



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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COUNTY CLERK
ELECTIONS / VITAL RECORDS

**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.

1. Committee I.D. Number 159086		3. This Statement covers From: <u>03/18/26</u> To <u>04/19/26</u>	
2. Committee Name Vote No Committee		4. Committee's Mailing Address 100 Orndorf Dr PO Box 39 Brighton, MI 48116 Area Code and Phone: <u>(810) 599-4652</u> <small>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.</small>	
5. Treasurer's Name and Residential Address John Conely 6169 Island Lake Dr Brighton, MI 48116 Area Code and Phone (810) 599-4652			
6. Treasurer's Business Address 7208 Grand River Brighton, MI 48114 Area Code and Phone (810) 227-3530		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. <input checked="" type="checkbox"/> PRE-ELECTION OR <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____ Date of Election: <u>05/05/26</u>		8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT 8c. <input type="checkbox"/> ANNUAL STATEMENT (___ Coverage Year)	
		8d. <input type="checkbox"/> 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. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	
		8f. <input type="checkbox"/> 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 <u>John Conely</u> Type or Print Name		<u>[Signature]</u> Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 159086

2. Committee Name Vote No Committee

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>5,000.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>5,000.00</u>	(18.) \$ <u>5,000.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.12</u>	(19.) \$ <u>0.12</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>5,000.12</u>	(20.) \$ <u>5,000.12</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>1,939.10</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>1,939.10</u>	(21.) \$ <u>1,939.10</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>3,299.85</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>3,299.85</u>	(22.) \$ <u>3,299.85</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>3,299.85</u>	(24.) \$ <u>3,299.85</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>2,000.00</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>5,000.12</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>5,000.12</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>3,299.85</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,700.27</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 159086
2. Committee Name Vote No Committee

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: Conely, John J 6169 Island Lake Dr Brighton, MI 48116 4. Date of Receipt <u>03/30/26</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Conely Engines</u> Business Address <u>7208 Grand River, Brighton, MI 48114</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>2000.00</u>	\$ <u>2000.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Conely, John J 6169 Island Lake Dr Brighton, MI 48116 4. Date of Receipt <u>03/30/26</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer <u>Conely Engines</u> Business Address <u>7208 Grand River, Brighton, MI 48114</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>2000.00</u>	\$ <u>4000.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Henderson, Paul E 4502 Lakeshore Ct Brighton, MI 48116 4. Date of Receipt <u>04/04/26</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>1000.00</u>	\$ <u>1000.00</u> 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 **\$5,000.00**
 Grand Total of All Schedules 4A (Complete on last page of Schedule) **\$5,000.00**

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 159086

2. Committee Name Vote No Committee

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Bank of Ann Arbor 8080 Challis Rd Brighton, MI 48116	Date of Receipt <u>03/31/26</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Refund\Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <u>.12</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund\Rebate <small>Click Here for Memo Itemization Type</small> <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal **\$0.12**

Grand Total of All Schedules 4A -1
(Complete on last page of Schedule) **\$0.12**

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 159086
2. Committee Name Vote No Committee

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: Conely, John 6169 Island Lake Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Name & Address: Conely Engines 7208 Grand River Brighton, MI 48114 <input type="checkbox"/> Fund Raiser	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 Description <u>PO Box</u> 5. DATE OF RECEIPT: <u>03/18/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: USPS 100 Orndorf Dr Brighton, MI 48116	\$ <u>83.00</u>	\$ <u>83.00</u>
Contribution #2 Name & Address: Conely, John 6169 Island Lake Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Name & Address: Conely Engines 7208 Grand River Brighton, MI 48114 <input type="checkbox"/> Fund Raiser	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 Description <u>Website</u> 5. DATE OF RECEIPT: <u>03/20/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: GoDaddy.com LLC 100 S Mill Ave, Ste 1600 Tempe, AZ 85281	\$ <u>60.44</u>	\$ <u>143.44</u>
Contribution #3 Name & Address: Conely, John 6169 Island Lake Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Name & Address: Conely Engines 7208 Grand River Brighton, MI 48114 <input type="checkbox"/> Fund Raiser	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 Description <u>Website</u> 5. DATE OF RECEIPT: <u>03/23/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: GoDaddy.com LLC 100 S Mill Ave, Ste 1600 Tempe, AZ 85281	\$ <u>119.88</u>	\$ <u>263.32</u>

Page Subtotal

\$263.32

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

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Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 159086
2. Committee Name Vote No Committee

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: Trombley, William 5900 Woodruff View Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address: <input type="checkbox"/> Fund Raiser	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 Description <u>Campaign Signs</u> 5. DATE OF RECEIPT: <u>03/23/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: W4 Signs 8200 Grand River Rd Brighton, MI 48114	\$ <u>485.48</u>	\$ <u>485.48</u>
Contribution #2 Name & Address: Trombley, William 5900 Woodruff View Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address: <input type="checkbox"/> Fund Raiser	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 Description <u>Campaign Signs</u> 5. DATE OF RECEIPT: <u>03/26/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Just Yard Signs Inc 2235 Mercator Dr Orlando, FL 32807	\$ <u>426.00</u>	\$ <u>911.48</u>
Contribution #3 Name & Address: Trombley, William 5900 Woodruff View Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address: <input type="checkbox"/> Fund Raiser	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 Description <u>Campaign Signs</u> 5. DATE OF RECEIPT: <u>03/27/26</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: W4 Signs 8200 Grand River Rd Brighton, MI 48114	\$ <u>77.38</u>	\$ <u>988.86</u>

Page Subtotal

\$988.86

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

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line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 159086
2. Committee Name Vote No Committee

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: Conely, John 6169 Island Lake Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Name & Address: Conely Engines 7208 Grand River Brighton, MI 48114 <input type="checkbox"/> Fund Raiser	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 Description <u>Website</u> 5. DATE OF RECEIPT: <u>03/30/26</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: GoDaddy.com LLC 100 S Mill Ave, Ste 1600 Tempe, AZ 85281	\$ <u>89.04</u>	\$ <u>4352.36</u>
Contribution #2 Name & Address: Conely, John 6169 Island Lake Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Name & Address: Conely Engines 7208 Grand River Brighton, MI 48114 <input type="checkbox"/> Fund Raiser	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 Description <u>Voter List</u> 5. DATE OF RECEIPT: <u>03/30/26</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: Livingston County Clerk 200 E. Grand River Howell, MI 48843	\$ <u>85.00</u>	\$ <u>4437.36</u>
Contribution #3 Name & Address: Trombley, William 5900 Woodruff View Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address:	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 Description <u>Campaign Signs</u> 5. DATE OF RECEIPT: <u>04/03/26</u> <small>Click Here for Memo Itemization</small> 6. VENDOR NAME & ADDRESS: W4 Signs 8200 Grand River Rd Brighton, MI 48114	\$ <u>62.54</u>	\$ <u>1051.40</u>

Page Subtotal

\$236.58

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

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 159086
2. Committee Name Vote No Committee

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: Conely, John 6169 Island Lake Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Name & Address: Conely Engines 7208 Grand River Brighton, MI 48114 <input type="checkbox"/> Fund Raiser	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 Description <u>QR Code</u> 5. DATE OF RECEIPT: <u>04/14/26</u> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: QR generator. ai	\$ <u>49.95</u>	\$ <u>4487.31</u>
Contribution #2 Name & Address: Trombley, William 5900 Woodruff View Dr Brighton, MI 48116 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address: <input type="checkbox"/> Fund Raiser	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 Description <u>Campaign Signs</u> 5. DATE OF RECEIPT: <u>04/15/26</u> Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS: Just Yard Signs, Inc 2235 Mercator Dr Orlando, FL 32807	\$ <u>400.39</u>	\$ <u>1451.79</u>
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input 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 Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization <input type="button" value="v"/> 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal

\$450.34

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

\$1,939.10

Enter this total on
line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 159086
2. Committee Name Vote No Committee

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: W4 Signs 8200 Grand River Rd Brighton, MI 48114 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Campaign Sign</u> 5. Ballot Proposal: <u>Brighton Area School Bond</u> County: <u>Livingston</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	04/03/26 Date of Expenditure	\$ <u>242.74</u>	\$ <u>242.74</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: The Marketeer PO Box 686 Brighton, MI 48116 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Half Page Ad</u> 5. Ballot Proposal: <u>Brighton Area School Bond</u> County: <u>Livingston</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	04/03/26 Date of Expenditure	\$ <u>415.00</u>	\$ <u>415.00</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: The Marketeer PO Box 686 Brighton, MI 48116 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Campaign Inserts</u> 5. Ballot Proposal: <u>Brighton Area School Bond</u> County: <u>Livingston</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	04/03/26 Date of Expenditure	\$ <u>736.23</u>	\$ <u>1151.23</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: Huron Web Printing & Graphics PO Box 340 Wyoming, Ontario N0N 1T0 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Campaign Flyer</u> 5. Ballot Proposal: <u>Brighton Area School Bond</u> County: <u>Livingston</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	04/03/26 Date of Expenditure	\$ <u>1905.88</u>	\$ <u>1905.88</u> Click for Memo Itemization Type

Subtotal this page **\$3,299.85**
 Grand Total of Schedules 4B (Complete on last page of Schedule) **\$3,299.85**

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 159086
2. Committee Name Vote No Committe

This Schedule itemizes: (Check either a or b. Use only for the purpose checked.)
 a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: John Conely 6169 Island Lake Dr Brighton, MI 48116	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred</u> <u>03/30/26</u> 6. <u>Original Amount of Debt</u> \$ <u>2,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$2,000.00**

Grand Total of all Schedules 4E (Complete on last page of Schedule showing amounts owed by or to the committee.) **\$2,000.00**

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page