



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: 09/09/16 To 10/23/16

1. Committee I.D. Number **96780**

4. Committee's Mailing Address **29330 Wixom Road
Wixom, MI 48393**

2. Committee Name
Wixom Families For Community Safety

Area Code and Phone: (248) 349-6493
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
**Valerie York
581 Hampton Court
Wixom, MI 48393**

Area Code and Phone **(248) 349-6493**

6. Treasurer's Business Address
**29330 Wixom Road
Wixom, MI 48393**

Area Code and Phone **(248) 349-6493**

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

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:
11/08/16

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

VALERIE YORK *Valerie York* 10/25/16
Type or Print Name Signature

RECEIVED
 BALLOT QUESTION COMMITTEE CLERK
 6 OCT 26 AM 8:20
 WIXOM AND COUNTY CLERK



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 96780
2. Committee Name Wixom Families For Community Safety

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>3,300.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>3,300.00</u>	(18.) \$ <u>3,300.00</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>3,300.00</u>	(20.) \$ <u>3,300.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>927.06</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>927.06</u>	(21.) \$ <u>927.06</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>0.00</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>0.00</u>	(22.) \$ <u>0.00</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>0.00</u>	(24.) \$ <u>0.00</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>3,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>3,300.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,300.00</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 96780
2. Committee Name Wixom Families for Community Safety

Please enter contributors 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 Name & Address: Hinkley, Kevin 3250 Johanna Ware West Wixom, MI 48393 4. Date of Receipt <u>09/16/16</u> 6. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Conveyall Industrial Supply, Inc</u> Business Address <u>28243 Beck Road; Wixom, MI 48393</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Goodlein, Clarence 894 Creekwood Milford, MI 48381 4. Date of Receipt <u>09/27/16</u> 6. If over \$100.00 cumulative, please provide: Occupation <u>City Manager</u> Employer <u>City of Wixom</u> Business Address <u>49045 Pontiac Trail; Wixom, MI 48393</u> 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: Goodlein, Karl 999 Jayrogers Ct Traverse City, MI 49696 4. Date of Receipt <u>09/27/16</u> 6. 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: Moore, Ronald 1171 North Eddie Walled Lake, MI 48390 4. Date of Receipt <u>09/29/16</u> 6. 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	

Page Subtotal **\$1,300.00**

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

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 96780

2. Committee Name Wixom Families for Community Safety

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: Shamoun, Raymond 884 Grandview Drive Commerce Township, MI 48381 4. Date of Receipt <u>10/03/16</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Jackson Automotive</u> Business Address <u>48733 West Road; Wixom, MI 48393</u> 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>
3. Contribution # 2 Name & Address: Bauriedl, Robert 10430 Farmbrook Drive Brighton, MI 48114 4. Date of Receipt <u>10/03/16</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Cut & Care</u> Business Address <u>48090 West Road; Wixom, MI 48393</u> 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>
3. Contribution # 3 Name & Address: Bumgardner, Carl 12322 Woodlands Ct Plymouth, MI 48170 4. Date of Receipt <u>10/14/16</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Royal Truck & Trailer</u> Business Address <u>28930 Wixom Road; Wixom, MI 48393</u> 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>
3. Contribution # 4 Name & Address: Alam, Charbel 37080 Fox Gin Farmington, MI 48331 4. Date of Receipt <u>10/18/16</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Magnum Towing</u> Business Address <u>29420 Wixom Road; Wixom, MI 48393</u> 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>

Page Subtotal **\$2,000.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$3,300.00**

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 96780
2. Committee Name Wixom Families For Community 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)
<p>Contribution #1 Name & Address: Wixom Families for Community Safety (ID# 95799) 29330 Wixom Road Wixom, MI 48393</p> <p>If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer Name & Address: <u>N/A</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>Lawn Signs From 2012 Ballot Question & Election</u></p> <p>5. DATE OF RECEIPT: <u>09/30/16</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: <u>N/A</u></p>	<p>\$ <u>425.00</u> \$ <u>425.00</u></p>	
<p>Contribution #2 Name & Address: Goodlein, Clarence 894 Creekwood Milford, MI 48381</p> <p>If over \$100.00 cumulative, please provide: Occupation <u>City Manager</u> Employer Name & Address: City of Wixom 49045 Pontiac Trail Wixom, MI 48393</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>Hangers</u></p> <p>5. DATE OF RECEIPT: <u>09/30/16</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Vista Print 275 Wyman Street Waltham, MA 02451</p>	<p>\$ <u>427.94</u> \$ <u>927.94</u></p>	
<p>Contribution #3 Name & Address: Banks, Stacey 2077 Millstream Drive Wixom, MI 48393</p> <p>If over \$100.00 cumulative, please provide: Occupation Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN</p> <p>Description <u>Facebook Enhancement</u></p> <p>5. DATE OF RECEIPT: <u>10/19/16</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Facebook, Inc 1601 Willow Road Menlo Park, CA 94025</p>	<p>\$ <u>74.12</u> \$ <u>74.12</u></p>	

Page Subtotal	\$927.06
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	\$927.06

Enter this total on
line 6a of
Summary Page

FAX

TO: Oakland County Clerk FROM: Wixom Families for Community
Elections Division Safety
#96780

FAX: 248. 858. 1533 FAX: _____

PHONE: _____ PHONE: _____

SUBJECT: Pre-Election DATE: October 25, 2016
Campaign Statement Page 1 of 6

COMMENTS: _____