



BUREAU OF ELECTIONS

RECEIVED

OCT 27 2017

INGHAM COUNTY CLERK'S OFFICE

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: 8/16/17 To 10/22/17

1. Committee I.D. Number
46722

4. Committee's Mailing Address
979 Longfellow Drive
East Lansing, MI 48823
Area Code and Phone: (517) 351-9248

2. Committee Name
Committee to Protect
East Lansing's Future

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
Douglas Jester
220 MAC Avenue
East Lansing, MI 48823
Area Code and Phone (517) 337-7527

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
Alllyse Anderson
979 Longfellow Dr.
East Lansing, MI 48823
Area Code and Phone (517) 351-9248

6. Treasurer's Business Address
5 Lakes Energy
115 W. Allegan, Suite 710
Lansing, MI 48933
Area Code and Phone (517) 319-0350

8. TYPE OF STATEMENT:
8a. PRE-ELECTION
OR
 POST-ELECTION
Pre-Election or Post-Election Statement relates to:
 PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: Ballot Question
Date of Election:
11/07/17

8b. FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT
8c. ANNUAL STATEMENT
(___ Coverage Year)

8d. Post Petition Sample Filing under MCL 168.483a
(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)
8e. AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE REQUEST
Effective Date of Dissolution
By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

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

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

Current Treasurer or Designated Record Keeper: Alllyse Anderson, Alllyse Anderson
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 46722
2. Committee Name Committee to Protect East

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>4595.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>4595.00</u>	(18.) \$ <u>4595.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>4595.00</u>	(20.) \$ <u>4595.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>3677.20</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>3677.20</u>	(22.) \$ <u>3677.20</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>3677.20</u>	(24.) \$ <u>3677.20</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>4595.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>4595.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3677.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>917.80</u>	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46722
2. Committee Name Committee to Protect East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Mark S. Meadows</u> <u>244 Lexington Ave.</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>9/23/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>995.00</u>	\$ <u>995.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Enk M. Altman</u> <u>102 Snyder Rd.</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>9/24/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>MI State Univ.</u> Business Address <u>316 Physics Rd., East Lansing, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1,000.00</u>	\$ <u>1,000.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Charles B. Overbey III</u> <u>433 Butterfield Drive</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>09/24/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Police Officers Association of Michigan</u> <u>27056 Joy Road</u> <u>Redford, MI 48239</u> 4. Date of Receipt <u>09/26/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300.00</u>	\$ <u>300.00</u> Click Here for Memo Itemization

Page Subtotal 2,795.00

Grand Total of All Schedules 4A
(Complete on last page of Schedule) 4,595.00

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 46722
2. Committee Name Committee to Protect East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Shanna Draheim</u> <u>359 University Street</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>09/27/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Policy Director</u> Employer <u>MI Municipal League</u> <u>1675 Green Road, Ann Arbor, MI 48105</u> Business Address Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>400.00</u>	\$ <u>400.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Ruth H. Beier</u> <u>635 Sunset Lane</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>09/28/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Economist</u> Employer <u>MI Education Assoc.</u> <u>1216 Kendale Blvd., East Lansing, MI 48823</u> Business Address Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Susan W. Woods</u> <u>510 Kedzie St.</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>10/3/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>East Lansing Film Festival</u> <u>210 Abbott Road, #48, East Lansing, MI 48823</u> Business Address Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300.00</u>	\$ <u>300.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Mark S. Meadows</u> <u>244 Lexington Ave.</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>10/10/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>1,495.00</u> Click Here for Memo Itemization

Page Subtotal 1,700.00
 Grand Total of All Schedules 4A (Complete on last page of Schedule) 4,595.00
 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 46722
2. Committee Name Committee to Protect East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Susan F. Haka</u> <u>1028 Cresenwood</u> <u>East Lansing, MI 48823</u> 4. Date of Receipt <u>10/10/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal

100.00

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

4595.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 46722
2. Committee Name Committee to Protect East Lansing's Future

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <u>Keystone Millbrook</u> <u>3540 W. Jefferson Hwy.</u> <u>Grand Ledge, MI 48823</u>	4. Purpose: <u>Walk cards</u> 5. Ballot Proposal: <u>EL Income Tax</u> County: <u>Ingham</u>	<u>9/23/17</u>	<u>\$ 747.00</u>	<u>\$747.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>Keystone Millbrook</u> <u>3540 W. Jefferson Hwy.</u> <u>Grand Ledge, MI 48823</u>	4. Purpose: <u>AV Mailing</u> 5. Ballot Proposal: <u>EL Income Tax</u> County: <u>Ingham</u>	<u>10/04/17</u>	<u>\$ 526.65</u>	<u>\$1,273.65</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Keystone Millbrook</u> <u>3540 W. Jefferson Hwy.</u> <u>Grand Ledge, MI 48823</u>	4. Purpose: <u>Postage + mailing</u> 5. Ballot Proposal: <u>EL Income Tax</u> County: <u>Ingham</u>	<u>10/04/17</u>	<u>\$ 1,657.16</u>	<u>\$2,930.81</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>Keystone Millbrook</u> <u>3540 W. Jefferson Hwy.</u> <u>Grand Ledge, MI 48823</u>	4. Purpose: <u>Folded mailer</u> 5. Ballot Proposal: <u>EL Income Tax</u> County: <u>Ingham</u>	<u>10/04/17</u>	<u>\$ 746.39</u>	<u>\$3,677.20</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page 3,677.20
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) 3,677.20

Enter this total on Line 8a of the Summary Page