

Recd. 11/24/2014  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 10-19-15 To 11-24-15

1. Committee I.D. Number  
150402

4. Committee's Mailing Address  
P.O. BOX 947 (989) 324-7069  
PINCONNING MI 48650

2. Committee Name  
FRIENDS OF PUBLIC TRANSIT

Area Code and Phone:  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address  
MICHAEL STONER  
1480 E. MT. FOREST RD., PINCONNING MI 48650  
Area Code and Phone 989-324-7069

6. Treasurer's Business Address  
NA

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

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

8a.  PRE-ELECTION  
OR  
 POST-ELECTION

Pre-Election or Post-Election Statement relates to:

- PRIMARY
- GENERAL
- SCHOOL
- SPECIAL
- OTHER: \_\_\_\_\_

Date of Election:  
11-04-14

- 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  
11-24-14

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

MICHAEL STONER  
Type or Print Name

Michael Stoner 11/24/14  
Signature

X



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150702  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>45.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	<u>2542.50</u>
c. Subtotal of Contributions	(3c.) \$ <u>45.00</u>	(18.) \$ <u><del>45.00</del></u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>45.00</u>	(20.) \$ <u><del>45.00</del></u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. <b>TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>- 0 -</u>	(21.) \$ <u>93.60</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>287.50</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>- 0 -</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>- 0 -</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>- 0 -</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>287.50</u>	(22.) \$ <u><del>287.50</del></u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>- 0 -</u>	(23.) \$ <u>- 0 -</u>
10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>287.50</u>	(24.) \$ <u><del>287.50</del></u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>- 0 -</u>	(25.) \$ <u>93.60</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>- 0 -</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>242.50</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>45.00</u>	
15. <b>SUBTOTAL</b> Add lines 13 and 14	(15.) = <u>287.50</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>287.50</u>	
17. <b>ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</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 150702  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

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>ERIC SPRAGUE</u> <u>1507 MCKINLEY</u> <u>BAY CITY MI 48708</u> 4. Date of Receipt <u>10/30/14</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>45.00</u> Click Here for Memo Itemization	\$ <u>95.00</u>
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

45.00

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

45.00

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 150702  
2. Committee Name FRIENDS OF PUBLIC TRANSIT

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>BAY METRO TRANSIT</u> <u>1510 N. JOHNSON ST.</u> <u>BAY CITY MI 48708</u>	4. Purpose: <u>POSTAGE STAMPS</u>  5. Ballot Proposal: <u>BAY METRO TRANSIT</u> <u>RENEWAL</u>	<u>11-14</u>	<u>\$ 136.00</u>	<u>\$ 136.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Date of Expenditure Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>U.S. POSTAL SERVICE</u> <u>PINCONNING MI</u> <u>48650</u>	4. Purpose: <u>POSTAGE STAMPS</u>  5. Ballot Proposal: <u>BAY METRO MILLAGE</u> <u>RENEWAL</u>	<u>11-14</u>	<u>\$ 98.00</u>	<u>\$ 2005.40</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Date of Expenditure Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>LIMITED WAY OF BAY</u> <u>COUNTY</u> <u>909 WASHINGTON, SUITE 2</u> <u>BAY CITY MI 48708</u>	4. Purpose: <u>TO CLOSE OUT</u> <u>CHECKING ACCOUNT</u>  5. Ballot Proposal: <u>BAY METRO MILLAGE</u> <u>RENEWAL</u>	<u>11-20-14</u>	<u>\$ 53.50</u>	<u>\$ 53.50</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Date of Expenditure Click for Memo Itemization Type <u>TO DIVEST COMMITTEE OF RESIDUAL FUNDS AND CLOSE ACCOUNT.</u>		
Expenditure # 4 Name & Address:	4. Purpose:			
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Date of Expenditure Click for Memo Itemization Type		

Subtotal this page 287.50  
Grand Total of Schedules 4B (Complete on last page of Schedule) 287.50

Enter this total on Line 8a of the Summary Page