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INGHAM COUNTY CLERK

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: 6-20-2018 To JULY 22, 2018

1. Committee I.D. Number: 46727

2. Committee Name: YES for Safety

4. Committee's Mailing Address: P.O. Box 1033, EAST LANSING, MI 48826

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: PAT GREATHOUSE, 1585 TUTTLE RD. MASON, MI 48854

Area Code and Phone: 517-281-9248

6. Treasurer's Business Address: P.O. Box 1033, EAST LANSING, MI 48826

Area Code and Phone: 517-281-9248

7. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper): JOHN NEWMAN, 1085 PRESCOTT DR. E. LANSING MI 48823

Area Code and Phone: 517-881-2296

8. TYPE OF STATEMENT:

8a. [X] PRE-ELECTION
OR
[ ] POST-ELECTION

Pre-Election or Post-Election Statement relates to:
[X] PRIMARY
[ ] GENERAL
[ ] SCHOOL
[ ] SPECIAL
[ ] OTHER:

Date of Election: AUGUST 7, 2018

8b.
[ ] FEBRUARY STATEMENT
[ ] APRIL STATEMENT
[X] 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: JOHN H. NEWMAN / [signature]
Type or Print Name / Signature

F2018-0609
7/27/18 4:09 PM Page 1 of 1
CAMP $0.00
Barb Byrum, Ingham County Clerk

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46727

2. Committee Name East Lansing Fire Fighters IAFF Local 1609 for Yes on Ballot 1

RECEIPTS		Column I This Period	Column II Cumulative for Election Cycle
3. Contributions			
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) $	0.00	
b. Unitemized Contributions (less than $20.01 - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) $	0.00	(18.) $ 0.00
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3 c + Line 4)	(5.) $	0.00	(20.) $ 0.00
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) $	2,370.37	
b. Unitemized (less than $20.01 each - no Schedule)	(6b.) $	NOT APPLICABLE	
7. **TOTAL IN-KIND CONTRIBUTIONS** (Add Line 6a + Line 6b)	(7.) $	2,370.37	(21.) $ 2,370.37
EXPENDITURES			
8. Expenditures			
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) $	0.00	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) $	0.00	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) $	0.00	
d. Unitemized Expenditures ($50.00 or less-no Schedule)	(8d.) $	0.00	
e. Subtotal of Expenditures	(8e.) $	0.00	(22.) $ 0.00
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) $	0.00	(23.) $ 0.00
10. **TOTAL EXPENDITURES** (Add Line 8e + Line 9)	(10.) $	0.00	(24.) $ 0.00
IN-KIND EXPENDITURES			
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) $	0.00	(25.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 4E)	(12a.)$	0.00	
b. Owed **to** the Committee (Schedule 4E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0.00
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) +	0.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	0.00
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) -	0.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	0.00 *

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 46727

2. Committee Name YES for Safety

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 - Name & Address: East Lansing Fire Fighters IAFF Local 1609 PO Box 1033 East Lansing, MI 48826 If over $100.00 cumulative, please provide: Occupation Labor Union Employer Name & Address: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description ~~Exempt~~ Postage - mail pamphlets 5. DATE OF RECEIPT: 7-15-2018 Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: The Job Shop Ink Inc. 2321 W. Main St. Lansing, MI 48917	$ 1853.09	$ 1853.09
Contribution #2 Name & Address: East Lansing Fire Fighters IAFF Local 1609 PO Box 1033 East Lansing, MI 48826 If over $100.00 cumulative, please provide: Occupation Labor Union Employer Name & Address: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☒ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description Walk Pamphlets 5. DATE OF RECEIPT: 7-22-2018 Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: The Job Shop Ink Inc. 2321 W. Main St. Lansing, MI 48917	$ 517.28	$ 2370.37 ~~57~~
Contribution #3 Name & Address: If over $100.00 cumulative, please provide: Occupation Employer Name & Address: ☐ Fund Raiser	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or loaned ☐ Services Donated ☐ Goods or Services Purchased by Others ☐ Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	$	$

Page Subtotal	2370.37
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	2370.37

Enter this total on line 6a of Summary Page