BALLOT QUESTION COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.		3.This Statement covers From: 10-19-59 To 11-23-59		
1. Committee I.D. Number	4. Committee's Mailing Address Clo LOSTY CoB 9081 Lottle	4. Committee's Mailing Address Clo LOSTY Cobles, Treasures 9681 Lottle LAne De xter, M1 48/36 Area Code and Phone 234. 426.1233 If the address in this box is different from the committee mailing address on		
2. Committee Name	Toxtel MI	48130		
	Area Code and Phone 23	4 420, 163 5		
Friends of Education	the Statement of Organization official.	n, mail may be sent to this address by the ming		
5. Treasurer's Name and Residential Address				
Larry Cobler 9081 Lotte Lane		TS TS		
Dexter, m1 48130		看 言 言		
Area Code and Phone 134,476,1733		Name and Mailing Address WASHTER COUNTY Name and Mailing Address WASHTER COUNTY SZ9. 332 534 55		
6. Treasurer's Business Address	7. Designated Record Keeper's (If the committee has a Design	Name and Mailing Address w		
6. Treasurer's Business Address ALTARUM INSTITUTE 3520 6 SEEN COURT STE 300	SUE KLIME 859 PLAN	火		
3520 61201 0001 510300	859 PLAN	K SI LOUZE DE Z		
Ann Arbor, MI 48105	Dunber	n1 48132 = 7		
Area Code and Phone 234. 302.4643	Area Code and Phone 234.	529.336102 5 =		
8. TYPE OF STATEMENT:	8c. ANNUAL STATEMENT	8e. DAMENDMENT TO CAMPAIGN STATEMENT		
8a. PRE- ELECTION	(Coverage Year)	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)		
OR	8d. QUALIFICATION	indicate which Statement is being amended)		
8b. POST- ELECTION	OR	8f. DISSOLUTION OF COMMITTEE		
Pre-Election or Post-Election Statement relates to:	☐ NON-QUALIFICATION	Effective Date of Dissolution		
☐ PRIMARY ☐ GENERAL	STATEMENT (Required of State-wide Ballot Question			
	Committees Only)			
SPECIAL SPECIAL		By checking this item, I certify that the		
Date of Election:	Date of Qualification or Non- Qualification:	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		
11-03-2009	Qualification.	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 50E KLIMEK Sul Klimek Date 11-29-09 Type or Print Name Signature				
Designated Record Keeper SUE RZIII EX Type or Print Name	Signature	Date 11-67		



SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 3-2089-089
2. Committee Name FILENDS OF EN UCATION

	2. Committee Name 77757753	T
RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ 2,152,00	-
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 2,152.00	(18.) S 23, 806,00
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 2,152,00	(20.) \$ 23, 806.00
IN-KIND CONTRIBUTIONS		
In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$,
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ 11, 065,04 (8b.) \$	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
 c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) 	(8c.) \$	
d. Uniternized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	2 2 2 2 2 2 2 2
e. Subtotal of Expenditures	(8e.) \$ 11,065,04	(22.) \$ 22,198,23
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 11,005,04	(24.) \$ 22, 198, 23
IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9860.81</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.)+ 2/52,00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 12, 012, 81	400
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.)- 11, 005.04	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ 1,007.77	*

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



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

BALLOT QUESTION COM	MITTEE :	2. Committee Na	me <u>Frien</u>	DS OF	COUCATION
Please enter contributors name and address. If comiddle initial.	ontribution is from an inc	dividual, enter la	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Thor BUTH, Cathy 1212 Sherman ST YPSIlant, MI 43	 -	10-23-1	9	s_25°°	s_25 od
5. If over \$100.00 cumulative, please provide:	12. * *			Click Here for Mer	no Itemization
	over.				
-	oyei	77VV 1.			
Business Address Type of Contribution: Direct	Loan from a perso	on	Fund Raiser		
Name & Address: Bates, DAND 1208 Pearl	Date of Receipt	10-23-	19_	\$ 5000	s 150 00
YPSILANYI, MI 4819	7				···-
i. If over \$100.00 cumulative, please provide:		0		Click Here for Mem	o Itemization
Occupation Teacher Emple					
Business Address	Loan from a person		, <i>M) 48/3</i> Jund Raiser	4	
3. Contribution #3 Name & Address: MILLER, WILLIAM 208 MONTGOME ANN ALBOC, MI	ny	10-22-1	9	\$ 160 60	s 200°
5. If over \$100.00 cumulative, please provide:				Click Here for Memo	Itemization
	oyer WAS HTE				
Business Address 1819 S. WAG	ner Ann	ACBOY,	m1 48103	3	
Type of Contribution: Direct	Loan from a person	F	und Raiser		
Occonnell, Patrick 311 manor Dr.	ate of Receipt	0-230 9)	s 25	s_25°°
AMA AGBAC, MI If over \$100.00 cumulative, please provide:				Click Here for Memo	
Decupation Emplo	yer			Office Here for Issemic	nemization
Business Address	-				
Type of Contribution: Y Direct	Loan from a perso	on T	Fund Raiser		
age of			Page Subtotal of All Schedules 4A st page of Schedule)	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2009-004
2 Committee Name Frenchs OF ENDATION

2. Committee Name	DE OF CATION
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 4. Date of Receipt 10-23-69	
Shrock, Gwenpocyn 3119 whippie	\$ 25° \$ 50°
JACKSON, MI 49211	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	Check Figure 101 Metho Restrictation
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 Name & Address: Connors, Ronnie 321 EDWARD J. CLINTON, MI 49236	s 50° s 50°°
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: \(\sum \) Direct Loan from a person Fund Raiser	
3. Contribution #3 Name & Address: GLASS, ROB 944 ADAMS CASTLE Dr. BLOOM FIELD HILS, MI 48304 5. If over \$100.00 cumulative, please provide: Occupation SUPT Employer Dexter Schools Business Address 7114 Ann Albor, Dexter, MI 48130 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 25 ° \$ 125 ° Click Here for Memo Itemization
3. Contribution # 4 4. Date of Receipt //-2/-0 9	
MARSHALL, MARY 11332 Scotch CT S. Lyon, MI 48178 5. If over \$100.00 cumulative, please provide:	s 100° s 200°°
Occupation AST. SUPT. Employer Dexter Schools	Click Here for Memo Itemization
2011 0 0000 - 1013	20
To the state of th	-
Type of Contribution: X Direct Loan from a person Fund Raiser	43
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

1. Committee I.D. Number 3-2009-064

Summary Page

DALLOT QUESTION COM	2. Committee	Name <u> </u>	OF COU	Carton
Please enter contributors name and address. If c middle initial.	contribution is from an Individual, enter	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: COVEST, KIMBESLY 3550 EDISON CT DEXTEX, MI 48130	Date of Receipt 18-22	309	\$ 50 00	s <u>5</u> 7
5. If over \$100.00 cumulative, please provide:			Click Here for Men	no Itemization
Occupation Emp	loyer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Name & Address: KAZEE, JEFF 29538 PICKFOR	Date of Receipt	09	s_15°	s 15 00
LIVONIA, MI 481	52			
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	temization
Occupation Emp	loyer			
Business Address				
Type of Contribution: 📈 Direct	Loan from a person	Fund Raiser		
Name & Address:	Date of Receipt 10-23-0	19		P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
GLATZ, Kristen 184 WAYMARKET Ann Arbor, MI 4 5. If over \$100.00 cumulative, please provide:	- 18103		\$ 30 CO	
OccupationEmp	slover			
Coccapation	moyer			
Business Address Type of Contribution: V Direct	Loan from a person	Fund Raiser		
Ann Arbor, m	Date of Receipt 10 23 8	9	44	
Ann Args, M. 5. If over \$100.00 cumulative, please provide:	1 48188		\$ 50 00	\$ 50 00
Occupation Empl	oyer		Click Here for Memo	Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
	The second secon	Page Subtotal	11/200	
	Grand T	otal of All Schedules 4A	170	
		n last page of Schedule)		
Page 3 of 16			Enter this total on line 3a of	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B-2009-004</u>

DALLOT GOESTION CO	2. Committee Name P1/ex	DS OF	DUCA 110"
Please enter contributors name and address. middle initial.	If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: DEVANEY, SASAR 962 SHEFMAN 4PSILANTI, MI 5. If over \$100.00 cumulative, please provide	48197	\$ 25°C	s 2500
Occupation E	mployer		
Business Address Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution # 2 Name & Address: KUCH NEL, KATHLES 1370 E. FOSEST YPSILANTI, MI 48 5. If over \$100.00 cumulative, please provide	2198	\$ 20 00	
Occupation E	mployer		
Business Address	Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: PLANTE MORAN & U300 North we s South Flets; mi 5. If over \$100.00 cumulative, please provid	48076	\$ 100 Click Here for Memo	\$S defined a second of the second of
Occupation E	mployer		
Business Address Type of Contribution: X Direct	Loan from a person Fund Raiser		·
Name & Address: LAMPMAN, NATE 4009 N. Phea 5 ALINE, MI 48 5. If over \$100.00 cumulative, please provide		\$	s 15 °° o
Business Address	iproyer		
Type of Contribution: X Direct	Loan from a person Fund Raiser		
Page 4 of 16	Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2009-004
2. Committee Name Friends OF EDUCATION

	2. Committee Hame	
Please enter contributors name and address. middle initial.	If contribution is from an individual, enter last name, first name,	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	4. Date of Receipt 10-2/-09	
Heary, Kasen 229 Sheff SALINE, MI	18176	s 50 ° s 50 ° d
5. If over \$100.00 cumulative, please provi		Click Here for Memo Itemization
Occupation	Employer	
Business Address		
Type of Contribution:	Loan from a person Fund Raiser	
3. Contribution #2 Name & Address: HARSH, JULIE 12151 MILLS I CLINTON, MI	4. Date of Receipt 16-23-89 NACON HWY 49236	s 20° s 20°
5. If over \$100.00 cumulative, please provid		Click Here for Memo Itemization
Occupation	Employer	
Business Address		
Type of Contribution: X Direct	Loan from a person Fund Raiser	
3. Contribution # 3 Name & Address:	4. Date of Receipt 10-23-89	
Franzel, Slan 2244 Yensch Dun Dee, M 5. If over \$100.00 cumulative, please provi	de:	\$ 1500 \$ 1500 Click Here for Memo Itemization
Business Address Type of Contribution: Direct	Loan from a person Fund Raiser	
S. Contribution # 4 Name & Address: BUSH, NATHAN 4073 RUBY ST YPSILANTI, MI i. If over \$100.00 cumulative, please provid	<i>48197</i> e:	\$ 2000 \$ 20 Click Here for Memo Itemization
OccupationE	Employer	
Business Address	Loan from a person Fund Raiser	
Page 5 of 16	Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule	700



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

BALLOT QUESTION COMMITTEE

Committee I.D. Number	B-2009-00	4

BALLOT QUESTION COMMITTEE 2. Committee Name #12175	OF ED	UCATION
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: Sartori, Steven 7600 Dell Rd SALINE, MI 48176	s_2100	s 2000
5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 4. Date of Receipt 10 23 8 9		
Name & Address: GILLOW, JEFF 6870 SOLINE ANN ARBER Rd SALINE, MI 48196	s 20 00	s 20 °°
SPAILE, 777 9 3 7 5 6. If over \$100.00 cumulative, please provide:	Click Here for Mem	o Itemization
Occupation Employer	Olion Floro to Michigan	o nomedion
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: **ELL WEIN, REBECCE **I/4 E. HEN (Y SALINE, MI 48/16 5. If over \$100.00 cumulative, please provide:	\mathbb{S} \mathcal{Q} \mathcal{O}	s_20°0
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 4. Date of Receipt 10-23-0 9 Name & Address:		
DIROFF, EVIC 805 STETSON TECOM SEh, MI 49286 . If over \$100.00 cumulative, please provide:	s_42 00	s_42
OccupationEmployer	Click Here for Mem	ltemization
Business Address Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	IO2 00 Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2009-004
2. Committee Name Frends OF Education

	E. Committee Hame	
Please enter contributors name a middle initial.	and address. If contribution is from an individual, enter last name, first	name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: WILLIAM S USST MU SALANC 5. If over \$100.00 cumulative, p	MI 48196	s 20 °s 20 °d Click Here for Memo Itemization
	Employer	
Business Address Type of Contribution:	ct Loan from a person Fund Raiser	 -
3. Contribution # 2 Name & Address: £ ALLAN, T 551 EC SAUNE, 1 5. If over \$100.00 cumulative, pl	m) 48176	\$ 25 00 \$ 25 00 Click Here for Memo Itemization
Occupation	Employer	
Business Address Type of Contribution: Direct		
5 ALINE, M 5. If over \$100.00 cumulative, p Occupation	11 48176	\$ 50 °C \$ 50 °C Click Here for Memo Itemization
Business Address Type of Contribution: X Direct	Loan from a person Fund Raiser	mean.
3. Contribution # 4 Name & Address: FAR, Par 105 28 M/LAN, 5. If over \$100.00 cumulative, ple	Mc Crone Rd	\$ 35° \$ 35° Click Here for Memo Itemization
Business Address		
Type of Contribution: Dire	ect Loan from a person Fund Raiser	
Page <u>1</u> of <u>16</u>	Page S Grand Total of All Schedi (Complete on last page of Sc	



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B-2009-004

2. Committee Name FIENDS OF EDUCATION

2. Committee Name 117.01	1 DULLETTO
Please enter contributors name and address. If contribution is from an individual, enter last name, first name middle initial.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt 10-23-0 9	1 , vale of receipt)
couss non, charges	s 30 ° s 36 ° d
9395 ChesTNUT CIT	\$ <u>30</u> \$ <u>30</u>
DEXTES, MI 48130 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: V Direct Loan from a person Fund Raiser	
3. Contribution # 2 4. Date of Receipt 10-23-0 9 Name & Address:	
Chambers, Tara Cir	s 20 10 s 20 10
Walled Lake, M1 48390 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	_
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	_
3. Contribution #3 Name & Address: 4. Date of Receipt 10-2.3-0-7	
HODGERS, Cristin 3080 whisper wood Dr. ADT 475	s 2500 s 2500
Ann ArBOC, mi 48105 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	_
Business Address	-
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 4. Date of Receipt 10-23-0 9	
Koppelman, Cynthia 518 Seminole Dr. 518 Seminole Dr. Tecumseh, mi 49286 5. If over \$100.00 cumulative, please provide:	s 30 °C s 30 °C
TECUMSEL, MI 49508 C	
Occupation Employer	Click Here for Memo Itemization
	-
Type of Contribution: V Direct Loan from a person Fund Raiser	
Page Subt	total 1/15-00
Grand Total of All Schedules	70
(Complete on last page of Sched	dule)
Page Of 16	Enter this total on line 3a of Summary



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

SCHEDULE 4A
BALLOT QUESTION COMMITTEE 2 Committee

1. Committee I.D. Number B-2009-004
2. Committee Name Frence OF Execution

Please enter contributors name and address. If middle initial.		ter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: KLINK, GENCE 9121 WATER 100 - N Grass Lake, M1 5. If over \$100.00 cumulative, please provide:	49240	309	\$ 10 Click Here for Mer	\$
Occupation Em	ployer			
Business Address Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address: EMLAW, Megan 695 UBESTY Poil Ann ASBOC, M) 5. If over \$100.00 cumulative, please provide: Occupation Teaches Em	4810-3	chools	\$ 50 Click Here for Mem	\$
Business Address Type of Contribution: Direct 3. Contribution # 3	Loan from a person Date of Receipt 10-23-4	Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
Name & Address: SMATT, Ing FIP 5392 Bethell Co SAUNE, MI 4 5. If over \$100.00 cumulative, please provide Occupation Em Business Address	hurch Rd 8176		\$ 10	\$ 10 00 temization
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address: SK ry pec, Ryann 4093 CIKA D6 PClasMt Lake, 5. If over \$100.00 cumulative, please provide:	. Date of Receipt 10-23	-09	\$ 10	s 10 0 3
Occupation Em	oloyer			
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
Page 9 of 16		Page Subtotal Total of All Schedules 4A e on last page of Schedule)	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B</u>-2009-004

DALLOT QUEUTION COM	2. Committee Name		ica 100
Please enter contributors name and address. If commiddle initial.	ontribution is from an individual, enter last name,	first name, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 4. Name & Address:	Date of Receipt 10-29-49		
Keeney, Jesemy 5036 WILLS Ro VPS. lant, MI 5. If over \$100.00 cumulative, please provide:	?	\$SClick Here for Mem	s 35 °° no Itemization
OccupationEmpl			
Business Address			
Type of Contribution: V Direct	Loan from a person Fund Ra	iser	
3. Contribution # 2 4. Name & Address:	Date of Receipt 10-23-09	•	
Graden, SCOTT 8150 WATERS RA	48103	\$ 3500	\$ 3500
5. If over \$100.00 cumulative, please provide:	• •	Click Here for Memo	Itemization
Occupation Empl	oyer		
Business Address Type of Contribution: Direct	Loan from a person Fund Rais	er	
Name & Address: Reisterer, Mich 400 Virginia Au Ann ArBor, Mi 5. If over \$100.00 cumulative, please provide:	Date of Receipt 10-23-0 9 ALL L 18/03	© Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø Ø	\$
OccupationEmpl	oyer		
Business Address Type of Contribution: Direct	Loan from a person Fund Rais	er	
3. Contribution # 4 4. I Name & Address:	Date of Receipt 10~23~09		
Name & Address: Hugh 05, JAM ET 2105 OCCIDENTAL TECOM SEL, MI 5. If over \$100.00 cumulative, please provide:	Huy 49286	\$ 2 _0 0 0	s 20
Occupation Emplo	yer		, in the same of t
Business Address	***************************************		
Type of Contribution: X Direct	Loan from a person Fund Ra	niser	
Page <u>j.0</u> of <u>////</u>	Pa Grand Total of All So (Complete on last page		



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

1. Committee I.D. Number B-2009-004

Enter this total

on line 3a of Summary Page

2. Committee Name FILENDS OF Colu Cathon **BALLOT QUESTION COMMITTEE** Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. Election Cycle for Each Contributor (Through date of receipt) 3. Contribution # 1 10-2609 4. Date of Receipt Name & Address: DANSKY, SARA 5914 Versailles Ave 48103 Ann ArBOr, MI Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address ___ **Y** Direct Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt Name & Address: Frese, DAVID 290 W. Bemis Rd SAUNC, MI 48176
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Retired Employer Business Address _ Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution #3 4. Date of Receipt Name & Address: Benedek, TAMU 242 Winchester SAUAR, m1 48176 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address ---Type of Contribution: V Direct Loan from a person Fund Raiser Contribution # 4 Name & Address: 4. Date of Receipt 10-22-09 Thomas-Smith, mary 642 Ridgemont Un 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer Business Address Type of Contribution: 1 Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION CO	DMMITTEE 2. Committ	ee Name <u>Falko</u>	IS NE E	dispostion
Please enter contributors name and address. middle initial.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: FIEEBUIN, Ada m 2013 Carhart # ANN AF BUIN 5. If over \$100.00 cumulative, please provide		809	\$ 20 Click Here for Mer	\$_ <i>20</i>
Occupation E	mpioyer	•		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:	4. Date of Receipt 10-2			
Howard, Angelin 200 n. Ann Arbur SAUNE MI 5. If over \$100.00 cumulative, please provide	Rd 18116		\$ 20	\$ 20°°
Occupation E	mployer			
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
Name & Address: Brown, MIKE 200 n. Ann ArBo STRINE, MI 481 5. If over \$100.00 cumulative, please provide	4. Date of Receipt 10:28-	<u> </u>	\$ 10 00	\$
OccupationE	mployer	****		2
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 4 Name & Address:	4. Date of Receipt 18-28-0	9		
Campman, Nate 9009 n. Oheas, SMAL mi 5. If over \$100.00 cumulative, please provide	ANT FINGE 48176		\$	\$_3500 b Itemization
Occupation Er	nployer			
Business Address	Loan from a person	Fund Raiser		
Page 12 of 10		Page Subtotal d Total of All Schedules 4A e on last page of Schedule)	Enter this total on line 3a of Summary Page	



ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

BALLOT QUESTION	2. Com	mittee Name <u>FNent</u>	SOF EX	SUCATION
Please enter contributors name and addre middle initial.	ss. If contribution is from an individua	l, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution # 1 Name & Address:	4. Date of Receipt	2809		date of receipt)
RANDAU, Amy		3.07		-
200 n. Ann ArB	or Rd		\$ 1000	\$ 1000
5 AUAL, Mi 4			Click Here for Men	
Occupation	Employer			
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
Contribution # 2 Name & Address:	4. Date of Receipt 10-25			·
Cramer/Longworth, 1323 Mesa Dr.	Carol + Thomas		48	•
1323 mesa or.			\$ 25	\$ 2500
5. If over \$100.00 cumulative, please prov	1 48197			1
_			Click Here for Memo	Itemization
	_ Επριοyer			
Business Address Type of Contribution: Y Direct	Loan from a person			
3. Contribution #3		Fund Raiser	7/84	····
Name & Address:	10 82	807		
Holst, MARY Pat-			00	er A
1402 Fieldstone			s <u>25</u>	\$ 2500
5. If over \$100.00 cumulative, please pro-	48108		3 .	
Occupation			Click Here for Memo	Itemization
	Linployer			
Business Address Type of Contribution: V Direct	l can from a norman			
3. Contribution # 4	Loan from a person 4. Date of Receipt	Fund Raiser		
Name & Address:	•			
McCalla, Craig 6465 BUCK RUN Whitmore, Lake i. If over \$100.00 cumulative, please provi	4.		00	וֹג
6465 BUCK FU	, mi 48189		\$ 30 \$	100 00
i. If over \$100.00 cumulative, please provi	de:			
O 11	Employer		Click Here for Memo	Itemization
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
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	Cro	Page Subtotal	1/0	
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Page 13 of 1(2)			Enter this total on line 3a of	
			Summary Page	



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

Diagra antes contributors	2. Committee Name	US OF C	ducar jou
modic Battai.	If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4. Date of Receipt 16-28-19		date of receipt)
Lundy, Richards	+ Ellen	\$ 100 00	s 200
5. If over \$100.00 cumulative, please provide		Click Here for Mer	no Iternization
Occupation KOHINGA Er	nployer		
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
Name & Address:	4. Date of Receipt 11-3-8-9		
DOONLAG, LESTIE	- (7)	60	(1)
200 N. AMA AFBOT	B 1 7	\$_ <i>_/0</i>	\$ 1000
5 AUNC m1 42 5. If over \$100.00 cumulative, please provide:	8/16	,	
Occupation En		Click Here for Memo	ltemization
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
Name & Address:	4. Date of Receipt 1/-3-09		VI
Kell Strom, Jeff, 6465 Brokner 5ALA, mi 481 5. If over \$100.00 cumulative, please provide	U Dr.	\$	\$
OccupationEm	ployer		
Business Address ———————————————————————————————————			
Type of Contribution: Direct	Loan from a person Fund Raiser		i
Name & Address:	Date of Receipt 11-3-09		
Stevenson Gamela			
Stevenson, Gamela 885 Fedora Da	C.	. 27	~ 01
. If over \$100.00 cumulative, please provide:	49286	S S S	30
^ "	oloyer	Click Here for Memo	Itemization
Business Address			
Type of Contribution: Direct	Loan from a person Fund Raiser		
rage 14 of 16	Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule)	26000 Enter this total on line 3a of Summary	79



ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B-2009-884</u>

Please enter contributors name and address 15	TDS OF COWCATION
Please enter contributors name and address. If contribution is from an individual, enter last name, first named initial.	me, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 1+3-59	1 Juste of receipt)
Heim, Timothy 5808 n. Rogers Huy Tecomsel mi 49286 5. If over \$100.00 cumulative, please provide:	\$ 40 00 \$ 40 00
	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 Name & Address: 4. Date of Receipt 1/3-0 9	
Cornish, BARB 200 n. Ann Arbor ST.	s 20 ° s 20 ° °
5. If over \$100.00 cumulative, please provide:	
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- Lilpioyei	
Business Address Type of Contribution: Loan from a person Fund Paicer	-
and Narsel	
Name & Address:	
ZOO D. AND ARBOT ST	2000
Saline, Mi 48176 5. If over \$100.00 cumulative, please provide:	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	_
Business Address —	
Type of Contribution; Direct Loan from a person Fund Raiser	
Contribution # 4 A. Date of Receipt 1/1809	
REDIES, CONTON CON CIC	2000 200
SAURC, M) 48/16 . If over \$100.00 cumulative, please provide:	- <u>a</u> s <u>a</u>
OccupationEmployer	Click Here for Memo Itemization
Business Address	
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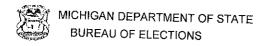


ITEMIZED CONTRIBUTIONS **SCHEDULE 4A** BALLOT QUESTION COMMITTEE

		Z. Comn	intee NamePI / EN	UDS OP	Cawcanon
middle friktar.		f contribution is from an individual,	enter last name, first name	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:		4. Date of Receipt	809		
HUM, 7 5808 1 5. If over \$100.00 cum	imothy . Rogers 1			\$_ <i>15</i>	\$ 55
5. If over \$100.00 cum	ulative, please provide	: 7/284		Click Here for	Memo Itemizatjon
Occupation					
Business Address	·				
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:		4. Date of Receipt			
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Occupation	Em	ployer			The state of the s
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 3 Name & Address;	4	. Date of Receipt			19 de -
				\$	\$
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Occupation	Emį	oloyer			
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				\$	\$
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169 11 a				Enter this total	

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ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number B- 200 9- 00 9

3. Name and address of person to whom paid	2. Committee Name	1enDS 8F	<u> EDU</u>	ation	
	5. Identify the ballot	expenditure.	6. Date	7. Amount	8. Cumulati for election
Expenditure # 1 Name & Address:	4. Purpose:	pported or opposed.			
PAY Pal. Com	internet	BANK FEE	25		11 011 KC
	5. Ballot Proposal: WASHTENAU Enhancemê	REGIONAL AT MILLAGE	10-23:9 Date of Expenditure	\$ <u>17.86</u>	NI SINOS SANSON
Check box if expenditure is payment of debt or obligation reported on previous statement		TENAW	Click fo	r Memo Itemizatio	п Туре
	Support	Oppose			
Fund Raiser Expenditure # 2	Statewide	Local			
Name & Address:	4. Purpose:			 	
FIFTH THIRD BANK	BOUNCE	D Deposit			
PO BOX 630900	5. Ballot Proposal:	200,000			<i>x</i>
CIACIANATI, OH 45262	WASHTENAW Enhanceme	AT Millage	10:19:13 Date of	\$ 25.00	\$11836
	Onumber 2 64 - 1 -		Expenditure		
Check box if expenditure is payment of debt or obligation	County: UNASH7	enaw	Oliale face		
reported on previous statement	Support	Oppose	Click for	Memo Itemization	Type
Fund Raiser	Statewide	Local			
xpenditure # 3	4. Purpose:				
Name & Address:	•				
Allegra Grat + Ima 6106	Postcards, Oo	5796 C		_	at se
1283 Industrial Dr.	5. Ballot Proposal: WASHTEA aw X	REGIONAL	16-22-89	A1121128	1911.2
SPEINE, MI 48176	Enhancemen	T Millage	Date of Expenditure	¥ <u> </u>	\$ <u>/ /W</u> 5
Check box if expenditure is payment of debt or obligation	County: WASH To	enaw	Click for N	femo Itemization 7	Уре
eported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
xpenditure # 4 Name & Address:	4. Purpose:				
Ann Arbor Cytizens millage	Yard SIGNS	AD_		ØΛ	
Committee	5. Ballot Proposal: WASHTE Naw	Recional	11-1-09	3234 90	s 22798
Po Box 8131	Enhanceme				
AMA ARBOR, MI 48107					
Check box if expenditure is payment of debt or obligation	County: LU ASHT	enaw	Click for M	lemo Itemization T	уре
eported on previous statement	Support	Oppose			
Fund Pains	Statewide	Local			
Fund Raiser					
Jrund Raiser		Subtot	al this page 22	6.0 11	
Jrund Raiser				015.04	
Jrund Raiser	(Co	Grand Total of So	hedules 4B	05.04	
Jrund Kaiser	(Co		thedules 4B if Schedule)	005.04 1005.04 ter this total	