



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 10-19-09 To 11-23-09

1. Committee I.D. Number

B-2009-004

4. Committee's Mailing Address

c/o Larry Cobler, Treasurer  
9081 Lotie Lane  
Dexter, MI 48130

2. Committee Name

FRIENDS OF EDUCATION

Area Code and Phone 734.426.1233

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Larry Cobler  
9081 Lotie Lane  
Dexter, MI 48130

Area Code and Phone 734.426.1233

6. Treasurer's Business Address

ALTARUM INSTITUTE  
3520 Green Court Ste 300  
Ann Arbor, MI 48105

Area Code and Phone 734.302.4643

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

SUE KLIMEK  
859 PLANK ST.  
DUNDEE, MI 48130

Area Code and Phone 734.529.3329

FILED  
 WASHTENAW COUNTY, MI  
 2009 NOV 30 A 11:58  
 LAWRENCE WESTERBACH  
 COUNTY CLERK

8. TYPE OF STATEMENT:

8a.  PRE-ELECTION

OR

8b.  POST-ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY

GENERAL

SCHOOL

SPECIAL

Date of Election:

11-03-2009

8c.  ANNUAL STATEMENT  
( \_\_\_ Coverage Year)

8d.  QUALIFICATION

OR

NON-QUALIFICATION  
STATEMENT (Required of  
State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-  
Qualification:

8e.  AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f.  DISSOLUTION OF COMMITTEE

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

SUE KLIMEK  
Type or Print Name

Sue Klimek  
Signature

Date 11-29-09



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

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

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2,152.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2,152.00</u>	(18.) \$ <u>23,806.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>2,152.00</u>	(20.) \$ <u>23,806.00</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>-</u>	(21.) \$ <u>-</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>11,005.04</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>-</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>-</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>-</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>11,005.04</u>	(22.) \$ <u>22,798.23</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>-</u>	(23.) \$ <u>-</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>11,005.04</u>	(24.) \$ <u>22,798.23</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>-</u>	(25.) \$ <u>-</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>-</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>-</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9,860.81</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>2,152.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>12,012.81</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>11,005.04</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,007.77</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 B-2009-004  
2. Committee Name FRIENDS OF EDUCATION

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: <u>Thorburn, Cathy</u> <u>1212 Sherman ST.</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>25<sup>00</sup></u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Bates, David</u> <u>1208 Pearl</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>50<sup>00</sup></u>	\$ <u>150<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Dearborn Schools</u> Business Address <u>18700 Audette, Dearborn, MI 48124</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>MILLER, William</u> <u>208 Montgomery</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>10-22-09</u>	\$ <u>100<sup>00</sup></u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPV.</u> Employer <u>WASHTENAW ISD</u> Business Address <u>1819 S. WAGNER, Ann Arbor, MI 48102</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>O'Connell, Patrick</u> <u>311 Manor Dr.</u> <u>Ann Arbor, MI</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>25<sup>00</sup></u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 200<sup>00</sup>  
Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

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

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

2. Committee Name FRIENDS OF EDUCATION

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: <u>SHROCK, Gwendolyn</u> <u>3119 WHIPPLE</u> <u>JACKSON, MI 49211</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>25<sup>00</sup></u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>CONNORS, RONNIE</u> <u>321 EDWARD J.</u> <u>CLINTON, MI 49236</u>	4. Date of Receipt <u>10-21-09</u>	\$ <u>50<sup>00</sup></u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>GLASS, ROB</u> <u>944 ADAMS CASTLE DR.</u> <u>Bloomfield Hills, MI 48304</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>25<sup>00</sup></u>	\$ <u>125<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPT</u> Employer <u>Dexter Schools</u> Business Address <u>7714 Ann Arbor, Dexter, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>MARSHALL, MARY</u> <u>11332 SCOTCH CT.</u> <u>S. LYON, MI 48178</u>	4. Date of Receipt <u>10-21-09</u>	\$ <u>100<sup>00</sup></u>	\$ <u>200<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASST. SUPT.</u> Employer <u>Dexter Schools</u> Business Address <u>7714 Ann Arbor, Dexter, MI 48130</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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200<sup>00</sup>

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on line 3a of  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

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: <u>COVERT, KIMBERLY</u> <u>3550 EDISON CT.</u> <u>DEXTER, MI 48130</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>50<sup>00</sup></u> \$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>KAZEE, JEFF</u> <u>29538 PICKFORD ST.</u> <u>LIVONIA, MI 48152</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>15<sup>00</sup></u> \$ <u>15<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>GLATZ, KRISTEN</u> <u>704 WAYMARKET</u> <u>ANN ARBOR, MI 48103</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>30<sup>00</sup></u> \$ <u>30<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>LESCH, CHARLES</u> <u>1478 ANNANDALE CT.</u> <u>ANN ARBOR, MI 48108</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>50<sup>00</sup></u> \$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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145<sup>00</sup>

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3. Contribution # 1 Name & Address: <u>DeVaney, Sarah</u> <u>962 Sherman ST.</u> <u>YPSILANTI, MI 48197</u>		4. Date of Receipt <u>10-21-09</u>	\$ <u>25<sup>00</sup></u> \$ <u>25<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>Kuehnel, KATHLEEN</u> <u>1370 E. Forest</u> <u>YPSILANTI, MI 48198</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>PLANTE Moran</u> <u>26300 North Western Hwy</u> <u>Southfield, MI 48076</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>100<sup>00</sup></u> \$ <u>100<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>Lampman, Nate</u> <u>9009 N. Pheasant Ridge Lane</u> <u>SALINE, MI 48176</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>15<sup>00</sup></u> \$ <u>15<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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160<sup>00</sup>

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ITEMIZED CONTRIBUTIONS  
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2. Committee Name FRIENDS OF EDUCATION

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: <u>HEALY, Karen</u> <u>229 SHEFFIELD</u> <u>SALINE, MI 48176</u>		4. Date of Receipt <u>10-21-09</u>	\$ <u>50<sup>00</sup></u> \$ <u>50<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>HARSH, Julie</u> <u>12757 MILLS MACON HWY</u> <u>CLINTON, MI 49236</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>Franzel, Sean</u> <u>2244 YENSCH</u> <u>DUNDEE, MI 48131</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>15<sup>00</sup></u> \$ <u>15<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>BUSH, NATHAN</u> <u>4073 RUBY ST.</u> <u>YPSILANTI, MI 48197</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

165<sup>00</sup>

Grand Total of All Schedules 4A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
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BALLOT QUESTION COMMITTEE

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

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: <u>Sartori, Steven</u> <u>7600 DELL RD</u> <u>SALINE, MI 48176</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>GILLOW, JEFF</u> <u>6870 SALINE ANN ARBOR RD</u> <u>SALINE, MI 48176</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>ELLWEIN, Rebecca</u> <u>114 E. HENRY</u> <u>SALINE, MI 48176</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>DIROFF, ERIC</u> <u>805 STETSON</u> <u>TECOMSEH, MI 49286</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>42<sup>00</sup></u> \$ <u>42<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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102<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number B-2009-004  
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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: <u>Williams, Ben</u> <u>6850 MULBERRY CT.</u> <u>SARINE, MI 48176</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u> \$ <u>20<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2 Name & Address: <u>CALLAN, Theresa</u> <u>551 Echo Ct.</u> <u>SARINE, MI 48176</u>		4. Date of Receipt <u>10-21-09</u>	\$ <u>25<sup>00</sup></u> \$ <u>25<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: <u>RAFT, DAVID + TRISHA</u> <u>739 Breconshire Dr.</u> <u>SARINE, MI 48176</u>		4. Date of Receipt <u>10-21-09</u>	\$ <u>50<sup>00</sup></u> \$ <u>50<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: <u>FAIR, Patricia</u> <u>10528 McCrone Rd</u> <u>MILAN, MI 48160</u>		4. Date of Receipt <u>10-23-09</u>	\$ <u>35<sup>00</sup></u> \$ <u>35<sup>00</sup></u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

130<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
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1. Committee I.D. Number B-2009-004

2. Committee Name FRIENDS OF EDUCATION

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: <u>COUGAS, Charles</u> <u>9395 CHESTNUT CIR</u> <u>DEXTER, MI 48130</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>30<sup>00</sup></u>	\$ <u>30<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Chambers, Tara</u> <u>539 WINWOOD CIR</u> <u>WALLED LAKE, MI 48390</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u>	\$ <u>20<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>HODGENS, CRISTIN</u> <u>3080 WHISPER WOOD DR. APT 475</u> <u>ANN ARBOR, MI 48105</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>25<sup>00</sup></u>	\$ <u>25<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Koppelman, Cynthia</u> <u>518 SEMINOLE DR.</u> <u>TECUMSEH, MI 49286</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>30<sup>00</sup></u>	\$ <u>30<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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105<sup>00</sup>

Grand Total of All Schedules 4A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

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: <u>KLINK, Gena</u> <u>9121 Waterloo - Munith</u> <u>Grass Lake, MI 49240</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>10<sup>00</sup></u>	\$ <u>10<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>EmLaw, Megan</u> <u>695 Liberty Pointe Dr</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt _____	\$ <u>50<sup>00</sup></u>	\$ <u>16<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation <u>teacher</u> Employer <u>Chelsea Schools</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Smart, Ingrid</u> <u>5392 Bethel Church Rd</u> <u>Saline, MI 48176</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>10<sup>00</sup></u>	\$ <u>10<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Skrypec, Ryann</u> <u>4093 Erika Dr.</u> <u>Pleasant Lake, MI 49272</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>10<sup>00</sup></u>	\$ <u>10<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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

80<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

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: <u>Keeney, Jeremy</u> <u>5736 Willis Rd</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>35<sup>00</sup></u>	\$ <u>35<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Graden, SCOTT</u> <u>8150 WATERS RD</u> <u>ANN ARBOR MI 48103</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>35<sup>00</sup></u>	\$ <u>35<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Reisterer, MICHAEL</u> <u>400 Virginia Ave</u> <u>Ann Arbor MI 48103</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>100<sup>00</sup></u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Hughes, JANET</u> <u>405 OCCIDENTAL Hwy</u> <u>TECOMSEH, MI 49286</u>	4. Date of Receipt <u>10-23-09</u>	\$ <u>20<sup>00</sup></u>	\$ <u>20<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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190<sup>00</sup>

Grand Total of All Schedules 4A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

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: <u>DANSKY, SARA</u> <u>5914 Versailles Ave</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>10-26-09</u>	\$ <u>50<sup>00</sup></u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>FRIESE, DAVID</u> <u>290 W. Bemis Rd</u> <u>SALINE, MI 48176</u>	4. Date of Receipt <u>10-27-09</u>	\$ <u>50<sup>00</sup></u>	\$ <u>1,100<sup>00</sup></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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Benedek, Tami</u> <u>242 Winchester</u> <u>SALINE, MI 48176</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>30<sup>00</sup></u>	\$ <u>30<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Thomas-Smith, Mary</u> <u>642 Ridgemoor Ln</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>50<sup>00</sup></u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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Grand Total of All Schedules 4A  
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180<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

2. Committee Name FRIENDS OF EDUCATION

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: <u>Freeburn, Adam</u> <u>2013 Carhart Ave</u> <u>Ann Arbor, MI 48104</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>20<sup>00</sup></u>	\$ <u>20<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Howard, Angelia</u> <u>200 N. ANN ARBOR RD</u> <u>SALINE, MI 48176</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>20<sup>00</sup></u>	\$ <u>20<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Brown, MIKE</u> <u>200 N. ANN ARBOR ST</u> <u>Saline, MI 48176</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>10<sup>00</sup></u>	\$ <u>10<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Lampman, Nate</u> <u>9009 N. OHEASANT RIDGE</u> <u>SALINE, MI 48176</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>20<sup>00</sup></u>	\$ <u>35<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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70<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

2. Committee Name FRIENDS OF EDUCATION

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

10-28-09

Name & Address:

RANDALL, Amy  
200 N. ANN ARBOR RD  
SALINE, MI 48176

\$ 10<sup>00</sup> \$ 10<sup>00</sup>

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 # 2

4. Date of Receipt

10-28-09

Name & Address:

Cramer/Longworth, Carol + Thomas  
1323 MESA DR.  
YPSILANTI, MI 48197

\$ 25<sup>00</sup> \$ 25<sup>00</sup>

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

4. Date of Receipt

10-28-09

Name & Address:

HOLST, MARY PAT + ROBERT  
1402 FIELDSTONE CT.  
ANN ARBOR, MI 48108

\$ 25<sup>00</sup> \$ 25<sup>00</sup>

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 # 4

4. Date of Receipt

Name & Address:

McCalla, Craig  
6465 BUCK RUN  
WHITMORE LAKE, MI 48189

\$ 50<sup>00</sup> \$ 100<sup>00</sup>

5. If over \$100.00 cumulative, please provide:

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Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

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110<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

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: <u>Lundy, Richard + Ellen</u> <u>PO Box 247</u> <u>Dexter, MI 48130</u>	4. Date of Receipt <u>10-28-09</u>	\$ <u>100<sup>00</sup></u>	\$ <u>200<sup>00</sup></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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>DOOLAG, Leslie</u> <u>200 N. Ann Arbor St.</u> <u>SAUNE, MI 48176</u>	4. Date of Receipt <u>11-30-09</u>	\$ <u>10<sup>00</sup></u>	\$ <u>10<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Kellstrom, Jeffrey</u> <u>6465 Brookview Dr.</u> <u>SAUNE, MI 48176</u>	4. Date of Receipt <u>11-3-09</u>	\$ <u>100<sup>00</sup></u>	\$ <u>100<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Stevenson, Pamela</u> <u>885 Fedora Dr.</u> <u>Tecumseh, MI 49286</u>	4. Date of Receipt <u>11-3-09</u>	\$ <u>50<sup>00</sup></u>	\$ <u>50<sup>00</sup></u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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260<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B-2009-084

2. Committee Name FRIENDS OF EDUCATION

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

Name & Address:

Heim, Timothy  
5808 n. ROGERS HWY  
Tecumseh, MI 49286

11-3-09

\$ 40<sup>00</sup> \$ 40<sup>00</sup>

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 # 2

4. Date of Receipt

Name & Address:

CORNISH, BARB  
200 N. ANN ARBOR ST.  
SALINE, MI 48176

11-3-09

\$ 20<sup>00</sup> \$ 20<sup>00</sup>

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

4. Date of Receipt

Name & Address:

TIMOSZYK, TIM  
200 N. ANN ARBOR ST  
SALINE, MI 48176

11-18-09

\$ 20<sup>00</sup> \$ 28<sup>00</sup>

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 # 4

4. Date of Receipt

Name & Address:

Rejes, Catherine  
344 COTTONWOOD LN  
SALINE, MI 48176

11-18-09

\$ 20<sup>00</sup> \$ 20<sup>00</sup>

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

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100<sup>00</sup>

Grand Total of All Schedules 4A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

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

2. Committee Name FRIENDS OF EDUCATION

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

3. Contribution # 1  
Name & Address: Heim, Timothy  
5808 N. Rogers Hwy,  
Tecumseh, MI 49286

4. Date of Receipt 11-18-09

6. Amount \$ 15<sup>00</sup>

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 56<sup>00</sup>

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

3. Contribution # 2  
Name & Address: \_\_\_\_\_

4. Date of Receipt \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3  
Name & Address: \_\_\_\_\_

4. Date of Receipt \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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3. Contribution # 4  
Name & Address: \_\_\_\_\_

4. Date of Receipt \_\_\_\_\_

6. Amount \$ \_\_\_\_\_

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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15<sup>00</sup>  
2152<sup>00</sup>

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**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE**

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

2. Committee Name FRIENDS OF EDUCATION

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: <u>PAY PAL. COM</u>	4. Purpose: <u>INTERNET BANK FEES</u> 5. Ballot Proposal: <u>WASHTENAW REGIONAL Enhancement Millage</u>	<u>10-23-09</u> Date of Expenditure	<u>\$ 17.86</u>	<u>11,811.05</u> <del>11,828.91</del>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: <u>FIFTH THIRD BANK</u> <u>PO BOX 630900</u> <u>CINCINNATI, OH 45263</u>	4. Purpose: <u>BALANCED DEPOSIT</u> 5. Ballot Proposal: <u>WASHTENAW REGIONAL Enhancement Millage</u>	<u>10-19-09</u> Date of Expenditure	<u>\$ 25.00</u>	<u>\$11836.05</u> <del>11861.05</del>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: <u>Allegria Print + Imaging</u> <u>1283 INDUSTRIAL DR.</u> <u>SARINE, MI 48176</u>	4. Purpose: <u>POSTCARDS, POSTAGE</u> 5. Ballot Proposal: <u>WASHTENAW REGIONAL Enhancement Millage</u>	<u>10-22-09</u> Date of Expenditure	<u>\$992.28</u>	<u>\$19503.33</u> <del>19503.33</del>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: <u>Ann Arbor Citizens Millage Committee</u> <u>PO BOX 8131</u> <u>Ann Arbor, MI 48107</u>	4. Purpose: <u>YARD SIGNS, AD</u> 5. Ballot Proposal: <u>WASHTENAW REGIONAL Enhancement Millage</u>	<u>11-1-09</u> Date of Expenditure	<u>\$3234.90</u>	<u>\$22798.23</u> <del>22798.23</del>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>WASHTENAW</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page 11,005.04

Grand Total of Schedules 4B  
(Complete on last page of Schedule) 11005.04

Enter this total on Line 8a of the Summary Page