

Car Allowances for FY 2012

Full Name	Pay Type Code	Pay Type	Monthly Pay Amount	Mileage Reimbursement Received
Bahl, Sumedh	CAR	ALLOWANCE	\$60.00	
Balogh, Amy	CAR	ALLOWANCE	\$180.00	
Bazick, Gregory D.	CAR	ALLOWANCE	\$375.00	
Bedner, Matthew John	CAR	ALLOWANCE	\$90.00	
Brosnan, Martin Paul	CAR	ALLOWANCE	\$110.00	
Cariano, Robert Lee	CAR	ALLOWANCE	\$300.00	
Courtney, Michael S	CAR	ALLOWANCE	\$180.00	
Crawford, Thomas Edward	CAR	ALLOWANCE	\$350.00	
Crum, Dennis Lynn	CAR	ALLOWANCE	\$60.00	
Doletzky, Ryan E.	CAR	ALLOWANCE	\$180.00	
Dziubinski, Edwin J.	CAR	ALLOWANCE	\$375.00	
Fielder, Larry N	CAR	ALLOWANCE	\$100.00	
Forner, Patricia R.	CAR	ALLOWANCE	\$180.00	\$246.00
Garner, Seth A	CAR	ALLOWANCE	\$50.00	
Hamamy, Ammar Ghaleb	CAR	ALLOWANCE	\$90.00	
Harris, Kenneth H	CAR	ALLOWANCE	\$90.00	
Hupy, Craig	CAR	ALLOWANCE	\$300.00	
Jones, W Barnett	CAR	ALLOWANCE	\$400.00	
Kenzie, Earl J	CAR	ALLOWANCE	\$300.00	
Konwinski, Julian Michael	CAR	ALLOWANCE	\$20.00	
Kulhanek, Matthew James	CAR	ALLOWANCE	\$75.00	
Lentner, Thomas J	CAR	ALLOWANCE	\$100.00	
Lowe, Steven R	CAR	ALLOWANCE	\$375.00	
McCormick, Susan Faye	CAR	ALLOWANCE	\$300.00	
Meyer, Roger James	CAR	ALLOWANCE	\$100.00	
Petrak, David R.	CAR	ALLOWANCE	\$180.00	
Pollay, Susan	CAR	ALLOWANCE	\$315.63	
Post, Jared Bradly	CAR	ALLOWANCE	\$10.00	
Postema, Stephen Kent	CAR	ALLOWANCE	\$330.00	\$1,043.37
Seto, John Y.	CAR	ALLOWANCE	\$375.00	
Shivley, Gary W	CAR	ALLOWANCE	\$110.00	
Smith, Colin	CAR	ALLOWANCE	\$10.00	
Sobetski, James Vincent	CAR	ALLOWANCE	\$120.00	
Solis, Jaime C	CAR	ALLOWANCE	\$100.00	
Straw, Jeffrey D	CAR	ALLOWANCE	\$4.00	
Taylor, Ellen	CAR	ALLOWANCE	\$375.00	
Warba, Matt	CAR	ALLOWANCE	\$15.00	
Weber, Annette M.	CAR	ALLOWANCE	\$180.00	
Welton, Ralph Robert	CAR	ALLOWANCE	\$150.00	
Egeler, Douglas A	CAR	ALLOWANCE	\$100.00	

Check No. 733412

Invoice Total:	(-) Retainage	(-) Discount	(+) Freight	(+) State Tax	(+) City Tax	(+) County Tax	(=) Total Payment
24.40	0.00	0.00	0.00	0.00	0.00	0.00	24.40

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
10/04/2010	2011-00000676	MAA Conf reimbursement	24.40

Total: \$24.40

Please visit our website <https://vendor.a2gov.org/eSuite.Supplier> to view your invoice and payment status.



City of Ann Arbor
 Accounts Payable
 PO Box 8647
 Ann Arbor, MI 48107-8647
 (734) 794-6520

BANK1ONE
 JPMorgan Chase Bank, Dearborn
 Dearborn, MI
 74-1292
 724

Check No: 733412

Date
10/14/2010

Amount
\$24.40

PAY Twenty-Four and 40/100 Dollars

TO THE ORDER OF FORNER, PATRICIA
 ASSESSORS OFC.
 Ann Arbor, MI 48104

NON-NEGOTIABLE

CITY OF ANN ARBOR TRAVEL EXPENSE REPORT

To be used to report travel expenses

Name of Traveler: Patricia R. Forner
 Inclusive dates of travel, month, day, year & hour: From: 9/28/2010 To: 10/1/2010

Destination:
 MAA Assessors Continuing Education
 Grand Rapids, MI

Purpose of Trip (Name of Conference, Course, etc.):
 MAA Continuing Education
 Income Approach (Basic) Part I

Expense Reimbursement Detail:		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Indicate Dates ->				9/28/10	9/29/10	9/30/10	10/1/10		
Registration Fees:	\$150.00								150.00
Lodging:	\$275.40								275.40

Transportation:		Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Air/Train/ Bus fares									0.00
Mileage # 258 x .50									129.00
Other									0.00
Per Diem									0.00
Meals including tips:									0.00
Breakfast					10.00	10.00	10.00		30.00
Lunch					15.00	15.00	15.00		45.00
Dinner				20.00	20.00	20.00			60.00
Personal Phone Call									0.00

Other (describe):
 Assessor Certification Examination Fee, payable to "State of Michigan" *

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
							50.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00

Remarks:	Total Expenses:	739.40
	Less Amounts Paid by City mark with *:	455.00
	Less cash advances to traveler:	260.00
	Net due From (To) City	24.40

Complete for amounts due employee:
 Voucher # _____ Date: 10/4/2010 Acct Prd. 04/10
 Bgt Fy 10 Type: E 1 Pay Date: 10/8/2010 Pay Amount \$24.40
 Vendor Code FORN0050 Vendor Name: Patricia R. Forner

Line	Fund	Agency	Orgn #	Activity	Funcion	Object	Project	Description	Amount
1	0010	018	3000	1700		2700		MAA Class Reimbursemen	24.40
2									
3									

I certify that all items of expense included above were incurred by me in conformance with Administrative Policy 504 (a copy of which is available for review in my Department). I understand that failure to submit this report within 10 days of my final travel date may affect my right to reimbursement and failure to submit this within 60 days of my final travel date may result in any travel advance being reported as income to the IRS under federal law.

Employee Signature: Patricia R. Forner Date: 10-4-10
 Authorized Department Signature: [Signature] Date: 10/4/10
 City Administrator or designee: _____ Date: _____



CROWNE PLAZA®

HOTELS & RESORTS

10-01-10

Patricia Forner ██████████ Tax Exempted Tax Exempted Ann Arbor MI 48103 US	Folio No. :	160742	Cashier No. :	125	Room No. :	123
	A/R Number :		Arrival :	09-28-10	Departure :	10-01-10
	Group Code :	MAS	Conf. No. :	62697118	Rate Code :	
	Company :		Page No. :	1 of 1		
	Membership No. :	PC 568903734				
	Invoice No. :					

Date	Description	Charges	Credits
09-28-10	Deposit Transfer at Check-In 731274		255.00
09-28-10	*Room Charge	85.00	
09-28-10	AccomTax	4.25	
09-28-10	Assessment	2.55	
09-29-10	*Room Charge	85.00	
09-29-10	AccomTax	4.25	
09-29-10	Assessment	2.55	
09-30-10	*Room Charge	85.00	
09-30-10	AccomTax	4.25	
09-30-10	Assessment	2.55	
10-01-10	Cash		20.40

Thank you for staying at Crowne Plaza Grand Rapids. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www.priorityclub.com. We look forward to welcoming you back soon.

Total	275.40	275.40
Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Crowne Plaza Grand Rapids Airport
5700 28th Street S.E.
Grand Rapids, MI 49546
Telephone: (616) 957-1770 Fax: (616) 957-0629

CITY OF ANN ARBOR TRAVEL AUTHORIZATION REQUEST

(To be used for Travel-Costs in excess of \$100.00 unless registration only)

Name of Traveler Patty Forner	Inclusive dates of travel, month, day, year & hour From: <u>9/28/2010</u> To: <u>10/1/2010</u>	
Destination MAA Assessors Continuing Education Grand Rapids, MI	Mode of Transportation: Air: _____ City Vehicle _____ Personal Vehicle <input checked="" type="checkbox"/> Other (specify) _____	
Purpose of Trip (Name of Conference, Course, etc.) MAA Assessors Continuing Education Income Approach (Basic) Part I	Budgeted? Yes <input checked="" type="checkbox"/> No _____	

Estimated Costs of Trip

All expenses are subject to the limitations of Administrative Policy 504 at the time of the trip.

PER DIEM - Meals, tips, miscellaneous, and one personal phone call per day			
Number of days	<u>3</u>	at \$	<u>45</u> 135.00
LODGING			
Number of days	<u>3</u>	at \$	Est. Amount <u>255.00</u>
Prepaying	Voucher # _____	Date <u>8/2/2010</u>	Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u>	Type: <u>E 1</u>	Pay Date: <u>9/24/2010</u> Pay Amount <u>\$255.00</u>
Vendor Code _____	Vendor Name: <u>Grand Rapids Crowne Plaza</u>		Invoice # _____
Vendor Address: _____			
TRANSPORTATION			
	125 miles one way @ .50 per mile		Est. Amount <u>125.00</u>
Prepaying	Voucher # _____	Date <u>8/2/2010</u>	Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u>	Type: <u>E 1</u>	Pay Date: <u>9/24/2010</u> Pay Amount <u>125.00</u>
Vendor Code _____	Vendor Name: <u>Patty Forner</u>		Invoice # _____
REGISTRATION			
			Est. Amount <u>150.00</u>
Prepaying	Voucher # _____	Date <u>8/2/2010</u>	Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u>	Type: <u>E 1</u>	Pay Date: <u>8/6/2010</u> Pay Amount <u>150.00</u>
Vendor Code _____	Vendor Name: <u>MAA Education</u>		Invoice # _____
Vendor Address: _____			
OTHER EXPENSES (local transportation, parking, books, etc.)			
Description	<u>Assessor Certification Examination Fee, payable to "State of Michigan"</u>		Est. Amount <u>50.00</u>

ESTIMATED TOTAL COSTS: 715.00

PERSONAL CASH ADVANCE (Maximum = Estimated total costs less other amounts prepaid by City) Amount 260.00

Prepaying	Voucher # _____	Date <u>8/2/2010</u>	Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u>	Type: <u>E 1</u>	Pay Date: <u>9/24/2010</u> Pay Amount <u>260.00</u>
Vendor Code _____	Vendor Name: <u>Patty Forner</u>		Invoice # _____

Line	Fund	Agency	Orgn #	Activity	Function	Object	Project	Description	Amount
1	0010	018	3000	1830 1700		2700		Lodging	255.00
2	0010	018	3000	1830		2700		Registration	150.00
3	0010	018	3000	1830		2700		Patty Forner	260.00
4	0010	018	3000	1830		2700		Examination Fee	50.00

I certify that this Authorization Request is made in accordance with Administrative Policy 504 (copy of which is available for review in my Department). I understand an expense report must be completed within 10 days of my final travel date and federal regulations require the City is to withhold taxes and report to the IRS as income any undocumented expenses if a travel expense report is not completed within 60 days of my final travel date.

Employee Signature *Patty Forner* Date 8-2-10

Authorized Department Signature _____ Date _____

City Administrator or designee _____ Date _____

Check No. 733945

Invoice Total:	(-) Retainage	(-) Discount	(+) Freight	(+) State Tax	(+) City Tax	(+) County Tax	(=) Total Payment
9.50	0.00	0.00	0.00	0.00	0.00	0.00	9.50

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
10/26/2010	2011-0000825	MAA Conference	9.50

Total: \$9.50

Please visit our website <https://vendor.a2gov.org/eSuite.Supplier> to view your invoice and payment status.



City of Ann Arbor
 Accounts Payable
 PO Box 8647
 Ann Arbor, MI 48107-8647
 (734) 794-6520

BANKONE
 JPMorgan Chase Bank, Dearborn
 Dearborn, MI
74-1292
 724

Check No: 733945

Date
10/28/2010

Amount
\$9.50

PAY Nine and 50/100 Dollars

TO THE ORDER OF FORNER, PATRICIA
 ASSESSORS OFC.
 Ann Arbor, MI 48104

NON-NEGOTIABLE

CITY OF ANN ARBOR TRAVEL EXPENSE REPORT

To be used to report travel expenses

Name of Traveler: Patricia R. Forner Inclusive dates of travel, month, day, year & hour: From: 10/19/2010 To: 10/22/2010

Destination:
MAA Assessors Continuing Education
Traverse City, MI

Purpose of Trip (Name of Conference, Course, etc.):
MAA Continuing Education
Income Approach (Basic) Part II

Expense Reimbursement Detail:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
--	------	------	-------	------	--------	------	------	-------

Indicate Dates ->

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
			10/19/10	10/20/10	10/21/10	10/22/10		

Registration Fees: \$150.00 150.00 *

Lodging: \$255.93 255.93 *

Transportation: 0.00

Air/Train/ Bus fares 0.00

Mileage # 489 x .50 244.50

Other 0.00

Per Diem 0.00

Meals including tips: 0.00

Breakfast 30.00

Lunch 45.00

Dinner 60.00

Personal Phone Call 0.00

Other (describe) 0.00

Assessor Certification Examination Fee, payable to "State of Michigan" 50.00 *

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Remarks:

	Total Expenses:	835.43
	Less Amounts Paid by City mark with *:	455.93
	Less cash advances to traveler:	370.00
	Net due From (To) City	9.50

Complete for amounts due employee:
 Voucher # _____ Date 10/25/2010 Acct Prd. 04/10
 Bgt Fy 10 Type: E 1 Pay Date: 10/29/2010 Pay Amount \$9.50
 Vendor Code FORN0050 Vendor Name: Patricia R. Forner

Line	Fund	Agency	Orgn #	Activity	Funcion	Object	Project	Description	Amount
1	0010	018	3000	4700		2700		MAA Class Reimbursemer	9.50
2			1700	1830					
3									

I certify that all items of expense included above were incurred by me in conformance with Administrative Policy 504 (a copy of which is available for review in my Department). I understand that failure to submit this report within 10 days of my final travel date may affect my right to reimbursement and failure to submit this within 60 days of my final travel date may result in any travel advance being reported as income to the IRS under federal law.

Employee Signature: *Patricia R. Forner* Date: 10-25-10

Authorized Department Signature: *[Signature]* Date: 10-25-10

City Administrator or designee: _____ Date: _____



1.800.905.9653
www.greatwolf.com

FOLIO NO.	ROOM NO.	GUEST NO.
139646	246	3141654

RATE/PACKAGE	NO. IN PARTY	DEPOSIT REC'D
69	1	

RATE/PACKAGE DESCRIPTION

ARRIVAL DATE	DEPARTURE DATE
10-19-10	10-22-10

ADDITIONAL INFORMATION

NAME AND ADDRESS
Patricia Forner [REDACTED] Ann Arbor MI 48103 US DESCRIPTION

DATE	DESCRIPTION	CHARGES	PAYMENTS
10-19-10	Advance Deposit		255.93
10-19-10	Advance Deposit		85.31
10-19-10	Advance Deposit		-85.31
10-19-10	Package Room	69.00	
10-19-10	Resort Fee	9.99	
10-19-10	Adj Resort Fee	-4.99	
10-20-10	Package Room	69.00	
10-20-10	Resort Fee	9.99	
10-20-10	Adj Resort Fee	-4.99	
10-21-10	Rooms Sales Tax	1.80	
10-21-10	Occupancy Tax	4.44	
10-21-10	Package Room	69.00	
10-21-10	Resort Fee	9.99	
10-21-10	Adj Resort Fee	-4.99	
10-22-10	Adj Room Sales Tax	-1.50	
10-22-10	Adj Occupancy Tax	-0.20	
10-22-10	Adj Half Day Rate	-10.00	
10-22-10	Refund Check & CC Chargebac	39.39	
	Total	255.93	255.93
	Balance	0.00	

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any dispute or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

CITY OF ANN ARBOR TRAVEL AUTHORIZATION REQUEST

(To be used for Travel-Costs in excess of \$100.00 unless registration only)

Name of Traveler Patty Forner	Inclusive dates of travel, month, day, year & hour From: <u>10/19/10</u> To: <u>10/22/2010</u>
Destination MAA Assessors Continuing Education Traverse City, MI	Mode of Transportation: Air: _____ City Vehicle _____ Personal Vehicle <u>X</u> Other (specify) _____
Purpose of Trip (Name of Conference, Course, etc.) MAA Assessors Continuing Education Income Approach (Basic) Part II	Budgeted? Yes <u>X</u> No _____

Estimated Costs of Trip

All expenses are subject to the limitations of Administrative Policy 504 at the time of the trip.

PER DIEM - Meals, tips, miscellaneous, and one personal phone call per day			
Number of days	3	at \$	45 135.00
LODGING			
Number of days	3	at \$	Est. Amount 255.93
Prepaying	Voucher # _____	Date	<u>8/18/2010</u> Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u> Type: <u>E 1</u>	Pay Date:	<u>8/20/2010</u> Pay Amount <u>\$255.93</u>
Vendor Code	Vendor Name: <u>Great Wolf Lodge</u>		Invoice # _____
Vendor Address:	<u>3575 N. US Highway 31 S, Traverse City, MI 49684</u>		
TRANSPORTATION			
	235 miles one way @ .50 per mile		Est. Amount 235.00
Prepaying	Voucher # _____	Date	<u>8/18/2010</u> Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u> Type: <u>E 1</u>	Pay Date:	<u>10/15/2010</u> Pay Amount <u>235.00</u>
Vendor Code	Vendor Name: <u>Patty Forner</u>		Invoice # _____
REGISTRATION			
			Est. Amount 150.00
Prepaying	Voucher # _____	Date	<u>8/18/2010</u> Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u> Type: <u>E 1</u>	Pay Date:	<u>8/20/2010</u> Pay Amount <u>150.00</u>
Vendor Code	Vendor Name: <u>MAA Education</u>		Invoice # _____
Vendor Address:	_____		
OTHER EXPENSES (local transportation, parking, books, etc.)			
Description	<u>Assessor Certification Examination Fee, payable to "State of Michigan"</u>		Est. Amount 50.00


ESTIMATED TOTAL COSTS: 825.93

PERSONAL CASH ADVANCE (Maximum = Estimated total costs less other amounts prepaid by City) Amount 370.00

Prepaying	Voucher # _____	Date	<u>8/18/2010</u> Acct Prd. <u>02/10</u>
Information:	Bgt Fy <u>10</u> Type: <u>E 1</u>	Pay Date:	<u>10/15/2010</u> Pay Amount <u>370.00</u>
Vendor Code	Vendor Name: <u>Patty Forner</u>		Invoice # _____

Line	Fund	Agency	Orgn #	Activity	Function	Object	Project	Description	Amount
1	0010	018	3000	1700		2700		Lodging	255.93
2	0010	018	3000	1700		2700		Registration	150.00
3	0010	018	3000	1700		2700		Patty Forner	370.00
4	0010	018	3000	1700		2700		Examination Fee	50.00

I certify that this Authorization Request is made in accordance with Administrative Policy 504 (copy of which is available for review in my Department). I understand an expense report must be completed within 10 days of my final travel date and federal regulations require the City is to withhold taxes and report to the IRS as income any undocumented expenses if a travel expense report is not completed within 60 days of my final travel date.

Employee Signature		Date	<u>8-18-10</u>
Authorized Department Signature	_____	Date	_____
City Administrator or designee	_____	Date	_____

Check No. 745159

Invoice Total:	(-) Retainage	(-) Discount	(+) Freight	(+) State Tax	(+) City Tax	(+) County Tax	(=) Total Payment
11.00	0.00	0.00	0.00	0.00	0.00	0.00	11.00

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
10/04/2011	10042011PF	TRAVEL REIMB. MAA ASSESSOR'S CONTINUING EDUCATION CONF.	11.00

Total: \$11.00

Please visit our website <https://vendor.a2gov.org/eSuite.Supplier> to view your invoice and payment status.



City of Ann Arbor
 Accounts Payable
 PO Box 8647
 Ann Arbor, MI 48107-8647
 (734) 794-6520

BANK1ONE
 JPMorgan Chase Bank, Dearborn
 Dearborn, MI
 74-1292
 724

Check No: 745159

Date
10/14/2011

Amount
\$11.00

PAY Eleven and 00/100 Dollars

TO THE ORDER OF FORNER, PATRICIA
 ASSESSORS OFC.
 Ann Arbor, MI 48104

NON-NEGOTIABLE

CITY OF ANN ARBOR TRAVEL EXPENSE REPORT

To be used to report travel expenses

Name of Traveler: Patricia R. Forner Inclusive dates of travel, month, day, year & hour
 From: 10/04/11 To: 10/07/2011

Destination: MAA Assessors Continuing Education
Traverse City, MI SH/D

Purpose of Trip (Name of Conference, Course, etc.):
MAA Continuing Education
Taking the Mystery out of the Equalization Process

Expense Reimbursement Detail:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Indicate Dates ->			10/4/11	10/5/11	10/6/11	10/7/11		
Registration Fees: \$150.00								150.00 *
Lodging: \$238.05								238.05 **
Transportation:								0.00
Air/Train/ Bus fares								0.00
Mileage # 492 x .50								246.00
Other								0.00
Per Diem								0.00
Meals including tips:								0.00
Breakfast				10.00	10.00	10.00		30.00
Lunch				15.00	15.00	15.00		45.00
Dinner			20.00	20.00	20.00			60.00
Personal Phone Call								0.00
Other (describe)								0.00
Assessor Certification Examination Fee, payable to "State of Michigan"								50.00 *
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00

Remarks:
 Total Expenses: 819.05
 Less Amounts Paid by City mark with *: 438.05
 Less cash advances to traveler: 370.00
 Net due From (To) City: 11.00

Great Wolf Lodge to mail check for \$28.32

Complete for amounts due employee:
 Voucher # _____ Date 10/11/2011 Acct Prd. 04/11
 Bgt Fy 10 Type: E 1 Pay Date: 10/14/2011 Pay Amount \$11.00

Vendor Code FORN0050 Vendor Name: Patricia R. Forner

Line	Fund	Agency	Orgn #	Activity	Funcion	Object	Project	Description	Amount
1	0010	018	1700	1830		2700		MAA Class Reimbursemer	11.00
2									
3									

I certify that all items of expense included above were incurred by me in conformance with Administrative Policy 504 (a copy of which is available for review in my Department). I understand that failure to submit this report within 10 days of my final travel date may affect my right to reimbursement and failure to submit this within 60 days of my final travel date may result in any travel advance being reported as income to the IRS under federal law.

Employee Signature: *Patricia R. Forner* Date: 10-11-11
 Authorized Department Signature: _____ Date: 10-11-11
 City Administrator or designee: _____ Date: _____



1.800.905.9653
www.greatwolf.com

FOLIO NO.	ROOM NO.	GUEST NO.
	444	4601912

RATE/PACKAGE	NO. IN PARTY	DEPOSIT REC'D
70	1	

RATE/PACKAGE DESCRIPTION

ARRIVAL DATE	DEPARTURE DATE
10-04-11	10-07-11

ADDITIONAL INFORMATION

NAME AND ADDRESS
Patricia Forner [REDACTED] Ann Arbor MI 48103 US DESCRIPTION

DATE	DESCRIPTION	CHARGES	PAYMENTS
10-04-11	Advance Deposit		266.37
10-04-11	Room Rate/Packages	70.00	
10-04-11	Resort Fee	9.99	
10-04-11	Rooms Sales Tax	0.60	
10-04-11	Occupancy Tax	4.00	
10-04-11	Adj Resort Fee	-4.99	
10-04-11	Occupancy Tax	-0.25	
10-05-11	Room Rate/Packages	70.00	
10-05-11	Resort Fee	9.99	
10-05-11	Rooms Sales Tax	0.60	
10-05-11	Occupancy Tax	4.00	
10-05-11	Adj Resort Fee	-4.99	
10-05-11	Occupancy Tax	-0.25	
10-06-11	Room Rate/Packages	70.00	
10-06-11	Resort Fee	9.99	
10-06-11	Rooms Sales Tax	0.60	
10-06-11	Occupancy Tax	4.00	
10-06-11	Adj Resort Fee	-4.99	
10-06-11	Occupancy Tax	-0.25	
Total		238.05	266.37
Balance		-28.32	

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or the full amount of these charges. I also agree that all charges contained in this account are correct and any dispute or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

CITY OF ANN ARBOR TRAVEL AUTHORIZATION REQUEST

(To be used for Travel-Costs in excess of \$100.00 unless registration only)

Name of Traveler Patty Forner	Inclusive dates of travel, month, day, year & hour From: <u>10/4/11</u> To: <u>10/7/2011</u>	
Destination MAA Assessors Continuing Education Traverse City, MI	Mode of Transportation: Air: _____ Personal Vehicle <u>X</u>	City Vehicle _____ Other (specify) _____
Purpose of Trip (Name of Conference, Course, etc.) MAA Assessors Continuing Education Taking the Mystery out of the Equalization Process		Budgeted? Yes <u>X</u> No _____

Estimated Costs of Trip

All expenses are subject to the limitations of Administrative Policy 504 at the time of the trip.

PER DIEM - Meals, tips, miscellaneous, and one personal phone call per day		Number of days <u>3</u> at \$ <u>45</u> Est. Amount <u>135.00</u>
LODGING		Number of days <u>3</u> at \$ _____ Est. Amount <u>266.37</u>
Prepaying	Voucher # _____ Date <u>7/28/2011</u> Acct Prd. <u>01/11</u>	
Information:	Bgt Fy <u>11</u> Type: <u>E 1</u> Pay Date: <u>7/29/2011</u> Pay Amount <u>\$266.37</u>	
Vendor Code	Vendor Name: <u>Great Wolf Lodge</u> Invoice # _____	
Vendor Address:	<u>3575 N. US Highway 31 S, Traverse City, MI 49684</u>	
TRANSPORTATION 235 miles one way @ .50 per mile		Est. Amount <u>235.00</u>
Prepaying	Voucher # _____ Date <u>7/28/2011</u> Acct Prd. <u>01/11</u>	
Information:	Bgt Fy <u>11</u> Type: <u>E 1</u> Pay Date: <u>9/30/2011</u> Pay Amount <u>235.00</u>	
Vendor Code	Vendor Name: <u>Patty Forner</u> Invoice # _____	
REGISTRATION		Est. Amount <u>150.00</u>
Prepaying	Voucher # _____ Date <u>7/28/2011</u> Acct Prd. <u>01/11</u>	
Information:	Bgt Fy <u>11</u> Type: <u>E 1</u> Pay Date: <u>7/29/2011</u> Pay Amount <u>150.00</u>	
Vendor Code	Vendor Name: <u>MAA Education</u> Invoice # _____	
Vendor Address:	_____	
OTHER EXPENSES (local transportation, parking, books, etc.)		Est. Amount
Description	<u>Assessor Certification Examination Fee, payable to "State of Michigan"</u>	<u>50.00</u>

ESTIMATED TOTAL COSTS:		<u>836.37</u>							
PERSONAL CASH ADVANCE (Maximum = Estimated total costs less other amounts prepaid by City)		Amount <u>370.00</u>							
Prepaying	Voucher # _____ Date <u>7/28/2011</u> Acct Prd. <u>01/11</u>								
Information:	Bgt Fy <u>11</u> Type: <u>E 1</u> Pay Date: <u>9/30/2011</u> Pay Amount <u>370.00</u>								
Vendor Code	Vendor Name: <u>Patty Forner</u> Invoice # _____								
Line	Fund	Agency	Orgn #	Activity	Function	Object	Project	Description	Amount
1	0010	018	1700	1830		2700		Lodging	266.37
2	0010	018	1700	1830		2700		Registration	150.00
3	0010	018	1700	1830		2700		Patty Forner	370.00
4	0010	018	1700	1830		2700		Examination Fee	50.00

I certify that this Authorization Request is made in accordance with Administrative Policy 504 (copy of which is available for review in my Department). I understand an expense report must be completed within 10 days of my final travel date and federal regulations require the City is to withhold taxes and report to the IRS as income any undocumented expenses if a travel expense report is not completed within 60 days of my final travel date.

Employee Signature *Patty Forner* Date 7-28-11

Authorized Department Signature *[Signature]* Date 7/20/11

City Administrator or designee _____ Date _____

Check No. 741915

Invoice Total:	(-) Retainage	(-) Discount	(+) Freight	(+) State Tax	(+) City Tax	(+) County Tax	(=) Total Payment
558.96	0.00	0.00	0.00	0.00	0.00	0.00	558.96

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
06/30/2011	2011-00003107	2011 MAMA Conference Mileage Reimbursement 6-23/6-25	279.48
06/30/2011	2011-00003108	2011 Biennial Mackinac Policy Conference	279.48

Total: \$558.96

Please visit our website <https://vendor.a2gov.org/eSuite.Supplier> to view your invoice and payment status.



City of Ann Arbor
Accounts Payable
PO Box 8647
Ann Arbor, MI 48107-8647
(734) 794-6520

BANKONE
JPMorgan Chase Bank, Dearborn
Dearborn, MI
74-1292
724

Check No: 741915

Date
07/14/2011

Amount
\$558.96

PAY Five Hundred Fifty-Eight and 96/100 Dollars

TO THE ORDER OF
POSTEMA, STEPHEN
C/O ATTORNEYS OFFICE
Ann Arbor, MI 48104

NON-NEGOTIABLE

SH/D

CITY OF ANN ARBOR TRAVEL EXPENSE REPORT

To be used to report travel expenses

Name of Traveler Stephen K. Postema	Inclusive dates of travel, month, day, year & hour From: <u>6/23/11</u> To: <u>6/26/11</u>
---	---

Destination
Grand Hotel, Mackinac Island, Michigan

Purpose of Trip (Name of Conference, Course, etc.)
MAMA Conference

Expense Reimbursement Detail:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Indicate Dates ->					6/23/2011	6/24/2011	6/25/2011	
Registration Fees:								
Lodging:								

Transportation:	Air/Train/ Bus fares							
	Mileage # 548 miles x \$0.51/mile							\$279.48
	Other Ferry							
Per Diem	Meals including tips:							
	Breakfast							
	Lunch							
	Dinner							
	Personal Phone Call							
Other (describe)								

Remarks:	Total Expenses: <u>\$279.48</u> Less Amounts Paid by City mark with *: Less cash advances to traveler: Net due From (To) City: <u>\$279.48</u>
----------	---

Complete for amounts due employee:
 Voucher # _____ Date _____ Acct Prd. /
 Bgt Fy _____ Type: **E 1** Pay Date: _____ Pay Amount _____
 Vendor Code _____ Vendor Name: _____

Line	Fund	Agency	Orgn #	Object	Job	Description	Amount
1	14	1000	1000	2700			279.48
2							
3							

I certify that all items of expense included above were incurred by me in conformance with Administrative Policy 504 (a copy of which is available for review in my Department). I understand that failure to submit this report within 10 days of my final travel date may affect my right to reimbursement and failure to submit this within 60 days of my final travel date may result in any travel advance being reported as income to the IRS under federal law.


Employee Signature: *Stephen K. Postema* Date: 7-7-11
 Authorized Department Signature: *Sara Hujar* Date: 7-7-11
 City Administrator or designee: _____ Date: _____










Directions to Ann Arbor, MI
274 mi - about 4 hours 20 mins

Save trees. Go green!
 Download Google Maps on your phone at google.com/gmm



 Mackinaw City, MI

- | | | |
|---|---|----------------------------|
| | 1. Head south on S Huron Ave toward Wendell St
About 1 min | go 0.5 mi
total 0.5 mi |
|  | 2. Turn right onto US-23 N | go 0.1 mi
total 0.6 mi |
|  | 3. Turn left onto Old US 31 Hwy
About 1 min | go 0.2 mi
total 0.8 mi |
| | 4. Continue onto S Nicolet St
About 1 min | go 0.5 mi
total 1.3 mi |
|  | 5. Turn left to merge onto I-75 S toward Saginaw
About 3 hours 25 mins | go 223 mi
total 224 mi |
|  | 6. Slight right onto US-23 S
About 42 mins | go 45.5 mi
total 270 mi |
|  | 7. Take exit 45 to merge onto M-14 W/US-23 BUS S toward Ann Arbor
About 2 mins | go 1.5 mi
total 271 mi |
|  | 8. Take exit 3 to merge onto US-23 BUS S/N Main St toward Downtown Ann Arbor
About 3 mins | go 1.4 mi
total 272 mi |
|  | 9. Turn left onto E Huron St
About 2 mins | go 0.8 mi
total 273 mi |
| | 10. Continue onto Washtenaw Ave
About 1 min | go 0.9 mi
total 274 mi |

 Ann Arbor, MI

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should also use your own judgment. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't

Click "Report a problem" at the bottom left.

M ANN
June 23 - June 26
548 miles x 51¢/mi =
279.48

Michigan Association of Municipal Attorneys

ARRIVE: Thursday, June 23, 2011

DEPART: Sunday, June 26, 2011

ACCOMMODATIONS MAY BE AVAILABLE PRIOR TO AND FOLLOWING THE ABOVE DATES

Return this form by: Tuesday, May 24, 2011

To: Reservations Department
Grand Hotel
PO Box 286
Mackinac Island, Michigan 49757
Telephone: (906) 847-3331
Fax: (906) 847-0945



Note - Mr Postema is
Michigan President - he
has a special room
reserved?

MR.

MS.

MR. AND MRS.

(circle one)

Stephen Postema

(please print or type)

Address

301 E. Huron, PO Box 8647

City

Ann Arbor

State

MI

Zip Code

48107

Cell Phone

(734)

If sharing a room, name(s) of person(s) sharing with you:

Crossy Postema

Business Telephone

(734)

794-6170

E-mail

Grand Hotel offers a variety of room types for conference attendees. Guests sometimes ask to arrive earlier or remain later than the conference's official dates. We welcome your request for a specific room, room type, or room dates either prior to or following the conference. While your request will receive careful attention, please understand that it cannot be guaranteed.

ARRIVAL DATE:

Th June 23rd

DEPARTURE DATE:

Sunday June 26th

PLEASE RESERVE THE FOLLOWING ACCOMMODATIONS:

- \$235.00 daily, per person, based on double occupancy
 \$395.00 daily, based on single occupancy

Grand Hotel operates on the Modified American Plan. This means that your daily rate includes breakfast and dinner. In addition to our Grand Luncheon Buffet, other facilities are available at Grand Hotel for lunch.

RESERVATIONS FOR ADDITIONAL PERSONS

- 4 years of age and under, no charge
 5 through 11 years of age, no charge

- 12 through 17 years of age, \$55.00 daily, per person
 18 years of age and over, \$130.00 daily, per person

For an adult staying in a guest room with one or more children, the adult will pay the single convention rate, the children will be at the appropriate children's rates listed above. For two or more children staying in a guest room without an adult, the oldest child will be charged the single convention rate based on the category of room they are in and the remaining children will be at the additional persons rates listed above.

THE RATE UTILIZED FOR YOUR MEETING IS A FLAT, RUN-OF-THE-HOUSE PLAN, MEANING GUEST ROOMS WILL BE RESERVED IN PRIORITY ORDER ACCORDING TO DATE RESERVATION FORM IS RECEIVED BY GRAND HOTEL.

NO TIPPING: Tipping to any employee anywhere within Grand Hotel is not required, expected or permitted. Tipping is suggested at the following offsite restaurant locations: The Jockey Club at the Grand Stand, Woods, The Gate House and Fort Mackinac Tea Room.

NOTE: Michigan 6% Sales Tax applies to all charges, including a 19.5% added charge on the per person daily room rate. There is also a 2% Mackinac Island Assessment charge on the per person daily room rate. There is a one-time charge of \$7.50 per person for transfer of luggage from the dock to the Hotel and return. Taxi transportation to and from the boat docks and the Hotel is not included in the daily rate.

The block of rooms being held for this meeting is based on estimated attendance. Please make your reservation as promptly as possible. Requests received after the block is filled will be contacted and given an option of being placed on a waitlist. The waitlist is not a guarantee of a room. All rooms in the block, which have not been reserved 30 days in advance of the meeting, will be released for other guests. Individual group reservations are subject to a 10-day cancellation policy. Reservation deposits will be refunded if cancelled 10 or more days prior to arrival, less a \$35.00 processing fee. Reservations cancelled less than 10 days prior will forfeit the room deposit.

Once a guest confirms a departure date upon check-in, should check-out occur earlier than agreed, there will be a \$350.00 charge.

DEPOSIT POLICY: A deposit of either one night's stay or the full stays room charge must accompany this form in order to hold your room.

METHOD OF DEPOSIT: Visa MasterCard Discover AMEX Check

SH/D

CITY OF ANN ARBOR TRAVEL EXPENSE REPORT

To be used to report travel expenses

Name of Traveler Stephen K. Postema	Inclusive dates of travel, month, day, year & hour From: <u>6/17/11</u> To: <u>6/19/11</u>
---	---

Destination
Grand Hotel, Mackinac Island, Michigan

Purpose of Trip (Name of Conference, Course, etc.)
Biennial Mackinac Policy Conference

Expense Reimbursement Detail:								
Indicate Dates ->	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Registration Fees:	6/17/2011	6/18/2011	6/19/2011					
Lodging:								
Transportation:								
Air/Train/ Bus fares								
Mileage # 548 miles x \$0.51/mile								\$279.48
Other Ferry								
Per Diem								
Meals including tips:								
Breakfast								
Lunch								
Dinner								
Personal Phone Call								
Other (describe)								

Remarks:	Total Expenses: <u>\$279.48</u>
	Less Amounts Paid by City mark with *:
	Less cash advances to traveler:
	Net due From (To) City <u>\$279.48</u>

Complete for amounts due employee:
 Vouche: # _____ Date _____ Acct Prd. ___/___/___
 Bgt Fy _____ Type: **E 1** Pay Date: _____ Pay Amount _____
 Vendor Code _____ Vendor Name: _____

Line	Fund	Agency	Orgn #	Object	Job	Description	Amount
1	14	1000	1000	2700			279.48
2							
3							

I certify that all items of expense included above were incurred by me in conformance with Administrative Policy 504 (a copy of which is available for review in my Department). I understand that failure to submit this report within 10 days of my final travel date may affect my right to reimbursement and failure to submit this within 60 days of my final travel date may result in any travel advance being reported as income to the IRS under federal law.


Employee Signature Date 7-7-11
 Authorized Department Signature Date 7-7-11
 City Administrator or designee _____ Date _____











Directions to Ann Arbor, MI
274 mi - about 4 hours 20 mins

Save trees. Go green!
 Download Google Maps on your phone at google.com/gmm



 Mackinaw City, MI


- | | | |
|---|---|----------------------------|
| | 1. Head south on S Huron Ave toward Wendell St
About 1 min | go 0.5 mi
total 0.5 mi |
|  | 2. Turn right onto US-23 N | go 0.1 mi
total 0.6 mi |
|  | 3. Turn left onto Old US 31 Hwy
About 1 min | go 0.2 mi
total 0.8 mi |
| | 4. Continue onto S Nicolet St
About 1 min | go 0.5 mi
total 1.3 mi |
|  | 5. Turn left to merge onto I-75 S toward Saginaw
About 3 hours 25 mins | go 223 mi
total 224 mi |
|  | 6. Slight right onto US-23 S
About 42 mins | go 45.5 mi
total 270 mi |
|  | 7. Take exit 45 to merge onto M-14 W/US-23 BUS S toward Ann Arbor
About 2 mins | go 1.5 mi
total 271 mi |
|  | 8. Take exit 3 to merge onto US-23 BUS S/N Main St toward Downtown Ann Arbor
About 3 mins | go 1.4 mi
total 272 mi |
|  | 9. Turn left onto E Huron St
About 2 mins | go 0.8 mi
total 273 mi |
| | 10. Continue onto Washtenaw Ave
About 1 min | go 0.9 mi
total 274 mi |

 Ann Arbor, MI

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google
 Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

*Criminal Defense Sa
 Conference
 548 mi x 51¢ = 279.48*

**criminal law
section**
[about the
criminal law section](#)
[CLS council information](#)
[public policy](#)
[documents & publications](#)
[links](#)
[listserv](#)
[news](#)
 [print this page](#)
for members

- [SBM general information](#)
- [member directory](#)
- [admissions, ethics, and regulation](#)
- [diversity & inclusion](#)
- [justice initiatives](#)
- [member services](#)
- [practice management resource center](#)
- [public policy resource center](#)
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- [research and links](#)
- [sections](#)

ethics for members

- [ethics developments](#)
- [ethics opinions](#)
- [TAON \(trust accounts\)](#)

from the courts

- [opinion searching](#)
- [virtual court](#)

for the public

- [public resources](#)
- [media resources](#)

giving opportunities

- [a lawyer helps](#)
- [access to justice campaign](#)


Biennial Mackinac Policy Conference

Date: June 17–19, 2011

Location: Grand Hotel, Mackinac Island

Cost: \$75

[Agenda and Registration Form PDF](#)

The Michigan Medical Marihuana Act allows qualifying patients to possess and use marihuana without criminal penalty. But, is the law too vague? How do patients acquire medical marihuana? How do caregivers dispense it? How much flexibility does the law allow? Municipalities, prosecutors, defense attorneys, and judges are wrestling with these questions, resulting in uneven application of the law throughout the state. Conference participants, with the assistance of a distinguished panel, will address these issues and others surrounding the Act.

Conference participants will examine issues regarding the Medical Marihuana Act, and consider a policy statement to guide our future advocacy, with assistance from the following professionals:

- o Arthur Cotter, Berrien County Prosecutor, St. Joseph
- o Warren Edson, Attorney, Edson, Maytin & Matz, Denver, Colorado
- o Stephen Postema, City Attorney, Ann Arbor
- o Jesse Williams, Attorney, Amberg, Amberg & Williams North, Traverse City
- o Charles Marr, Moderator

The Grand Hotel is holding rooms only until May 17 (rooms may still be available after that date). Mission Point Resort is offering rooms for \$199/night, with children under eighteen staying free and children under twelve eating free. The Murray Hotel is offering rooms for \$165/night. Other accommodations can be found at www.mackinac.com.

Arnold Lines will again provide discounted ferry service, free parking, and valet service in both Mackinaw City and St. Ignace. Reduced ticket prices are \$18 for adults, and \$9 for children.

The \$75 registration covers a member and guest for all conference

Check No. 745170

Invoice Total:	(-) Retainage	(-) Discount	(+) Freight	(+) State Tax	(+) City Tax	(+) County Tax	(=) Total Payment
134.64	0.00	0.00	0.00	0.00	0.00	0.00	134.64

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
10/07/2011	2012-00001691	Mileage Reimbursement for MAMA conference	134.64
			Total: \$134.64

Total: \$134.64

Please visit our website <https://vendor.a2gov.org/eSuite.Supplier> to view your invoice and payment status.



City of Ann Arbor
 Accounts Payable
 PO Box 8647
 Ann Arbor, MI 48107-8647
 (734) 794-6520

BANK1ONE
 JPMorgan Chase Bank, Dearborn
 Dearborn, MI
 74-1282
 724

Check No: 745170

Date
10/14/2011

Amount
\$134.64

PAY One Hundred Thirty-Four and 64/100 Dollars

TO THE ORDER OF
 POSTEMA, STEPHEN
 C/O ATTORNEYS OFFICE
 Ann Arbor, MI 48104

NON-NEGOTIABLE



Directions to Amway Grand Plaza Hotel
187 Monroe NW, Grand Rapids, MI 49503 - (616) 774-2000
132 mi - about 2 hours 10 mins

Stephen Postema

132 x 2 = 264 x .51 = \$134.64 ✓ SH/D

Save trees. Go green!

Download Google Maps on your phone at google.com/gmm



Ann Arbor, MI

1. Head south toward **E Washington St** go 180 ft
total 180 ft
2. Turn right onto **E Washington St** go 0.3 mi
total 0.3 mi
About 1 min
3. Turn right onto **S Main St** go 1.3 mi
total 1.6 mi
About 4 mins
4. Take the ramp onto **M-14 E/US-23 BUS N** go 1.3 mi
total 2.9 mi
About 1 min
5. Take the exit on the left onto **US-23 N** toward **Brighton/Flint** go 14.8 mi
total 17.7 mi
About 14 mins
6. Take exit **60B** on the left to merge onto **I-96 W** toward **Lansing** go 110 mi
total 128 mi
About 1 hour 43 mins
7. Slight left onto **I-196 W** (signs for **Gerald R. Ford Freeway/Downtown Gd Rapids/Holland**) go 3.5 mi
total 132 mi
About 3 mins
8. Take exit **77C** for **Ottawa Avenue** toward **Downtown** go 0.3 mi
total 132 mi
About 1 min
9. Merge onto **Ottawa Ave NW** go 0.3 mi
total 132 mi
About 1 min
10. Turn right onto **Pearl St NW** go 0.2 mi
total 132 mi
Destination will be on the right
About 1 min.

Amway Grand Plaza Hotel
187 Monroe NW, Grand Rapids, MI 49503 - (616) 774-2000

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on maps.google.com and click "Report a problem" at the bottom left.

**Michigan Association of Municipal Attorneys
Municipal Law Program
Tuesday, October 4, 2011 ~ Grand Rapids
~ Agenda ~**

- 8:30 am **Registration and Check-In**
- 9:00 am **Welcome and Introduction**
Stephen K. Postema, Ann Arbor City Attorney; Honorable George Heartwell, Grand Rapids Mayor; and Catherine Mish, Grand Rapids City Attorney
- 9:10 am **Are There Still Some Telecommunications Issues for Local Governments in Michigan?**
Joe VanEaton, Best, Best & Kreiger, Washington DC
- 9:55 am **The New Act 312 - Collective Bargaining Issues: Pro and Con**
Richard Fanning, Keller Thoma
- 10:25 am **Networking Break**
- 10:35 am **City Attorney Investigation - Misconduct, Corruption and Fraud**
Todd Flood, Flood, Lanctot, Connor, PLLC and Phil Balkema
- 11:00 am **Electricity Rates Charged to Municipals: Unreasonable and Getting Worse?**
Roderick "Rick" S. Coy, Clark Hill, PC
- 11:45 am **MAMA Annual Business Meeting**
Stephen K. Postema, Ann Arbor City Attorney
- Awards Luncheon**
Randall Brown, Portage City Attorney
- 12:00 pm **Keynote Presentation**
*"Extraordinary Leadership: The Example of Benjamin Franklin?"
Gleaves Whitney, Director, Hauenstein Center, GVSU*
- 1:30 pm **Ten Ways to Not Just Survive, but to Grow Your Government Without Social Media**
Joseph V. Walker, Esq.
- 2:15 pm **In-Sourcing, Outsourcing, Downsizing, and Elimination Of Services: The Legal Issues**
Lori Grigg Bluhm, Troy City Attorney
- 3:30 pm **Networking Break**
- 3:45 pm **Legal Issues Regarding Sign Regulation**
Mark Wyckoff, Planning & Zoning Center at MSU; and Brian Connolly
- 4:30 pm **Michigan Medical Marihuana Act: What Now?**
Michael Fisher, Livonia Assistant City Attorney and Prof. Gerald A. Fisher, Thomas M. Cooley Law School
- 5:00 pm **Adjourn**

Check No. 748323

Invoice Total:	(-) Retainage	(-) Discount	(+) Freight	(+) State Tax	(+) City Tax	(+) County Tax	(=) Total Payment
277.50	0.00	0.00	0.00	0.00	0.00	0.00	277.50

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
01/27/2012	2012-00003354	Mileage Reimbursement for oral argument on HDC in OH	277.50

Total: \$277.50

Please visit our website <https://vendor.a2gov.org/eSuite.Supplier> to view your invoice and payment status.



City of Ann Arbor
 Accounts Payable
 PO Box 8647
 Ann Arbor, MI 48107-8647
 (734) 794-6520

BANK1ONE
 JPMorgan Chase Bank, Dearborn
 Dearborn, MI
 74-1292
 724

Check No: 748323

Date
02/03/2012

Amount
\$277.50

PAY Two Hundred Seventy-Seven and 50/100 Dollars

TO THE ORDER OF
**POSTEMA, STEPHEN
 C/O ATTORNEYS OFFICE
 Ann Arbor, MI 48104**

NON-NEGOTIABLE









Directions to 100 E 5th St, Cincinnati, OH 45202
250 mi - about 4 hours 11 mins

Save trees. Go green!
Download Google Maps on your phone at google.com/gmm

$250 \times 2 = 500 \times .51 = 255.00$
~~255.00~~
\$277.50 ✓
5410

301 E Huron St, Ann Arbor, MI 48104

Postema, Stephen

- 1. Head east on E Huron St toward N Division St go 0.6 mi
total 0.6 mi
- 2. Continue onto Washtenaw Ave go 3.2 mi
total 3.8 mi
About 4 mins
-  3. Merge onto US-23 S via the ramp to Interstate 94/Toledo/Detroit go 40.6 mi
total 44.5 mi
Entering Ohio
About 38 mins
-  4. Merge onto I-475 S go 12.9 mi
total 57.3 mi
About 12 mins
-  5. Take the exit onto I-75 S toward Dayton go 191 mi
total 249 mi
About 3 hours 12 mins
-  6. Take exit 1B on the left for I-71 N/US-50 E toward US-52 E go 0.3 mi
total 249 mi
About 1 min
- 7. Take exit 1A for Second St toward Downtown/Riverfront go 0.3 mi
total 249 mi
- 8. Merge onto Second St W go 0.2 mi
total 250 mi
-  9. Turn left onto Elm St go 0.2 mi
total 250 mi
About 2 mins
-  10. Turn right onto W 5th St go 0.3 mi
total 250 mi
Destination will be on the left
About 2 mins

100 E 5th St, Cincinnati, OH 45202

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Court business

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72.27	0.00	0.00	0.00	0.00	0.00	0.00	72.27

DATE	INVOICE NO.	DESCRIPTION	NET AMOUNT
04/04/2012	2012-00004129	Mileage Reimbursement for Oral Argument on Dawn King Case	72.27

Total: \$72.27

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Date
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Amount
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PAY Seventy-Two and 27/100 Dollars

TO THE ORDER OF POSTEMA, STEPHEN
 C/O ATTORNEYS OFFICE
 Ann Arbor, MI 48104

NON-NEGOTIABLE

SH/D

bing Maps

A 301 E Huron St, Ann Arbor, MI 48104

B 925 W Ottawa St, Lansing, MI 48915

Route: 65.7 mi, 1 hr 1 min

My Notes 65.7 x 2 = 131.4 x .55 =

\$ 72.27

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A	301 E Huron St, Ann Arbor, MI 48104	A-B: 65.7 mi 1 hr 1 min
	1. Depart I-94 Blvd / US-23 Branch / E Huron St toward N 5th Ave	0.1 mi
	2. Turn right onto US-23 Branch / N Main St	1.2 mi
	3. Take ramp right and follow signs for M-14 East / US-23-BR North	1.3 mi
	4. Take ramp left for US-23 North toward Flint	14.8 mi 12 min
	5. At exit 60B, take ramp left for I-96 West toward Lansing / Brighton	41.0 mi 35 min
	6. At exit 106B, take ramp right for US-127 North / I-496 toward Downtown Lansing	3.6 mi
	7. Keep left to stay on I-496 West / Olds Fwy	2.5 mi
	8. Take ramp right for W St Joseph St	0.2 mi
	9. Bear right, and then bear right onto S Walnut St	0.5 mi
	10. Road name changes to N Walnut St	331 ft
	11. Turn left onto W Ottawa St	0.4 mi
B	12. Arrive at 925 W Ottawa St, Lansing, MI 48915 <i>The last intersection is N Butler Blvd If you reach M-99 North / N Martin Luther King Jr Blvd, you've gone too far</i>	

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