Todd Schmitz
Deputy Clerk

Carmella Sabaugh
Macomb County
Clerk/Register of Deeds

Betty A. Oleksik
Deputy Register of Deeds

August 8, 2006

Citizens For A Safe Community
22425 15-Mile Road
Clinton Twp., MI 48035

Dear Committee:

Thank you for your inquiry regarding dissolving Committee #137371 – Citizens For A Safe Community.

In order for us to determine if your committee is eligible for dissolution, all past due campaign statements must first be filed. In addition, all late fees must be addressed. As you know, your committee has a balance due of $500.00 for a late fee assessed for the 2005 Annual Statement (copy of late fee notice enclosed). You may use the enclosed Campaign Finance Fee Payment Fax Sheet to pay it by credit card.

The following statements need not be filed at the same time as payment is made, but should be done as soon as possible. All of them may be filed by fax, (586) 469-6927, if more convenient for you.

- ~ 2005 Annual Statement
- ~ 2004 Annual Statement
- ~ 2004 Post-Primary Error & Omission Response
- ~ 2004 Pre-Primary Error & Omission Response
- ~ Miscellaneous Filing Error & Omission Response

A copy of all Notices and corresponding statement pages are enclosed.

To request dissolution, the box next to item #9e should be checked on the Cover Page of the latest statement submitted. If your committee does not qualify for dissolution, you will be notified in writing.

Clerk's Office
40 N. Main St.
Mount Clemens, MI 48043
586-469-5120
Fax: 586-783-8184
http://www.macombcountymi.gov/clerksoffice
clerksoffice@macombcountymi.gov

Fax-on-Demand
Michigan: 1-888-99-CLERK
Out-of-State: 310-575-5035

Register of Deeds
10 N. Main St.
Mount Clemens, MI 48043
586-469-5175
Fax: 586-469-5130
http://www.macombcountymi.gov/registerdeeds
registerdeeds@macombcountymi.gov

If you have any questions about this information, please feel free to contact Susan in the Elections Dept. of my office at (586) 469-5209. Thank you.

Yours truly,

Carmella Sabaugh
Macomb County Clerk/Register of Deeds

Michigan Department of State
Bureau of Elections

CAMPAIGN FINANCE
NOTICE OF LATE FILING FEE DUE

MACOMB COUNTY

ID # 137371

Date 03/01/2006

CITIZENS FOR A SAFE COMMUNITY
22425 15 MILE RD
CLINTON TWP., MI 48035

Please be advised that this office is assessing the above named committee a late filing fee for the late filing of the following Statement:

Statement	Due Date	Date Received
Annual Statement - 2005	**01/31/2006**	**NOT RECEIVED**

The late fee is assessed in accordance with MCL 169.235(3), in the amount of **$500.00**.

A copy of the governing provision of law is attached. Make your check payable to **MACOMB COUNTY CLERK** and forward it to this office. (See office address listed below.)

If you have questions, contact us immediately.

Sincerely,

CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043

This form for County Clerk use only.

MACOMB COUNTY ELECTIONS DEPARTMENT
CAMPAIGN FINANCE FEE PAYMENT FAX SHEET

FAX THIS FORM TO ELECTIONS AT 586-469-6927

Name of Committee: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ E-mail: _____

Document(s) payment is for: _____

_____

I authorize the Macomb County Elections Department to charge my credit card up to $_____.00 for Campaign Finance Fees owed by the committee stated above.

PAYMENT INFORMATION

Type of credit card being used:

- ☐ Visa
- ☐ MasterCard
- ☐ American Express
- ☐ Discover

Cardholder name (please print):

_____

Cardholder signature (REQUIRED):

_____

Date: _____

Credit card number:

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration date:

_ _ / _ _

FORM CAN ALSO BE MAILED TO:
Macomb County Clerk
Election Department
40 North Main Street
Mount Clemens, MI 48043

For copies of this form or other forms call:
888-99-CLERK (888-992-5375)
Out of Michigan call: 310-575-5035
This form is document #6720
A complete listing of forms is document #1
For help completing this form call
586-469-5209

You may view outstanding Campaign Finance balances at http://campaignfinance.macombcountymi.gov/

FAX THIS FORM TO: 586-469-6927

The County Clerk's Office copy of this form will be destroyed after processing.

Michigan Department of State
Bureau of Elections

CAMPAIGN FINANCE
NOTICE OF FAILURE TO FILE

MACOMB COUNTY

ID # 137371

Date 02/01/2006

CITIZENS FOR A SAFE COMMUNITY
22425 15 MILE RD
CLINTON TWP., MI 48035

Please be advised that our records indicate that you have not filed the following Statement as required under MCL 169.235(1):

Statement	Due Date
Annual Statement - 2005	**01/31/2006**

Please send the required Statement to the address listed below. If a required filing is not received in this office within 9 days of the due date, we are required to refer the matter to the Prosecuting Attorney. In addition, please be advised that late filing fees accrue at $25.00 per business day (not to exceed $500.00), as long as the statement remains unfiled.

If you have questions, feel free to contact us at (586) 469-5209.

Sincerely,

CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043

This form for County Clerk use only.
Authority granted under P.A. 388 of 1976.

Michigan Department of State
Bureau of Elections

CAMPAIGN FINANCE
NOTICE OF ERROR OR OMISSION

MACOMB COUNTY

ID # 137371

Date 11/21/2005

CITIZENS FOR A SAFE COMMUNITY
22425 15 MILE RD
CLINTON TWP., MI 48035

Please be advised that one or more apparent errors or omissions were found in a review of the following Statment filed by your committee:

Miscellaneous Filing

Statement

A description of the apparent error(s) or omission(s) is attached. Please review the description and make the necessary corrections in an amendment to the above Statement. The amendment to the Statement is due in this office no later than December 5, 2005. (See office address listed below.)

If we do not receive a response to this notice by the above due date, MCL 169.216(8) requires this office to refer the matter to the Prosecuting Attorney.

If you have questions, contact us immediately.

Sincerely,

CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043

This form for County Clerk use only.

Errors / Omissions:

A negative beginning balance has been reported. There should be no circumstances when the beginning balance would appear as a negative number.

Error and Omission Notices were previously sent regarding the ending balances of your Pre-Primary and Post-Primary camapaign statements. If those balances change, it will affect the beginning and ending balances of this statement. Please clarify.

THE COMMITTEE CANNOT BE DISSOLVED, AS REQUESTED, UNTIL ALL ERROR OR OMISSION NOTICES, (INCLUDING THIS ONE), ANY LATE FILING FEES, AND/OR PAST DUE CAMPAIGN STATEMENTS HAVE BEEN ADDRESSED. PLEASE KEEP IN MIND THAT UNTIL THAT HAPPENS, YOUR COMMITTEE IS RESPONSIBLE TO FILE ALL APPLICABLE CAMPAIGN FINANCE STATEMENTS DUE.

Please amend your statement accordingly and forward to us by December 5, 2005.

WHEN FILING AN AMENDED CAMPAIGN STATEMENT, PLEASE INCLUDE A COMPLETED COVER PAGE, INDICATING THAT THE CAMPAIGN STATEMENT IS BEING AMENDED, WITH APPROPRIATE SIGNATURE(S). ONLY THOSE PAGES BEING AMENDED NEED TO BE SUBMITTED WITH THE COVER PAGE.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 NOV -7 AM 10: 06
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 8-24-04 (Mo Day Year) To 11-01-04 (Mo Day Year)

1. Committee I.D. Number: 137371

2. Committee Name: CITIZENS FOR A SAFE COMMUNITY

4. Committee's Mailing Address: 22425 15 MILE RD, CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288

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: THOMAS TIGNANELLI, 38666 MORIVIAN, CLINTON TWP, MI 48036

Area Code and Phone (586) 783-5090

6. Treasurer's Business Address: 22425 15 MILE RD., CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper): MICHAEL EMMI, 18765 RIVER POINTE, CLINTON TWP, MI 48038

Area Code and Phone (586) 228-8307

8. TYPE OF STATEMENT:

8a. ☐ PRE- ELECTION

OR

8b. ☒ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☒ PRIMARY ☐ GENERAL

☐ SCHOOL ☐ SPECIAL

Date of Election: AUG. 3, 2004 (Month Day Year)

8c. ☐ ANNUAL STATEMENT (____ Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification: ____ (Month Day Year)

8e. ☐ AMENDMENT TO CAMPAIGN STATEMENT

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

8f. ☒ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution: 11 01 04 (Month Day Year)

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: THOMAS TIGNANELLI (Type or Print Name) [signature] (Signature) Date 11 3 (Month Day) Year 2005

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 13737

2. Committee Name Citizens For A Safe Community

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Itemized Contributions(Schedule 4A, Column 6)	(3.) $ 1,348.54	(18.) $
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $ Ø	(19.) $
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3 c + Line 4)	(5.) $ 1,348.54	(20.) $
IN-KIND CONTRIBUTIONS		
6. Itemized In-Kind Contributions	(6.) $ Ø	(21.) $
EXPENDITURES		
7. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(7a.) $ Ø	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(7b.) $ Ø	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(7c.) $ Ø	
d. Unitemized Expenditures ($50.00 or less-no Schedule)	(7d.) $ Ø	
8. Subtotal of Expenditures	(8.) $ Ø	(22.) $
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) $ Ø	(23.) $
10. **TOTAL EXPENDITURES** (Add Line 8 + Line 9)	(10.) $ Ø	(24.) $
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) $ Ø	(25.) $
DEBTS AND OBLIGATIONS		
12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)$ 1348.54	
b. Owed to the Committee (Schedule 4E)	(12b.) $ Ø	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ -1348.54
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 1,348.54
15. SUBTOTAL Add lines 13 and 14	(15.) = Ø
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - Ø
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ Ø *

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

Michigan Department of State
Bureau of Elections

CAMPAIGN FINANCE
NOTICE OF ERROR OR OMISSION

MACOMB COUNTY

ID # 137371

Date 11/18/2005

CITIZENS FOR A SAFE COMMUNITY
22425 15 MILE RD
CLINTON TWP., MI 48035

Please be advised that one or more apparent errors or omissions were found in a review of the following Statment filed by your committee:

Pre-Primary - 08/03/04 Election

Statement

A description of the apparent error(s) or omission(s) is attached. Please review the description and make the necessary corrections in an amendment to the above Statement. The amendment to the Statement is due in this office no later than December 2, 2005. (See office address listed below.)

If we do not receive a response to this notice by the above due date, MCL 169.216(8) requires this office to refer the matter to the Prosecuting Attorney.

If you have questions, contact us immediately.

Sincerely,

CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043

This form for County Clerk use only.

Summary Page:

When added together, total contributions do not equal $18,558.61 as reported. Please clarify.

Cumulative information (Column II) should be provided.

Schedule 4A - Itemized Contributions:

Cumulative information (item #7) should be provided.

Please clarify contribution amount from Tubby Sub Shops, Inc; ($100.00 or $600.00?)

Complete addresses, (including street number, street name, city, and state), are required for all contributors.

Date of Receipt is required for Local Union 412, K. Meltzer, R. Hertel, J. Hall, S. Bowe, all contributors on pg 46, and G&L Custom Exh. Brakes

Occupation, Employer, and/or Business Address must be provided for C. Dorian, S. Miisiolek, and E. Hornung

Please provide a first name for K. Brusate and Pyle

Only one name should appear per contribution. Please specify the individual responsible for Contribution #2 on pg 54, Devan & Steven Humes, Contribution #2 on pg 74, John & Sarah Aird, and Contribution #1 on pg 77, Roger & Alice Steiner. (If a joint contribution is received on a single check, each contributors name and amount must appear as a separate entry.)

Schedule 4B - Itemized Expenditures:

Cumulative information should be provided (item #8)

Please amend your statement accordingly and forward to us by December 2, 2005.

WHEN FILING AN AMENDED CAMPAIGN STATEMENT, PLEASE INCLUDE A COMPLETED COVER PAGE, INDICATING THAT THE CAMPAIGN STATEMENT IS BEING AMENDED, WITH APPROPRIATE SIGNATURE(S). ONLY THOSE PAGES BEING AMENDED NEED TO BE SUBMITTED WITH THE COVER PAGE.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 NOV -7 AM 10:06
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 4-12-04 (Mo Day Year) To 7-18-04 (Mo Day Year)

1. Committee I.D. Number: 13737

2. Committee Name: CITIZENS FOR A SAFE COMMUNITY

4. Committee's Mailing Address: 22425 15 MILE RD CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288

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: THOMAS TIGNANELLI 38666 MORIVIAN CLINTON TWP, 48036

Area Code and Phone (586) 783-5090

6. Treasurer's Business Address: 22425 15 MILE RD CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper): MICHAEL EMM 18765 RIVER POINTE CLINTON TWP, MI 48038

Area Code and Phone (586) 228-8307

8. TYPE OF STATEMENT:

8a. ☒ PRE- ELECTION

OR

8b. ☐ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☒ PRIMARY ☐ GENERAL

☐ SCHOOL ☐ SPECIAL

Date of Election: AUG. 3, 2004 (Month Day Year)

8c. ☐ ANNUAL STATEMENT (____ Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification: ____ (Month Day Year)

8e. ☐ AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution ____ (Month Day Year)

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: THOMAS TIGNANELLI (Type or Print Name) [signature] (Signature) Date 11 3 (Month Day)

Year 05

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 13737
2. Committee Name Citizens For A Safe Community

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Itemized Contributions(Schedule 4A, Column 6)	(3.) $ 18,558.61	(18.) $
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $	(19.) $
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3 c + Line 4)	(5.) $ 18,558.61	(20.) $
IN-KIND CONTRIBUTIONS		
6. Itemized In-Kind Contributions	(6.) $ 0	(21.) $
EXPENDITURES		
7. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(7a.) $ 10,930.95	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(7b.) $ 0	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(7c.) $ 0	
d. Unitemized Expenditures ($50.00 or less-no Schedule)	(7d.) $ 0	
8. Subtotal of Expenditures	(8.) $	(22.) $
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) $ 10,930.95	(23.) $
10. **TOTAL EXPENDITURES** (Add Line 8 + Line 9)	(10.) $ 10,930.95	(24.) $
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) $ 0	(25.) $
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.) + 18,558.61
15. SUBTOTAL Add lines 13 and 14	(15.) = 18,558.61
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 10,930.95
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 7,627.66 *

***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 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 4-22-04 Name: GARY J FRANEY Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation POLICE Employer CLINTON TWP Business Address 37985 GROESBECK Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$20	
3. Contribution # 2 4. Date of Receipt 4-22-04 Name: DOUGLAS MILLS Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation POLICE Employer CLINTON TWP Business Address 37985 M-97 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$20	
3. Contribution # 3 4. Date of Receipt 4-22-04 Name: THOMAS WHITE Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$20	
3. Contribution # 4 4. Date of Receipt 4-22-04 Name: FRED ROSKVETZ Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$20	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	$80	

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 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 4-28-04 Name: Richard Maierle Address: ~~37985 Greenbeck~~ 16974 Maryweed Dr. Macomb, MI 48042 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20	
3. Contribution # 2 4. Date of Receipt 5-21-04 Name: William Birdseye Address: 27056 Joy Blvd Redford MI 5. If over $100.00 cumulative, please provide: Occupation P.O.A.M Union Employer P.O.A.M Business Address 27056 Joy Rd. Redford MI Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	300	Ticker 391 440
3. Contribution # 3 Local Union 412 4. Date of Receipt _____ Name: Address: 2005 Tobsal Court Warren MI. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$77	Ticker 371 381
3. Contribution # 4 4. Date of Receipt _____ Name: Kim Meltzer Address: 20585 Leelanau 5. If over $100.00 cumulative, please provide: Occupation Trustee Employer Clinton Twp Business Address 40700 Romeo Plank Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$120.00	20 tickets for seniors
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	517.00	

Enter this total on line 3a of Summary Page

Page 2-88

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-28-04 Name: Douglas R. Mills Address: 53086 Michael Dr. Chesterfield Mich 48047 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	35.00	5 tickets
3. Contribution # 2 4. Date of Receipt 6-28-04 Name: Richard Vettraino - Elite Trauma Clean up Address: Gratiot - Clinton Township 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$70.00	10 tickets
3. Contribution # 3 4. Date of Receipt 6-28-04 Name: Richard Vettraino Address: 43686 M-3, Clinton Twp. MI. 48038 5. If over $100.00 cumulative, please provide: Occupation OWNER OF ELITE TRAUMA Employer ____ Business Address 43686 M-3, Clinton Twp. MI. Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	130.00 Donation	130 Donation
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Bruce Wade Address: 43557 Hillsboro, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	0556 0557
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	249	

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 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 4-28-04 Name: Leo Melise Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	6656 6657
3. Contribution # 2 4. Date of Receipt 4-28-04 Name: P.O.A.M PAC Address: 27056 Joy Rd Redford, MI 48239 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	300.00	
3. Contribution # 3 4. Date of Receipt 4-29-04 Name: S/S Company Bank Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70.00	
3. Contribution # 4 4. Date of Receipt _____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		

Page Subtotal) 384.00
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 5/27/04 Name: JAMES FOWLER — MONEY ORDER 7861404 Address: 42189 LOCHMOOR CLINTON TOWNSHIP MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$70.00	
3. Contribution # 2 — 4. Date of Receipt 6/14/04 Name: Frank Bednard Address: Macomb County Sheriff's Office — Cash 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$15.00	
3. Contribution # 3 — 4. Date of Receipt 6/14/04 Name: Diane Bowles — Cash Address: 19107 Killeen Clinton Township 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 4 — 4. Date of Receipt 6/28/04 Name: Adrienne Baitinger — check 452 Address: 46515 Valley Court Macomb 48044 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$21.00	
/FROM ADRIENNE BAITINGER — Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	$120.00	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 5-27-04 Name: JEFF BARBORA Address: 37985 GROESBECK CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 2 4. Date of Receipt 5-27-04 Name: KAREN BARBORA Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7.00	
3. Contribution # 3 4. Date of Receipt ____ Name: Address: 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 4. Date of Receipt ____ Name: Address: 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)	$21.00	

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Ron Fisher

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-4-04 Name: Robert Wirsing Address: 36692 Suffolk 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	
3. Contribution # 2 4. Date of Receipt 6-4-04 Name: Michell Ritter Address: 47380 Freedom Valley 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	
3. Contribution # 3 4. Date of Receipt 6-5-04 Name: Karen Hessler Address: 61460 Glenwood Trail, Washington MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	
3. Contribution # 4 4. Date of Receipt 6-11-04 Name: James Jeffries Address: 16864 Paul Revere, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	56	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-8-04 Name: DENNIS TOMLINSON for CLINTON TWP. CLERK COMM. Address: 39267 Sunderland CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	55	
3. Contribution # 2 4. Date of Receipt 6-8-04 Name: Alexander ERNST Address: 22317 HARRIS, Macomb Twp. MI 48044 5. If over $100.00 cumulative, please provide: Occupation Chief of Police Employer Clinton Twp. Business Address 37985 M-97 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	270	
3. Contribution # 3 4. Date of Receipt 6-8-04 Name: G & L Custom Exhaust & Brakes Address: 36300 Gratiot, Ste. B Clin. Twp, MI 48035 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	35.00	
3. Contribution # 4 4. Date of Receipt _____ Name: Address: 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)	325	

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Jeff Brooks

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-8-04 Name: AL ROVIO Address: 24368 CROCKER 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00 CASH	
3. Contribution # 2 4. Date of Receipt 6-9-04 Name: CHRIS ALLIS Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$7.00 CASH	
3. Contribution # 3 4. Date of Receipt 6-9-04 Name: DEBBIE CONNOR Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation POLICE DISPATCHER Employer CLINTON TWP POLICE Business Address 37985 GROESBECK Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$35.00 CHECK	
3. Contribution # 4 4. Date of Receipt 6-9-04 Name: JEFF BROOKS Address: 37985 GROESBECK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00 CASH	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	70.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-10-04 Name: SUSAN WESTLAKE Address: 37314 CHARTER OAKS CLIN. TWP, MI 48036 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	100.00	
3. Contribution # 2 4. Date of Receipt 6-10-04 Name: CAROLYN DORIAN Address: 156 CROAK CT. BLOOMFIELD HILLS, MI 48304 5. If over $100.00 cumulative, please provide: Occupation VP Employer DORIAN FORD Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	200.00	
3. Contribution # 3 4. Date of Receipt 6-10-04 Name: SMMI ENTERPRISES, INC Address: 18765 RIVER POINTE DR. CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	100.00	
3. Contribution # 4 4. Date of Receipt 6-15-04 Name: RONALD A. DIBARTOLOMEO Address: 44280 MANITOU CLIN. TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation COURT REPORTER Employer U.S. DISTRICT COURT Business Address 231 W. LAFAYETTE, RM. 235 DET, 48226 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	100.00	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	500.00	

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Sheila

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-11-04 Name: LAURENCE PEPPLER Address: 66 MARKET ST. MT. CLEMENS. 5. If over $100.00 cumulative, please provide: Occupation ATTY Employer SELF Business Address SAME Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 2 4. Date of Receipt 6-25-04. Name: SHEILA SCHADYER Address: 46122 EDGEWATER, CHESTERFIELD. 5. If over $100.00 cumulative, please provide: Occupation PADB. Employer 41-B COURT Business Address 40700 ADMED PLANK. Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$126.00	
3. Contribution # 3 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	140	

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Gary Adamek

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6/15/04 Name: TONY BABBIE Address: 3784 NOWAK STERLING HEIGHTS MI. 48310 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6/26/04 Name: Nancy Hatherly Address: 40942 E Rosewood Clinton Twp MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	12.00	
3. Contribution # 3 4. Date of Receipt 6-26-04 Name: D.M. LuKas Address: 16110 Millar Rd. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	18.00	
3. Contribution # 4 4. Date of Receipt 6/29/04 Name: G. Antonelli Address: 16172 Terra Bella CT 48035 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	18	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	$62	

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RANDALL

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-12-04 Name: Sharon Gurney Address: 30560 Mary Francis Ct. Chesterfield Twp MI 48051 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	13.00	
3. Contribution # 2 4. Date of Receipt 6-12-04 Name: Anna Mary Wickenden Address: 31200 Schoenherr, Warren, MI 48093 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	12.00	
3. Contribution # 3 4. Date of Receipt 6-12-04 Name: William Ardvino Address: 19841, Woodview, Clinton Twp. MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	21.00	
3. Contribution # 4 4. Date of Receipt 6-16-04 Name: Flora LaDoucer Address: 33570 Morrison, Sterling Hts MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$6.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	52	

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Tom Scherer

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. [redacted]	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 — 4. Date of Receipt 6-15-04 Name: Bucholz, Terry Address: 38414 Amherst Clinton Twp MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 2 — 4. Date of Receipt 6-15-04 Name: Nowak, Ronald Address: 38845 Parkway Circle Harrison Twp MI 48045 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	12.	
3. Contribution # 3 — 4. Date of Receipt 6-16-04 Name: D'Alessandro, Tom Address: 41809 Severini Clinton Twp, MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	12.	
3. Contribution # 4 — 4. Date of Receipt 6-16-04 Name: Dryer, Lorrie Address: 16989 Heather Lane Clinton Twp MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	42.	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-17-04 Name: Safie, Steve Address: 29920 Maison, Macomb, MI 48042 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.	
3. Contribution # 2 4. Date of Receipt 6-18-04 Name: Rush, James Address: 29226 Legton Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.	
3. Contribution # 3 4. Date of Receipt 6-17-04 Name: Obradovic, Alex Address: 8094 Kidder Almont, MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.	
3. Contribution # 4 4. Date of Receipt 6-18-04 Name: Doher, Ted Address: 16140 Chatham Clinton Twp, MI 48035 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	49.	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6/15 Name: Marimarie Vanover Address: 1212 Langley Cr. St Clair MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 2 4. Date of Receipt 6-17-04 Name: STANLEY MISIUK Address: 2535 ST. CLAIR RIVER DR. ALGONAC, MI 48001 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	140.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	147.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-15-04 Name: FRABOTTA, KEVIN, G. Address: 42755 BUCKINGHAM STERLING HTS MI 48313 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$70.00	
3. Contribution # 2 4. Date of Receipt 6-18-04 Name: KYLE KLINE Address: 37985 GROSBECK CLIN TWP, MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	~~70.00~~ 140.00	

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Posavetz / Bell

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6/16/04 Name: RICK ADLEN Address: 19758 Coleman Clinton Twp MI 48035 5. If over $100.00 cumulative, please provide: Occupation CONSTRUCTION Employer SELF Business Address SAME Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$100.00	
3. Contribution # 2 4. Date of Receipt 6/30/04 Name: Dawn Anton Address: CTPD 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	21.00	
3. Contribution # 3 4. Date of Receipt 6-18-04 Name: Tubby Sub Shops, Inc Address: 35807 Moravian Clin. Twp, MI 48035 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$100.00	
3. Contribution # 4 4. Date of Receipt Name: Address: 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)	121	

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OSTIN

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-16-04 Name: BRIAN F. CARROLL Address: 18254 MACKAY DR. MACOMB MI 48042 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$60.00	10 Senior tickets
3. Contribution # 2 4. Date of Receipt 6-10-04 Name: PAUL S. BROUWER Address: 19659 RICH DR. CLINTON TWP MI 48038 If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$55.00	
3. Contribution # 3 JACK LASHOWAY 4. Date of Receipt 6-8-04 Name: 16235 TOURAINE Address: CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	two tickets
3. Contribution # 4 4. Date of Receipt 6-8-04 Name: JAN OSTIN Address: 40700 ROMEO PLANK 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	Two tickets
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	176	total

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-10-04 Name: PAUL Robinson Address: 40700 Romeo PLANK 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	Two tickets
3. Contribution # 2 4. Date of Receipt 6-10-04 Name: Sally McGowan Address: 40700 Romeo PLANK 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	12.00	Two tickets 1 kid ticket
3. Contribution # 3 4. Date of Receipt 6-10-04 Name: George Westerman Address: 40700 Romeo PLANK 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	One ticket
3. Contribution # 4 4. Date of Receipt 6-21-04 Name: DAVID KOPTZ Address: 8443 WESTWICK WASHINGTON, MI 48095 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	103.00	

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Tom Scherer

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6/18/04 Name: JAROL FURTON Address: 464 N. ESPLANADE, mt. clemens, MI 48043 5. If over $100.00 cumulative, please provide: Occupation DISPATCHER Employer RUSHLES Towing Business Address 205 N. GRATIOT Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	14.00
3. Contribution # 2 4. Date of Receipt 6/18/04 Name: LAURIE FURTON Address: 464 N. ESPLANADE, mt. clemens MI 48043 5. If over $100.00 cumulative, please provide: Occupation HOUSEWIFE Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	12.00	12.00
3. Contribution # 3 4. Date of Receipt 6/18/04 Name: DON HOSKIN Address: 23242 FOUNTAIN DR, CLINTON TWP 48036 5. If over $100.00 cumulative, please provide: Occupation TRUCK DRIVER Employer RUSHLES TOWING Business Address 205 N. GRATIOT, MT. CLEMENS MI 48043 Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	14.00
3. Contribution # 4 4. Date of Receipt 6/18/04 Name: THOMAS G. SCHERER Address: 24825 MABRAY 5. If over $100.00 cumulative, please provide: Occupation POLICE OFFICER Employer CLINTON TWP. P.D. Business Address 37985 GROESBECK CLINTON TWP, MI. 48036 Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	84.00	134.00
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	124.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-17-04 Name: MARY Rode Address: 37263 WOODSIDE CLIN. TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	35.00	
3. Contribution # 2 — 4. Date of Receipt 6-21-04 Name: Ernest Hoenung Address: 15663 STOCKTON CLINT TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation ATTY. Employer Wayne County Pros. Ofc. Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	120.00	
3. Contribution # 3 — 4. Date of Receipt ____ Name: Address: 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 — 4. Date of Receipt ____ Name: Address: 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)	155.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-18-04 Name: Judy Howard Address: 25300 Kelly Rd Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	
3. Contribution # 2 4. Date of Receipt 6/18/04 Name: Sharon Boyce Address: 25300 Kelly Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	
3. Contribution # 3 Connie Simmons 4. Date of Receipt 6/23/04 Name: Address: 25300 Kelly Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	
3. Contribution # 4 4. Date of Receipt 6-25-04 Name: Shannon VanSlambrouck Address: 27701 Clifford, Macomb MI 48044 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	~~49.00~~ 50.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-19-04 Name: Kelley, Chris Address: 39520 Prentis Harrison Twp MI 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.	
3. Contribution # 2 4. Date of Receipt 6-19-04 Name: Doher, Kathleen Address: 16140 Chatham Clinton Twp MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.	
3. Contribution # 3 4. Date of Receipt 6-20-04 Name: Saad, Robert Address: 38045 Mallast Harrison Twp. 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.	
3. Contribution # 4 4. Date of Receipt 6-19-04 Name: Saad, Robin Address: 19412 Porter Clinton Twp, MI 48035 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	49.	

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Dave Kuptz

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-21-04 Name: DAVID D. KUPTZ Address: 8443 PRESTWICK LANE WASHINGTON MI 48095 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 2 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	70 —	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-21-04 Name: Kesler, Valerie Address: 2 kids 1 adult 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	17.00	
3. Contribution # 2 4. Date of Receipt 6-21-04 Name: Genna, LISA Address: 27915 GRANT SCS, MI 48081 1 child 1 adult 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	12.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	29-	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-21-04 Name: JAMES HERTEL Address: 21280 ASCOT MACOMB, MI 48044 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 2 4. Date of Receipt 6-21-04 Name: JULI HERTEL Address: 21280 ASCOT MACOMB, MI 48044 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$12.00	
3. Contribution # 3 4. Date of Receipt 6-21-04 Name: AGNES HERTEL Address: 38571 RIVER PARK STERLING HTS, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 4 4. Date of Receipt _____ Name: ROBERT HERTEL Address: 38571 RIVER PARK STERLING HTS, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	54.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-21-04 Name: RYAN HERTEL Address: 38571 RIVER PARK STERLING HTS, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 2 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	14.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-22-04 Name: HOSEY, MARY ANN Address: 3970 N CENTURY OAK CIR OAKLAND TWP. MI 48363 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: MICHAEL LOVE Address: 1306 MAPLE ROCHESTER MI 48307 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	21	

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Steve Marschke

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-23-04 Name: EDWARD SZATNA Address: 16295 PICTON CT. 5. If over $100.00 cumulative, please provide: ALL CLIMATE HEATING Occupation HEATING & COOLING Employer SELF Business Address 16295 PICTON CT. CLINTON TWP. Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	104.00	
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	104.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 12.— 4. Date of Receipt 6/23/04 Name: WALTER KRASZEWSKI Address: 53527 SHERWOOD LANE, SHELBY TWP 48315 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$12.— CASH # 0681 0682	$12.—
3. Contribution # 2 7.— 4. Date of Receipt 6/23/04 Name: LINDA BOLOGNA Address: 29213 BOSTON, ST. CLAIR SHORES, MI 48081 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7.— CASH # 0683	$7.—
3. Contribution # 3 7.— 4. Date of Receipt 6/23/04 Name: JAN KIMBALL Address: 16500 MASONIC BLVD., FRASER, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7.— CASH # 0684	$7.—
3. Contribution # 4 6.— 4. Date of Receipt 6/23/04 Name: MAURINE EMMONS Address: 33531 FAIRWAY VISTA, NEW BALTIMORE, MI 48047 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$6.— CASH # 0685	$6.—
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	32.—	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6 — 4. Date of Receipt 6/23/04 Name: JOSEPHINE LATORRE Address: 24679 MANILA AVE., HARRISON TWP MI 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$6 — CASH # 0686	$6 —
3. Contribution # 2 7 — 4. Date of Receipt 6/23/04 Name: LOUIS GUILETTE, JR. Address: 655 HARRINGTON, MT CLEMENS, MI 48043 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7 — CASH # 1411	$7 —
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	13

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-23-04 Name: LORANGER, KEITH Address: 36694 MAPLELEAF NEW BALTIMORE, MI 48047 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$87.00	$87.00
3. Contribution # 2 4. Date of Receipt 6-23-04 Name: STACKPOOLE, DENNIS Address: 23815 WHITLEY CLINTON TWP, MI 48035 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7.00	$7.00
3. Contribution # 3 4. Date of Receipt 6-23-04 Name: BOYKO, HENRY Address: 17009 W. ELANOR CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7.00	$7.00
3. Contribution # 4 4. Date of Receipt 6-23-04 Name: HEFFINE, DENISE Address: 17009 W. ELANOR CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$12.00	$12.00
Page Subtotal	$113.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	$180.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-24-04 Name: SIERADZKI, CHRIS Address: 41221 WINDMILL DR HARRISON TWP, MI 48045 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$20.00	$20.00
3. Contribution # 2 4. Date of Receipt 6-24-04 Name: SIERADZKI, ED Address: 41221 WINDMILL DR HARRISON TWP, MI 48045 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$20.00	$20.00
3. Contribution # 3 4. Date of Receipt 6-24-04 Name: SIERADZKI, DEBBIE Address: 41221 WINDMILL DR HARRISON TWP, MI 48045 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$20.00	$20.00
3. Contribution # 4 4. Date of Receipt ____ Name: HALL, JIM Address: 37985 GROESBECK CLINTON TWP, MI 48036 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$7.00	$7.00
Page Subtotal)	$67.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

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Phil Roder

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6/23/04 Name: Adrien Bologna Address: 29213 Boston S.C.S. MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	19.00	
3. Contribution # 2 4. Date of Receipt 6/19/04 Name: Mary Kode Address: 37263 Woodside lane Clinton Twp MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	35.00	
3. Contribution # 3 4. Date of Receipt 6/22/04 Name: [illegible] Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	48.00	
3. Contribution # 4 4. Date of Receipt _____ Name: Scott Bowe Address: 15 N. Main Mt Clemens, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	21.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	123.00	

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Enter this total on line 3a of Summary Page

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Pag

Gene Jankowski

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-23-04 Name: MICHIGAN FLOORS Address: 43978 GRATIOT CLINTON TWP, MI 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: WALTER JANKOWSKI Address: 50328 AUGUST DR. MACOMB TWP, MI 48044 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	140.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-24-04 Name: PAT DOHRING Address: 42240 LOCHMOOR, CLINTON TWP MI 5. If over $100.00 cumulative, please provide: Occupation REALTOR Employer REMAX Business Address 42240 CLINTON TWP MI. Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$140.00	FOR 20 TICKETS TO DINNER 1931-1950
3. Contribution # 2 4. Date of Receipt 6-23-04 Name: WALTER S. BOGUS Address: 16151 ANDOVER CLIN TWP, MI 48035. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	12.00	
3. Contribution # 3 4. Date of Receipt ____ Name: Address: 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 4. Date of Receipt ____ Name: Address: 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)	152.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6/27/04 Name: Steve Jajjo Address: Utica Rd. Clinton Twp. 48036 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20.00	
3. Contribution # 2 4. Date of Receipt 6/27/04 Name: Phil Rude Address: 36097 Acton Clinton Twp. MI 48035 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	57.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	77	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-28-04 Name: AARON SUSATIA Address: NEW HAVEN P.D. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$17.00	
3. Contribution # 2 4. Date of Receipt 6-28-04 Name: MICHELLE TIMM Address: CTPD 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$17.00	
3. Contribution # 3 4. Date of Receipt 6-28-04 Name: PRESTON SUSATIA Address: CTPD 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$17.00	
3. Contribution # 4 4. Date of Receipt ____ Name: Address: 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)	$51.00	

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RANDALL

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-28-04 Name: Curt Randall Address: 42198 Maple Leaf Lane, Clinton Twp. MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$9.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Rita Randall Address: 27812 Roy St. Clair Shores, MI 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$19.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	28	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 6-28-04 Name: ANN SAHR Address: 22811 ULRICH, CLINTON 5. If over $100.00 cumulative, please provide: Occupation NUTRITION PLUS Employer Business Address 22811 ULRICH Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	70	581 590
3. Contribution # 2 4. Date of Receipt Name: ~~ANN SAHR~~ Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	70	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-28-2004 Name: Timothy Standish Address: 5848 St Clair Hwy, China MI 48054 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$68.00	$68.00
3. Contribution # 2 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	68.00	

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Nick Mixon

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Nick Mixon Address: 37985 Groesbeck 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20.00	
3. Contribution # 2 4. Date of Receipt 6-27-04 Name: Cheryl Bowers Address: 14301 Maisano, Sterling Hts. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20.00	
3. Contribution # 3 4. Date of Receipt 6-27-04 Name: Sandra Monfette Address: 12251 El Camino, Sterling Hts. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	18.00	
3. Contribution # 4 4. Date of Receipt 6-27-04 Name: Kelly Butham Lange Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	15.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	73.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-27-04 Name: Melissa Bowers Address: 14301 Marsano, Sterling Hts. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6-27-04 Name: Kevin Monfette Address: 12251 El Camino, Sterling Hts 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	13.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	$27.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-25-04 Name: UAW Address: 8000 EAST JEFFERSON, DETROIT MI 5. If over $100.00 cumulative, please provide: Occupation Clerk-Union Employer UAW Business Address 8000 E. JEFFERSON Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	140	~~Donation~~ Ticket
3. Contribution # 2 4. Date of Receipt 7-2-04 Name: JAMES RUTKOWSKI Address: 43148 SINNAMON DR. CLINTON TWP. MI 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	25	DONATION
3. Contribution # 3 4. Date of Receipt 6-30-04 Name: LYNN Adgett Address: 18643 Bittersweet, FRASER 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20	DONATION
3. Contribution # 4 4. Date of Receipt Name: Address: 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)	185	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 Name: Michele Slabaugh Address: 22215 Sunnydale S.C.S. MI 48081 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 2 4. Date of Receipt Name: Scott Slabaugh Address: 22215 Sunnydale S.C.S. MI 48081 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 3 4. Date of Receipt Name: Jeremy Slabaugh Address: 22215 Sunnydale S.C.S. MI 48081 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	5.00	
3. Contribution # 4 4. Date of Receipt Name: Ryan Slabaugh Address: 22215 Sunnydale S.C.S. MI 48081 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	5.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	24.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6·25·04 Name: Bill Rachwitz Address: 20001 Yale St. Clair Shores Mi 48081 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 2 — 4. Date of Receipt 6·25·04 Name: Lynn Rachwitz Address: 20001 Yale St. Clair Shores Mi 48081 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	14.00
3. Contribution # 3 — 4. Date of Receipt 6·25·04 Name: Megan Rachwitz Address: 20001 Yale St. Clair Shores Mi 48081 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 4 — 4. Date of Receipt 6·25·04 Name: Abbey Moore Address: 27868 Kaufman Roseville, Mi 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	14.00
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	~~$28~~	28.00

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Franey

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-26-04 Name: GARY FRANEY Address: 48103 GREENWAY DR MACOMB MI 48044 5. If over $100.00 cumulative, please provide: Occupation RETIRED CRAFT Employer CLINTON TWP VA Business Address 37985 GROESBECK CLINTON TWP. Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$130	
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	130.00	

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Ron Fisher

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Ron Fisher Address: 36072 Woodingham, Clinton Twp. MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	21.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Ron Fisher Address: 36072 Woodingham, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Ron DiBarletto Address: 44280 Marston, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 4 4. Date of Receipt ____ Name: Address: 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)	49.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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 6-29-04 Name: MARC RYBINSKI Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	0651 0652 14.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: SUE RYBINSKI Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$ 14.00	0653 0654
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: RYAN RYBINSKI (SON) Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$ 7.00	0655
3. Contribution # 4 4. Date of Receipt ____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
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Grand Total of All Schedules 4A (Complete on last page of Schedule)	35	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: DAN FUNKHOUSER Address: FIRE DEPT 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 2 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	7-	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: John Murphy Address: Fire Dept 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Lou Janitell Address: Fire Dept 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Randy Kramer Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Dan McGeary Address: Fire Dept 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	28-	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: AL Stockwell Address: Fire Dept. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Stu Mc Intosh Address: Fire Dept 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Rob. Kunko Address: Fire Dept. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Steve Domanski Address: Fire Dept 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7-	
Page Subtotal): Grand Total of All Schedules 4A (Complete on last page of Schedule)	28-	

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Enter this total on line 3a of Summary Page

Ann Sahr

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: K. Brusate Address: Thorton 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Humes (Devant+Steven) Address: Thorton 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	10.00	
3. Contribution # 3 4. Date of Receipt ____ Name: Address: 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 4. Date of Receipt ____ Name: Address: 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)	17.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: NORM GRALEWSKI Address: 41870 ANTOINETTE CT CLINTON TWP, MI 48038 5. If over $100.00 cumulative, please provide: Occupation POLICE OFFICER Employer TWP OF CLINTON Business Address 37985 GROESBECK CLINTON TWP, MI 48036 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	136	
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	136	

Enter this total on line 3a of Summary Page

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LINDA WALTER
PARK & REC'S

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: LINDA WALTER Address: 40700 R. PLANK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20-	
3. Contribution # 2 — 4. Date of Receipt 6-29-04 Name: MR. HEWSON Address: 40700 R. PLANK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20-	
3. Contribution # 3 — 4. Date of Receipt 6-29-04 Name: MR. PIZZO Address: 40700 R. PLANK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20-	
3. Contribution # 4 — 4. Date of Receipt 6-29-04 Name: FRANK PIZZO Address: 40700 R. PLANK 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	8-	
Page Subtotal:		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	68-	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: Anthony Greene Address: 37985 M97 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$70.-	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: David Solomon Address: 37985 M97 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$70.-	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	$140.-	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: CAROL DICHL Address: 17584 Koogler 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Nancy Rush Address: 15642 Lorway Dr. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer 41B Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Bob Castro Address: 11411 Forrer 5. If over $100.00 cumulative, please provide: Occupation _____ Employer 41B Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: judy southerland Address: 8920 messmore - shelby twp. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	7.00	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	35	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 Name: G&L Custom Exhaust Brakes Address: 36360 Grafton 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	35	
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	35	
Grand Total of All Schedules 4A (Complete on last page of Schedule)	35	

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MACKSOND

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: RAYMOND MACKSOND Address: 37985 GROESBECK, CLINTON TOWNSHIP 5. If over $100.00 cumulative, please provide: Occupation POLICE OFFICER Employer CLINTON TOWNSHIP Business Address 37985 GROESBECK, CLINTON TOWNSHIP Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	115	Ticket
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	115	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: ROBERTA DAVIS Address: 19581 BROADACRES CLIN TWP, MI 48035 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Brenda BOHMAN Address: 20121 WEBSTER CLIN TWP, MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: JARED BAKER Address: 19622 BROADACRES CLIN TWP, MI 48035 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: MONICA PZEOGER Address: 381 RIVARD GROSSE PTE, MI 48230 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	42.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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)
Tickets 74-77 3. Contribution # 1 4. Date of Receipt 6/29/04 Name: JAMES Safian Address: 43928 Rivergate Dr Clinton Twp 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	26.00	
Tickets 71-73 & 78-80 3. Contribution # 2 4. Date of Receipt 6/29/04 Name: Michael Deyak Address: 20244 Huron Dr Clinton Twp 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	
#61 3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Kevin Reilly Address: 1764 Anita Grosse Pointe Woods MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Michael Lopez Address: 1306 ~~Rochester~~ MAPLE, Rochester MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	80	

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Tom Tiganelli

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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 6-29-04 Name: Jason Davidson Address: 36427 Oakshire 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6-28-04 Name: Scott Dietz Address: 23199 Elmira 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 3 4. Date of Receipt 6-28-04 Name: Dawn Poterek Address: 41885 Cowan 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	56.00	
3. Contribution # 4 4. Date of Receipt ____ Name: Address: 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)	84-	

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63-88

matt berling

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Matt Berling Address: 37985 Groesbeck, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Dawn Berling Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Ken Mercer Address: 37985 Groesbeck, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Tom Hill Address: 37985 Groesbeck 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
	Page Subtotal:	
	Grand Total of All Schedules 4A (Complete on last page of Schedule)	56.00

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 ~~48538~~ 6-29-04 Name: Medstar Ambulance Address: 380 N. Gratiot, Clinton Twp MI 5. If over $100.00 cumulative, please provide: Occupation Ambulance Service Employer Medstar Business Address 380 N. Gratiot Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	300.00	
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	300.-	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29 Name: Kim Meltzer Address: 46390 Continental, Chesterfield 5. If over $100.00 cumulative, please provide: Occupation Machine Shop Employer CAMMAND Business Address 46390 Continental, Chesterfield Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	120-	711 730
3. Contribution # 2 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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 4. Date of Receipt Name: Address: 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)	120-	

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Matt Gerling

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Brad Beltham Address: Lange, Chesterfield 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 2 4. Date of Receipt 6-28-04 Name: Robert Steiner Address: 16611 Grullo, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$60	
3. Contribution # 3 4. Date of Receipt ____ Name: Address: 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 4. Date of Receipt ____ Name: Address: 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)	74.00	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: RICHARD MAIERLE Address: 16974 MARYWOOD MACOMB 48042 5. If over $100.00 cumulative, please provide: Occupation RETIRED Employer CLINTON TWP. Business Address 37985 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$50	check
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: MARCI MAIERLE Address: 16974 MARYWOOD MACOMB 48042 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	20	CASH
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: ROBERT MAIERLE Address: 16974 MARYWOOD MACOMB 48042 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	20	CASH
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: ALEXIS MAIERLE Address: 16974 MARYWOOD MACOMB 48042 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	10	CASH
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	100	

Enter this total on line 3a of Summary

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 — 4. Date of Receipt 6-29-04 Name: Rob Pyle Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20	Tickets
3. Contribution # 2 — 4. Date of Receipt 6-29-04 Name: Brandy Pyle Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20	Tickets
3. Contribution # 3 — 4. Date of Receipt 6-29-04 Name: Pyle Address: 37985 M-97 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	20	Tickets
3. Contribution # 4 — 4. Date of Receipt ____ Name: Address: 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)	60.	

Enter this total on line 3a of

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: Allen Verbrugge Address: 39184 Eastridge 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$60	10 Senior tickets
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: York, Dolan & Tomlinson PC. Address: 42850 Garfield, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation Twp. Attorney Employer Clinton Twp. Business Address 42850 Garfield Clinton Twp Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$500	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Barry Burnham, Alterwoods Group Address: 40 800 Hayes, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation Funeral Home Director Employer Resurrection Funeral Home Business Address 40 800 Hayes Clinton Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$500	
3. Contribution # 4 4. Date of Receipt _____ Name: Address: 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)	1060	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: LEE DECOR Address: 46039 CROWN, CHESTERFIELD TWP, MI 48051 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$70	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: NORMAN GRABOSKI Address: 41870 ANTOINETTE CT., CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation POLICE OFFICER Employer CLINTON TWP. P.D Business Address 37885 GROESBECK, CLINTON TWP. Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	136.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: SHEILA SCHROYER Address: 46122 EDGEWATER, CHESTERFIELD TWP 5. If over $100.00 cumulative, please provide: Occupation CLERK Employer 41ST DIST COURT Business Address 40700 ROMEO PLANK, CLINTON TWP. Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	126.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: WILLIAM RACHWITZ Address: 20801 YALE, ST. CLAIR SHORES 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14.00	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)	346	

Enter this total on line 3a of Summary Page

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Tom Tiganelli

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Mario Lavinio Address: 18341 Nardy, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Steven Kaczmarek Address: 37576 Charter Oaks, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Thomas White Address: 54645 Pelican Lane 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Ann Marie Sayer Address: 22811 Ulrich, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	17.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	257.	

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Ron Dibartolomeo

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Committee to Elect Morelli Address: P.O. Box 26605 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	41.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Carlo Santia Address: 35850 Monterey, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Todd Russi Address: 41696 Algonquin, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	33.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Margaret Rama Address: 37312 Moravian, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	25.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	169	

Enter this total on line 3a of Summary

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: HEATHER DAVIS Address: 48655 MICHAWENE DR, MACOMB, 48044 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$14	
3. Contribution # 2 — 4. Date of Receipt 6-28-04 Name: JOHN & SARAH AIRD Address: 40846 HIGHPOINTE, CLINT TWP, 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$20.00	
3. Contribution # 3 — 4. Date of Receipt 6-29-04 Name: STELLA SMITH Address: 39324 ELIOT, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70.00	
3. Contribution # 4 — 4. Date of Receipt 6-29-04 Name: HEATHER DAVIS Address: 117 LINDEN, ROYAL OAK, MI 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$14.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	118	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-29-04 Name: Norm Troppens Address: 20775 Balinski, Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70	check
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Norm Troppens Address: 20775 Balinski 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	CASH
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Vincent Collura Address: 37285 Gloesbeck, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	37.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: R & R Training, Dean Reynolds Address: 49 Macomb Place, Mt. Clemens 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$50.00	

Page Subtotal)
Grand Total of All Schedules 4A
(Complete on last page of Schedule) 184

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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 6-29-04 Name: STEVE MARSCHKE Address: 16287 PICTON CT. CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	1400	1528 1529 1530
3. Contribution # 2 — 4. Date of Receipt 6-28-04 Name: MS. STEVE MARSCHKE Address: 16287 PICTON CT, CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7	
3. Contribution # 3 — 4. Date of Receipt 6-29-04 Name: HENRY PAULSEN Address: 17370 CLINTON RIVER RD., CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	12.00	
3. Contribution # 4 — 4. Date of Receipt 6-29-04 Name: DAWN POTERUK Address: 41885 COULON, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	56.00	
Page Subtotal)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	89	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 60.— 4. Date of Receipt 6/29/04 Name: ROBERT & ALICE STEINER Address: 16611 GRILLO DR CLINTON TWP MI 48038 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$60.— CHECK TICKET NOS 0671 THRU 0680	$60.—
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: ANTHONY CREMONE Address: 20839 BELLEVIEW, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	70.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: DAVID SOLOMON Address: 13865 BLUE BERRY LANE, STERLING TWP. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	70.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: CARLA NATALE Address: 31610 GREEN MEADOW LANE, WARREN 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	7.00	
Page Subtotal	207	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: DAVID DEMLER JR Address: 45631 Heatherwoode Ln Macomb MI 48044 5. If over $100.00 cumulative, please provide: Occupation Police Sergeant Employer Clinton Twp PD Business Address 37985 Groesbeck Clinton Twp MI Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$70.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Abbey Moore Address: 27E68 Kaufman, Roseville 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	14.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: William Rackwitz Address: 20901 Yale, S.C.S. 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	24.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: Joseph Fiorito Address: 43421 Garfield, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	50	
Page Subtotal)	158	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Sue Westlake Address: 37314 Charter Oaks 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	70—	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: ERIC REINOKE Address: 46783 COVINGTON, MACOMB TWP. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	84.00	
3. Contribution # 3 4. Date of Receipt 6-28-04 Name: NEIL STAFFORD Address: 31501 THEODORE, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: JOSEPH FOXA Address: 18826 ALPHA CT., CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$13.00	
	Page Subtotal:	
	Grand Total of All Schedules 4A (Complete on last page of Schedule)	237

Enter this total on line 3a of Summary

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-29-04 Name: Charles Towner Address: 37211 Harper #2A 5. If over $100.00 cumulative, please provide: Occupation Attorney Employer Towner + Towner PC Business Address 37211 Harper #2A Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	250.00	
3. Contribution # 2 4. Date of Receipt 6-29-04 Name: Walter Jankowski Address: 50328 August, Macomb Twp 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$70.00	
3. Contribution # 3 4. Date of Receipt 6-29-04 Name: Steve Vassilides Address: 19779 Forest, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$7.00	
3. Contribution # 4 4. Date of Receipt 6-29-04 Name: James Safian Address: 43928 Rivergate, Clinton Twp. 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	26.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	$353	

Enter this total on line 3a of Summary

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-22-04 Name: WOLVERINE PLASTIC Address: 35045 AUTOMATION, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	87	
3. Contribution # 2 4. Date of Receipt 6-23-04 Name: SARGEANT APPLIANCE Address: 35950 GRATIOT, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	25	
3. Contribution # 3 4. Date of Receipt 6-23-04 Name: ALL CLIMATE HEATING & COOLING Address: 16255 PICTON, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100	
3. Contribution # 4 ~~SUSAN WEST~~ 4. Date of Receipt 6-25-04 Name: SUSAN WESTLAKE Address: 37314 CHARTER OAKS, CLINTON TWP. 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	282	

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 6-25-04 Name: UAW REGION 1 CAP Address: 8000 EAST JEFFERSON, DETROIT 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	
3. Contribution # 2 — 4. Date of Receipt 6-27-04 Name: MIRAGE CATERING INC. Address: 16980 18 MILE RD, CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation BANQUET HALL Employer MIRAGE Business Address 16980 18 MILE, CLINTON TWP Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	500	
3. Contribution # 3 — 4. Date of Receipt 6-28-04 Name: JASON DAVISON Address 36427 OAKSHIRE, CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	14	
3. Contribution # 4 — 4. Date of Receipt 6-28-04 Name: ELITE TRAUMA CLEAN-UP Address: 43686 GRATIOT, CLINTON TWP 5. If over $100.00 cumulative, please provide: Occupation CLEAN-UP Employer ELITE TRAUMA Business Address 43686 GRATIOT, CLINTON Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	200.00	
Page Subtotal		
Grand Total of All Schedules 4A (Complete on last page of Schedule)	754	

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From
Norm
Truppen

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-30-04 Name: DAVID Herrington Address: 47385 American Way, Macomb Twp. 48044 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50-	Ponaron
3. Contribution # 2 4. Date of Receipt 6-30-04 Name: Mt. Elliott Cemetery Assoc. Address: 17100 VAN DYKE Detroit, Mi. 48234 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	500.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	550.00	

Enter this total on line 3a of Summary

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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 6-30-04 Name: APRIL BELL Address: STATION 16730 GRICO ELIN. TWP, MI 48836 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70.00	
3. Contribution # 2 4. Date of Receipt 6-30-04 Name: Faye Natale Address: Station 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	7.00	
3. Contribution # 3 4. Date of Receipt _____ Name: Address: 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 4. Date of Receipt _____ Name: Address: 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)	77.00	

Enter this total on line 3a of Summary Page

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Page _ _

Roger

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor=s 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 6-30-04 Name: Roger Rossbach Address: ~~[illegible]~~ 9353 RIDGE RD, GOODRICH, MI 48438 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	60.00	
3. Contribution # 2 4. Date of Receipt 6-30-04 Name: JAMES W. AIRD Address: 17518 S. NUNNELEY CLINTON TWP. MI. 48035 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	
3. Contribution # 3 4. Date of Receipt 6-30-04 Name: TERRENCE ROONEY Address: 73320 Church St. ARMADA, MI. 48005 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	26.00	
3. Contribution # 4 4. Date of Receipt 6-30-04 Name: LYNN MARIE ADGETT Address: 18643 Bittersweet FRASER, MI. 48026 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20.00	
Page Subtotal)	$146.00	TOTAL
Grand Total of All Schedules 4A (Complete on last page of Schedule)	~~[illegible]~~	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 7-3-04 Name: Jodi Beetham Address: ~~CTPD~~ 31060 Richert Fraser, MI 48026 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	28.00	
3. Contribution # 2 4. Date of Receipt 7-3-04 Name: Leo melise Address: CTPD 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	12.00	
3. Contribution # 3 4. Date of Receipt 7-3-04 Name: FRANCIS MARELLA Address: 35979 CARLISLE CLINTON TWP MI. 48035 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	70.00	
3. Contribution # 4 4. Date of Receipt 7-3-04 Name: JAMES RAKOWSKI Address: 43148 SINNAMON CLINTON TWP. MI. 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	25.00	
Page Subtotal)	$135.00 TOTAL	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 7-6-04 Name: Vince Collura Address: CTPD 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	37.00	
3. Contribution # 2 — 4. Date of Receipt 7-6-04 Name: R.E. FRALEY Address: 22600 HALL Rd. CLINTON TWP. MI. 48036 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50.00	
3. Contribution # 3 — 4. Date of Receipt 7-6-04 Name: IMAGE BUILDERS of MICHIGAN Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	1000.00	
3. Contribution # 4 — 4. Date of Receipt 7-6-04 Name: SUSAN WESTLAKE Address: 37314 CHARTER OAKS BLVD. CLINTON TWP. MI. 48036 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	2000.00	2070.
Page Subtotal)	$3,087.00	TOTAL
Grand Total of All Schedules 4A (Complete on last page of Schedule)	[redacted]	

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

Please enter contributor's 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 7-9-04 Name: NINO SALVAGGIO Address: 17496 HALL RD. CLINTON TWP. MI. 48038 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50.00	
3. Contribution # 2 — 4. Date of Receipt 7-12-04 Name: Shoreview Electric Co. Address: 37839 Groesbeck Hwy. Clinton Twp. MI. 48036 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	
3. Contribution # 3 — 4. Date of Receipt 7-12-04 Name: Detroit Sports Gallery, Inc. Address: 27639 Gratiot Ave. Roseville, MI. 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	1134.25	
3. Contribution # 4 — 4. Date of Receipt 7-12-04 Name: OPTOMETRY P.C. Address: FAMILY EYE CARE ASSOC. 21701 Kelly Rd. EASTPOINTE, MI. 48021 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	500.00	
Page Subtotal	1784.25 ~~1284.25~~ TOTAL	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137371
2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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: [illegible] PRINTERS Address: [illegible] MILANO [illegible] MICH 48042 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement. ☐ Fund Raiser	4. Purpose: MAILING 501 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☒ Local	6-17-04	628.05	
Expenditure # 2 Name: [illegible] & SONS Address: [illegible] LAFAYETTE [illegible] MI 48216 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement. ☐ Fund Raiser	4. Purpose: SIGNS 502 DEPOSIT 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☒ Local	6-19-04	320.00	
Expenditure # 3 Name: [illegible] PRINTERS Address: [illegible] MILANO [illegible] MI 48042 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement. ☐ Fund Raiser	4. Purpose: MAILING 503 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☒ Local	6-28-04	2012.40	
Expenditure # 4 Name: [illegible] SONS Address: [illegible] LAFAYETTE DETROIT MI 48216 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement. ☐ Fund Raiser	4. Purpose: SIGNS FINAL PAYMENT 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☒ Local	6-29-04	321.30	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule) 3281.75

Enter this total on Line 8a of the Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371
2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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: [illegible] HILL Address: [illegible] CLINTON RIVER [illegible] TWP MI 48038 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: FUND RAISE 505 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☐ Local	6-29 04	2359.00	
Expenditure # 2 Name: [illegible] PRINTERS [illegible] MILANO Address: [illegible] MICH ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: MAILER 506 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☐ Local	6-30 04	1887.40	
Expenditure # 3 Name: [illegible] PHICS Address: [illegible] ST [illegible] MICH [illegible] ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: PRINTING 507 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☐ Local	6-22 04	871.16	
Expenditure # 4 Name: [illegible] Address: [illegible] TWP MICH ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: TICKETS 5. Ballot Proposal: Police Millage County: MACOMB ☒ Support ☐ Oppose ☐ Statewide ☐ Local	7-8 04	252.[illegible]	

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

5349.56

Enter this total on Line 8a of the Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137371
2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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: MAN/MATTAN PRINTING Address: [illegible] MILANO MACOMB MICHIGAN ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: MAILING 509 5. Ballot Proposal: Police Millage County: ☒ Support ☐ Oppose ☐ Statewide ☒ Local	7-15-04	2279.64	
Expenditure # 2 Name: Address: ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: 5. Ballot Proposal: County: ☐ Support ☐ Oppose ☐ Statewide ☐ Local			
Expenditure # 3 Name: Address: ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: 5. Ballot Proposal: County: ☐ Support ☐ Oppose ☐ Statewide ☐ Local			
Expenditure # 4 Name: Address: ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: 5. Ballot Proposal: County: ☐ Support ☐ Oppose ☐ Statewide ☐ Local			

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule) 2279.64

Enter this total on Line 8a of the Summary Page

Page

Michigan Department of State
Bureau of Elections

CAMPAIGN FINANCE
NOTICE OF ERROR OR OMISSION

MACOMB COUNTY

ID # 137371

Date 11/18/2005

CITIZENS FOR A SAFE COMMUNITY
22425 15 MILE RD
CLINTON TWP., MI 48035

Please be advised that one or more apparent errors or omissions were found in a review of the following Statment filed by your committee:

Post-Primary - 08/03/04 Election

Statement

A description of the apparent error(s) or omission(s) is attached. Please review the description and make the necessary corrections in an amendment to the above Statement. The amendment to the Statement is due in this office no later than December 2, 2005. (See office address listed below.)

If we do not receive a response to this notice by the above due date, MCL 169.216(8) requires this office to refer the matter to the Prosecuting Attorney.

If you have questions, contact us immediately.

Sincerely,

CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043

This form for County Clerk use only.

Summary Page:

Cumulative information (Column II) should be provided.

A Notice of Error or Omission was previously sent to the committee regarding the ending balance of the Pre-Primary statement. If the ending balance of the Pre-Primary changes, lines 13, 15, and 17 of this Post-Primary statement will also be affected.

A negative ending balance (line 17) is being reported, indicating the committee spent money that was not reported as having been received. There should be no circumstances when the ending balance would appear as a negative number. Please clarify.

Schedule 4B - Itemized Expenditures:

Only expenditures that occurred from 7/19/04 to 8/23/04 should be reported on the Post-Primary campaign statement. There are transactions reported as taking place either before or after that time and should not be included on this statement - (Paw Graphics on 7/15, American Graphics on 7/8, Paw Graphics on 9/4, Lee Printing on 9/4, and Campaign Pros on 9/4). Transactions occurring before 7/19/04 will necessitate an amendment to your Pre-Primary campaign statement.

Activity after 8/23/04 should be reported on a 2004 Annual campaign statement required to be filed by your committee.

Please amend your statement accordingly and forward to us by December 2, 2005.

WHEN FILING AN AMENDED CAMPAIGN STATEMENT, PLEASE INCLUDE A COMPLETED COVER PAGE, INDICATING THAT THE CAMPAIGN STATEMENT IS BEING AMENDED, WITH APPROPRIATE SIGNATURE(S). ONLY THOSE PAGES BEING AMENDED NEED TO BE SUBMITTED WITH THE COVER PAGE.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 NOV -7 AM 10: 06
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 7-19-04 (Mo Day Year) To 8-23-04 (Mo Day Year)

1. Committee I.D. Number: 137371

2. Committee Name: CITIZENS FOR A SAFE COMMUNITY

4. Committee's Mailing Address: 22425 15 MILE RD, CLINTON TWP, MI 48035

Area Code and Phone (586) 791-3288

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: THOMAS TIGNANELLI, 38666 MORIVIAN, CLINTON TWP, MI 48036

Area Code and Phone (586) 783-5090

6. Treasurer's Business Address: 22425 15 MILE RD., CLINTON TWP., MI 48035

Area Code and Phone (586) 791-3288

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper): MICHAEL SMMI, 18765 RIVER POINTE, CLINTON TWP, MI 48038

Area Code and Phone (586) 228-8307

8. TYPE OF STATEMENT:

8a. ☐ PRE- ELECTION

OR

8b. ☒ POST- ELECTION

Pre-Election or Post-Election Statement relates to:

☒ PRIMARY ☐ GENERAL

☐ SCHOOL ☐ SPECIAL

Date of Election: AUG. 3, 2004 (Month Day Year)

8c. ☐ ANNUAL STATEMENT (____ Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)

Date of Qualification or Non-Qualification: ____ (Month Day Year)

8e. ☐ AMENDMENT TO CAMPAIGN STATEMENT

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

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution ____ (Month Day Year)

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: THOMAS TIGNANELLI (Type or Print Name), [signature] (Signature) Date 11 3 (Month Day) Year 2005

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137371

2. Committee Name CITIZENS FOR A SAFE COMMUNITY

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Itemized Contributions(Schedule 4A, Column 6)	(3.) $ Ø	(18.) $
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $ Ø	(19.) $
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3 c + Line 4)	(5.) $ Ø	(20.) $
IN-KIND CONTRIBUTIONS		
6. Itemized In-Kind Contributions	(6.) $ Ø	(21.) $
EXPENDITURES		
7. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(7a.) $ 8,976.20	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(7b.) $ Ø	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(7c.) $ Ø	
d. Unitemized Expenditures ($50.00 or less-no Schedule)	(7d.) $ Ø	
8. Subtotal of Expenditures	(8.) $ 8,976.20	(22.) $
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) $ Ø	(23.) $
10. **TOTAL EXPENDITURES** (Add Line 8 + Line 9)	(10.) $ 8,976.20	(24.) $
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) $ Ø	(25.) $
DEBTS AND OBLIGATIONS		
12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)$ 1,348.54	
b. Owed to the Committee (Schedule 4E)	(12b.) $ Ø	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 7,627.66
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + Ø
15. SUBTOTAL Add lines 13 and 14	(15.) = 7,627.66
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 8,976.20
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ -1348.54 *

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

[illegible] DEPARTMENT OF STATE
[illegible] COMMISSION

[illegible] DIRECT EXPENDITURES
[illegible]
[illegible] COMMITTEE

Committee ID Number: 137371
Committee Name: [illegible]

3. Name and address of person to whom said	4. Statement of Expenditure (Indicate the ballot proposal involved and/or the amount of the proposed)	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: [illegible] Address: [illegible] ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: [illegible] 5. Ballot Proposal: [illegible] County: [illegible] ☑ Support ☐ Oppose ☐ Statewide ☑ Local			
Expenditure # 2 Name: [illegible] Graphics Address: [illegible] ST [illegible] Mich ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: [illegible] 5. Ballot Proposal: Police [illegible] County: [illegible] ☑ Support ☐ Oppose ☐ Statewide ☑ Local	04	77.12	
Expenditure # 3 Name: [illegible] Graphics Address: [illegible] Grosebeck [illegible] Twp Mich ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: [illegible] 5. Ballot Proposal: Police [illegible] County: [illegible] ☑ Support ☐ Oppose ☐ Statewide ☑ Local	[illegible]	2299.32	
Expenditure # 4 Name: Address: ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: 5. Ballot Proposal: County: ☐ Support ☐ Oppose ☐ Statewide ☐ Local			

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of schedule)

2463.03

Enter this total on Line 8a of the Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number: 137371
2. Committee Name: Citizens For A Safe Community

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: [illegible] Daily Address: ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: ADD 513 5. Ballot Proposal: Police Millage County: Macomb ☒ Support ☐ Oppose ☐ Statewide ☒ Local	7-30-04	2226.16	
Expenditure # 2 Name: [illegible] Adrian Address: [illegible] Michigan ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: ADD 514 5. Ballot Proposal: Police Millage County: Macomb ☒ Support ☐ Oppose ☐ Statewide ☒ Local	7-29-04	285.00	
Expenditure # 3 Name: [illegible] Address: [illegible] Mich ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: Stamps 515 5. Ballot Proposal: Police Millage County: Macomb ☒ Support ☐ Oppose ☐ Statewide ☒ Local	7-30-04	92.00	
Expenditure # 4 Name: [illegible] Rocky Address: [illegible] Lincoln Park ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: Flyers 516 5. Ballot Proposal: Police Millage County: Macomb ☒ Support ☐ Oppose ☐ Statewide ☒ Local	7-30-04	35.00	

Total this page
Grand Total of Schedules 4B
(Complete Grand Total of Schedule)

2038.16

Enter this total on Line 8a of the Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 137371
2. Committee Name CITIZENS FOR A SAFE COMMUNITY

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: [illegible] GRAPHICS Address: [illegible] CROSEBECK CLINTON TWP MI ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: PRINTING 5.18 5. Ballot Proposal: POLICE MILLAGE County: MACOMB ☑ Support ☐ Oppose ☐ Statewide ☐ Local	8-5-04	1507.75	
Expenditure #2 Name: [illegible] GRAPHIC Address: [illegible] ST [illegible] CLEMENS MICH ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: PRINTING 5.17 5. Ballot Proposal: POLICE MILLAGE County: MACOMB ☑ Support ☐ Oppose ☐ Statewide ☐ Local	9-4-04	247.26	
Expenditure #3 Name: [illegible] PRINTING Address: [illegible] CASS [illegible] TWP MICH ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: FLYERS 5.20 5. Ballot Proposal: POLICE MILLAGE County: MACOMB ☑ Support ☐ Oppose ☐ Statewide ☐ Local	9-4-04	120.—	
Expenditure #4 Name: [illegible] PROS Address: [illegible] MI ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: CONSULTANT [illegible] 5. Ballot Proposal: POLICE MILLAGE County: ☑ Support ☐ Oppose ☐ Statewide ☐ Local	9-4-04	2000.—	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule) 3875.01

Enter this total on Line 8a of the Summary Page

Page [illegible]

Michigan Department of State
Bureau of Elections

CAMPAIGN FINANCE
NOTICE OF FAILURE TO FILE

MACOMB COUNTY

ID # 137371

Date 02/01/2005

CITIZENS FOR A SAFE COMMUNITY
22425 15 MILE RD
CLINTON TWP., MI 48035

Please be advised that our records indicate that you have not filed the following Statement as required under MCL 169.235(1):

Statement	Due Date
Annual Statement - 2004	**01/31/2005**

Please send the required Statement to the address listed below. If a required filing is not received in this office within 9 days of the due date, we are required to refer the matter to the Prosecuting Attorney. In addition, please be advised that late filing fees accrue at $25.00 per business day (not to exceed $500.00), as long as the statement remains unfiled.

If you have questions, feel free to contact us at (586) 469-5209.

Sincerely,

CARMELLA SABAUGH, COUNTY CLERK / REGISTER OF DEEDS
40 NORTH MAIN
MT. CLEMENS, MI 48043

This form for County Clerk use only.
Authority granted under P.A. 388 of 1976.