> <input type="checkbox"/> Fund Raiser	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> 6. VENDOR NAME & ADDRESS:	\$ <u>700</u>	\$ <u>700</u>
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	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 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:	\$	\$

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