

#### BALLOT QUESTION COMMITTEE COVER PAGE

#### FILED WASHTENAW COUNTY, MI

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	n: 4-18-11 To 5-23-11			
1. Committee I.D. Number  B-2009-064	4. Committee's Mailing Address 4. Committee's Mailing Address 3853	PINEVIEW Prive  18130  191-0277			
2. Committee Name  Friends OF Education	Area Code and Phone 23: If the address in this box is di the Statement of Organization official.	ferent from the committee mailing address on n, mail may be sent to this address by the filing			
5. Treasurer's Name and Residential Address  J. M. MAG-YAR  3855 Pineview Drive  Dexter, m. 48136  Area Code and Phone 734 971 0277		No. of Marking Address.			
6. Treasurer's Business Address  Ann Arbox Center For Invine  Independent Livine  3 941 Research Park T.  Ann Arbor, MI 48108  Area Code and Phone 734 395 1731		lk .			
8. TYPE OF STATEMENT:  8a. PRE-ELECTION  OR	8c. ANNUAL STATEMENT (Coverage Year)  8d. QUALIFICATION	8e. DAMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)			
8b. POST- ELECTION  Pre-Election or Post-Election Statement relates to:  PRIMARY GENERAL	OR  NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question	8f. DISSOLUTION OF COMMITTEE  Effective Date of Dissolution			
Date of Election:  5-3-2011	Committees Only)  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 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 ray knowledge and belief the contents are true, accurate and contents are true.	ne preparation of this statement and				
Current Treasurer or Designated Record Keeper 50E KLI MEK  Type or Print Name	Sue Klus Signature	nek			



#### **SUMMARY PAGE BALLOT QUESTION COMMITTEE**

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

RECEIPTS Column I Column II This Period Cumulative for Election Cycle 3. Contributions 3,286,00 a. Itemized Contributions(Schedule 4A, Column 6) b. Unitemized Contributions (less than \$20.01 - no Schedule) (3b.) \$ NOT APPLICABLE (3c.) \$ 3,2 86,00 c. Subtotal of Contributions (18.)\$ 29, 522.00 4. Other Receipts (Schedule 4A-1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$ 3,286.00 (Add Line 3 c + Line 4) (20.)\$ 29,522.00 **IN-KIND CONTRIBUTIONS** 6. 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 (8a.) \$ 22 826,03 a. Itemized Direct Expenditures (Schedule 4B, Column 7) 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. Unitemized Expenditures (\$50.00 or less-no Schedule) (8e.) \$ 22826.03 e. Subtotal of Expenditures 9. Independent Expenditures (Schedule 4B-1, Column 7) 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) (24.)\$ 24.082.09 (10) \$ 22, 82loc 03 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 (13.) \$ 25, 9 87, 12 (Enter zero if no previous reports have been filed.) Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) (14.) + 3, 2 86.00 15. SUBTOTAL Add lines 13 and 14 Amount expended during reporting period (Line 10, Column I, Total Expenditures) (16.)- 22, 826. 03 17. ENDING BALANCE (17.) \$ 6,447. 69 (Subtract line 16 from line 15)

<sup>\*</sup>If your ending balance is negative, please recheck your math.



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

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

BALLOT QUESTION	COMMITTEE 2	. Committee Name <u>Freue</u>	15 DF	Es ucation
Please enter contributors name and addre middle initial.	ss. If contribution is from an ind	ividual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Ear Contributor (Through date of receipt)
Contribution # 1     Name & Address:	4. Date of Receipt	4-23-11		
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8970 Whi Hake	4		\$ 10	\$ 10
YPSI-CANH, m; 5. If over \$100.00 cumulative, please pro	48197 ovide:		Click Here for Me	
Occupation	Employer			
Business Address		, , , , , , , , , , , , , , , , , , , ,		
Type of Contribution: Direct	Loan from a persor	Fund Raiser		
3. Contribution # 2 Name & Address:		130-11		
Allen Sally				
Allen, Sally rrry apple wood	is CT.		\$ 50	\$ 50
Ann Ar Bor, If over \$100.00 cumulative, please pro	MI 48102 vide:		Click Here for Mer	no Itemization
	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
. Contribution # 3	4. Date of Receipt			
ARNOUD, AUDREY 5791 S. ASH YPSICANH, MI If over \$100.00 cumulative, please pro	4 9197 vide:		\$/_O Click Here for Merr	\$
Occupation	Employer			
usiness Address				
ype of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 4 Jame & Address:	4. Date of Receipt	30-11		
BAILLY, SUS AN 691 SCIO MER ANN AT ROC, M	Anne	Natural States		
ANN ATEST, M	1 48103		\$ 10	\$ / 6
n over \$100.00 cumulative, please prov	ide:		Click Here for Mem	no Itemization
ocupation	Employer			
usiness Address				
Type of Contribution: H Direct	Loan from a person	Fund Raiser		
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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A**

**BALLOT QUESTION COMMITTEE** 

FRIENDS OF EXICOTION

		me /// CALL	SE OF C	D OCCUPIO.
Please enter contributors name and address. If a middle initial.	contribution is from an individual, enter las	st 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 4-30-11			-
Bates, Cydia				
Bates, Cydia 828 Ash Gray Dr	,		. 50	\$ 50
Ann ArBor, MIY	9105	e e	<b>3</b>	
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no Itemization
Occupation Emp	loyer			
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 4 Name & Address:	Date of Receipt 4-30-1/	<u> </u>		
Benczasski, MicHai 9572 Crest Une Binck ney, mi 4	el 8169		s <u>50</u>	\$ 50
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Emp	loyer			
Business Address				:
Type of Contribution: Direct	Loan from a person	und Raiser		
3. Contribution # 3 4. Name & Address:	Date of Receipt 4-27-11			
BIFOI INI, Christina 800 Soule BLVD ANN AIROF, M, 48.  5. If over \$100.00 cumulative, please provide:  Occupation	103		\$	
Business Address —				
Type of Contribution: Direct	Loan from a person	und Raiser		•
3. Contribution # 4 4. Name & Address;	Date of Receipt 4-23-1/			
Borgeson, Casol 3245 Sunny Wood Ann Arb of MI 5. If over \$100.00 cumulative, please provide:	48103	<del></del> -		s /0
Occupation Empl	oyer		Click Here for Memo	) itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Page 2 of 18	Grand Total	Page Subtotal of All Schedules 4A ast page of Schedule)	Enter this total on line 3a of Summary Page	



# SCHEDULE 4A

1. Committee I.D. Number \_\_\_

B-2009-004

Summary Page

BALLOT QUE	ESTION COMMITTEE	2. Committee Name To ent	S OF CY	wation
middle initial.	and address. If contribution is from an in		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  BOSHOVEN, JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	4. Date of Receipt  The state of Receipt  Th	4-30-11	\$ <u>25</u> Click Here for Me	\$ 25 mo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Hoire	ect Loan from a perso	on Fund Raiser		
3. Contribution # 2 Name & Address:  Brabley Sal  3105 Kensin	10101	4-30-11	\$_50	\$ <u>58</u>
5. If over \$100.00 cumulative, p	HQ130 please provide:		Click Here for Mer	no Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	t Loan from a person	Fund Raiser		
Name & Address:  Bown, MAA  11325 ELY  Man Cheste  5. If over \$100.00 cumulative, p	Rd	30-11	\$	\$ <b>&amp; o</b>
Occupation	Employer			
Business Address Type of Contribution: Direct		<u> </u>		
		Fund Raiser /-/8-//		
Contribution # 4 Name & Address:  BUNTEN, Sara  313 N. Hassi  Saune, Mi		7-78-11		
Saune, MI. If over \$100.00 cumulative, pl	48176		\$ 10	\$ 10
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#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE**

BALLOT QUESTION COMMIT	TEE 2. Committee Na	ame Frend.	S OF E	b ucation
Please enter contributors name and address. If contribiddle initial.	bution is from an individual, enter la	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:  BUFKETT, LINDA  4750 PLACE COUFT  DEXTER, MI 48138  5. If over \$100.00 cumulative, please provide:	e of Receipt 4-73-	<u>-11</u>	\$SOClick Here for Men	\$
Occupation Employe				
Business Address	7	7		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 2  Name & Address:  Catherman, Susan  1472 Carston Cn  Chelsea, M, 487  5. If over \$100.00 cumulative, please provide:	e of Receipt <u> </u>	<u> </u>	\$	\$ <u>13</u>
Occupation Employe	r <u>`</u>		CHOK HEIGH WIGHT	o itemization
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3  Name & Address:  Chasterial D  2185 Indiantal  Cinckney, mi 4816  5. If over \$100.00 cumulative, please provide:	e of Receipt 4-30-1	<del></del>	\$Click Here for Memo	\$
Occupation Employe	T			
Business Address  Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address:  CIEGCO, CATHETINE  ZUZI EMERACD  ANN ARBON MI 484  5. If over \$100.00 cumulative, please provide:	of Receipt 4-30-1	/	\$ <u>10</u>	\$
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## ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number

B-2009-004

		e Name	S OP C	BUCATION
Please enter contributors name and address. If middle initial.	contribution is from an individual, ento	er last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	Date of Receipt 4/-7.3	-11		-
Name & Address:  CLIFFO (D), DAVID  ZZOI BELA WASET  ANN AFBON MI  5. If over \$100.00 cumulative, please provide:	y8103		\$SO	\$s emo Itemization
Occupation Em	ployer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:  DAM CON, MICHA EL 44777 OCE 600 T  OCH MOUTH, MI 4 5. If over \$100.00 cumulative, please provide:		-//	\$	\$
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Business Address Type of Contribution: HDirect	Loan from a person  Date of Receipt 4-30-1	Fund Raiser		
DOUBLAS, BYTON  8553 WINDSOTCT  SUPERIOR TWP, 16  5. If over \$100.00 cumulative, please provide:			\$O	\$
Occupation Em	ployer			
Business Address  Type of Contribution: HDirect	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:  DUX 04, Kyle 1935 Industria Ann A/307, M i. If over \$100.00 cumulative, please provide:	Date of Receipt 4-18-	1/	\$ 20	s_20
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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

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

BALLOT QUESTION	COMMITTEE 2. Committee Name Files >5	of Esucation
Please enter contributors name and addresmiddle initial.	ss. 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:  EDWATD 5, KAYN 6 440 Shana  Canton, mi 48, 5. If over \$100.00 cumulative, please pro	187	\$\$
Occupation	Employer	
Business Address  Type of Contribution: Direct	Loan from a person Fund Raiser	
3. Contribution # 2 Name & Address:  ELLIOTT, Cheryc  2121 WALLING  AWN ACBOT, M  5. If over \$100.00 cumulative, please pro	4. Date of Receipt 4-23-11  FORE 4. Y8104	\$ 50 \$ 50
Occupation		Click Here for Memo Itemization
Business Address Type of Contribution: Direct	Loan from a person Fund Raiser	
Name & Address:  FUCN 95, MICHAY  10194 ASHLEYS  GRANGEN IN Y  5. If over \$100.00 cumulative, please pro	US 3 b ovide:	\$ 26 \$ 26  Click Here for Memo Itemization
Occupation	Employer	
Business Address Type of Contribution: Direct	Loan from a person Fund Raiser	
3. Contribution # 4 Name & Address:	4. Date of Receipt 4-30-11	
GITBACH, Brya 333 Ann Marie MILAN MI 486 i. If over \$100.00 cumulative, please prov	160 ride:	\$\$
Occupation Supt Business Address 100 B16 Pct		
Type of Contribution: Direct  Page of / 8	Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 4A  (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page



#### ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number <u>B- 700 9- 004</u>

Summary Page

BALLOT QUESTION COMMITTEE 2. Committee Name	DS 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 Eacl Contributor (Through date of receipt)
3. Contribution # 1  Name & Address:  Goven, Ponach  a32 Fairhills  Ypsilant, mi 48197  5. If over \$100.00 cumulative, please provide:	\$\$\$ Click Here for Memo Itemization
Occupation Employer	
Business Address	-
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution # 2 4. Date of Receipt 4-26-11	
HAN CHAK, Charlese 4105 W. Loch Alpine br AMA ARBOT, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: A Direct Loan from a person Fund Raiser	\$ 20 \$ 20 Click Here for Memo Itemization
3. Contribution #3 Name & Address:  HATHA WAY, STEVE  1405 WAXE FIELD  ANN ATBUN NI 4.8103  5. If over \$100.00 cumulative, please provide:  Occupation Employer_	\$25\$Click Here for Memo Itemization
Business Address ———————————————————————————————————	
Type of Contribution: Loan from a person Fund Raiser	
Contribution #4 Name & Address:  Henry Robert 10506 Heenan  Whitmore lake, m1 48189 If over \$100.00 cumulative, please provide:	\$_25
Occupation Employer	Click Here for Memo Itemization
Business Address  Type of Contribution	
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#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE**

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	2. Committee Name	DS OF COUCATION
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Contribution # 1     Name & Address:	4. Date of Receipt 448-1/	, auto or teoespty
Kass, Jeffrey		
1118 Granger		\$ 20 \$ 20
5. If over \$100.00 cumulative, please p	N1 48 104 rovide:	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 426-11	
Name & Address:		
Kellman, Leslie 1526 Hanover		s 10 s 10
ANN AVBOR, M	11 48102	Y
5. If over \$100.00 cumulative, please pr	ovide:	Click Here for Memo Itemization
Occupation	Employer	
Business Address		
Type of Contribution: Direct	Loan from a person Fund Raiser	
Contribution # 3     Name & Address:	4. Date of Receipt 4-18-11	
Learning From 4	he Heart	
1201 Snydle	•	: 25 . 25
Ann ArBor, mi	48103	
5. If over \$100.00 cumulative, please pr	rovide:	Click Here for Memo Itemization
Occupation	Employer	
Business Address		
Type of Contribution: Direct	Loan from a person Fund Raiser	
3. Contribution # 4 Name & Address:	4. Date of Receipt 423-11	
LINCUIN EDUCATION 8970 White YOSHANY MI	in Association	
8970 Whitta	Ker	s 620 s 970 _
Yorsilany mi	12197	\$\$\$
<ol> <li>If over \$100.00 cumulative, please pro Occupation</li> </ol>	vide:	Click Here for Memo Itemization
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of 10		on line 3a of Summary



## ITEMIZED CONTRIBUTIONS SCHEDULE 4A

BALLOT QUESTION COMMITTEE

1. Committee I.D. Number <u>B-7009-004</u>

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2. Committee Name	France of	SOF	. ه. المح	
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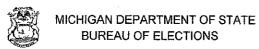
Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Date of Receipt 4-30-11  Name & Address: 4-30-11		date of receipt)
1513 MATTHA AVE	s 100	\$ 100
Ann Argor ml 48103 5. If over \$100.00 cumulative, please provide:	Click Here for Me	emo Itemization
Occupation Employer		
Business Address		
Type of Contribution:   Direct   Loan from a person   Fund Raiser		
3. Contribution # 2 4. Date of Receipt 4-30-11		
MAYLEBEN, John	_	_
9290 wildwood lake	\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide:	Click Horo for Man	
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Business Address		
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mcCalla, Caib		
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Ann Arron MI 4810_3 5. If over \$100.00 cumulative, please provide:	Click Here for Mem	
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MCCoy, Carol 500 Berkery Ann Ar Bon m1 48103		
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#### ITEMIZED CONTRIBUTIONS SCHEDULE 4A 1. Committee I.D. Number 39-7004 **SCHEDULE 4A**

Summary Page

BALLUI QUESTION COMNITTEE 2. Committee Name 11 end	S OF CO	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:  ### Add	\$ 10	\$_/ <i>0</i>
Ann Arbur, MI 4810_3  5. If over \$100.00 cumulative, please provide:	Click Here for Mer	no Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2  4. Date of Receipt  Name & Address:		
Mchally, Beth 2000 white oak Ann Arbon MI 48103	s_20_	\$ 26
5. If over \$100.00 cumulative, please provide:	Click Here for Mem	o Itemization
Occupation Employer		
Business Address		
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3. Contribution #3 4. Date of Receipt 4-29-11  Name & Address:		
Miller, Gregory 2601 Oak Hills	. 2	s 25
AND AFRON, MIY 8103	\$_25_	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo	ltemization
Occupation Employer		
Business Address		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution # 4 4. Date of Receipt 430-11		
miller, Marianne 208 montgomery Ann ArBor, mi 48103 5. If over \$100.00 cumulative, please provide:		
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#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A**

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BALLOT QUESTION CO	VINITTEE 2	. Committee Nam	ne <u>Friend</u>	S OF E	du carron
Please enter contributors name and address. If middle initial.	contribution is from an Ind	lividual, enter last	name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:  Miller, Merra  1955 Ivywood		1-30-11		s 10	\$ <u>/</u> 0
Ann Arror, MI 5. If over \$100.00 cumulative, please provide	y 8103 :			Click Here for Me	emo Itemization
Occupation En	ployer				
Business Address  Type of Contribution: HDirect	Loan from a person	n F	Fund Raiser		
Name & Address:	4. Date of Receipt	4-30-11			
Mohrlock, Carol 1306 Prescott	((D)			\$ <u>/</u> D	\$ 10
AMY) A BOり M) 5. If over \$100.00 cumulative, please provide:				Click Here for Mer	mo Itemization
Occupation En	ployer				
Business Address  Type of Contribution:     Direct	Loan from a person	Fi	und Raiser		
3. Contribution #3 Name & Address:  OSTEFWISCH, JENNIF 1515 Mont Clair F Ann ArBor, m1 481 5. If over \$100.00 cumulative, please provide	er L 04	18-11		\$Click Here for Men	\$s
OccupationEn	nployer	<b></b>	D 17 FOR BOOKE PERSONNELS		
Business Address  Type of Contribution: Direct	Loan from a person	Fu	nd Raiser		
Name & Address:  Pepple, Eliza Bet  3941 Research  Ann Ansor,  5. If over \$100.00 cumulative, please provide:	H Park Dr.	4-26-11		\$	\$
Business Address					
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#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A** BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 3-2009-004

BALLOT QUESTION COM	MITTEE 2. Committee I	Name Friend	S OF E	ducation
Please enter contributors name and address. If o 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 4. Name & Address: PETTY, SUSAN 388 GREENTTEE MILAN, MI Y8160 5. If over \$100.00 cumulative, please provide:	Date of Receipt 4-23-	11	\$ O	s_20
Occupation Emp	loyer			
Business Address				
Type of Contribution: HDirect	Loan from a person	Fund Raiser		
Name & Address:  Ofters, Melissa  15751 Euclid	. Date of Receipt 4-30-1	<u>/</u>	\$50  Click Here for Merr	\$50
	oloyer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3  Name & Address:  PETZA K, JEFF  5789 Blue Spruce  YPSILANTI, MI Y 86  5. If over \$100.00 cumulative, please provide:	Date of Receipt 423-1	<u>(                                     </u>	\$SO	\$S o Itemization
OccupationEmp	oloyer	· · · · · · · · · · · · · · · · · · ·		
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #4 4. Name & Address:	Date of Receipt 4-23-1	<u>/</u>		
Roberts, CMS 501 w. Caneel Tecumsel, m1 49 If over \$100.00 cumulative, please provide:	<sup>2</sup> 2 86		\$Click Here for Mem	\$o Itemization
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Business Address	Loan from a person	Fund Raiser		
Page 12 of 18	Grand T	Page Subtotal otal of All Schedules 4A n last page of Schedule)	Enter this total on line 3a of Summary Page	



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Numb

BALLOT QUESTION COM	MITTEE 2. Committee Na	me Frends	OF Edu	Catton
Please enter contributors name and address. If middle initial.	contribution is from an individual, 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:  POSSI, Jane  UG10 Heatherielge  Saune, m, 4876  5. If over \$100.00 cumulative, please provide:			\$	\$no Itemization
Occupation Em	ployer			
Business Address  Type of Contribution:   Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:  SARD, GLEN  BO9 E CYOSS  YPSI (ANT), MI 481  5. If over \$100.00 cumulative, please provide:	98		\$SO	\$
Occupation Em	ployer			
Business Address	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address:  Schreiber, Pener  977 Pleasant  Upsilanti, Mi  5. If over \$100.00 cumulative, please provide:	48197		\$/OOClick Here for Memo	\$
Occupation Em	ployer			
Business Address — Direct	Loan from a person	und Raiser		
Name & Address:	Date of Receipt 4-30-1/			
Schoeder, Cheryl 2286 Moss Roc Ann Arbon Mi 9 5. If over \$100.00 cumulative, please provide:				\$
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Business Address				
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Page 13 of 18		Page Subtotal Il of All Schedules 4A ast page of Schedule)	170  Enter this total on line 3a of Summary Page	



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

1. Committee I.D. Number <u>B- 200 9- 00 4</u>

BALLOT QUESTION CON	IMITTEE 2. Committee N	lame Friend	15 OF ED	eveation
Please enter contributors name and address. If 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 4 Name & Address: SUNS, ATLEER 3450 RIVER GRES ANN ATBOR, MIY	Date of Receipt 423	<del>-11</del>	\$ <u>100</u>	s 100
Ann ArBor, mig	8103		Click Here for Mem	o Itemization
5. If over \$100.00 cumulative, please provide:	de			
Occupation Emp	noyer			
Type of Contribution: HDirect	Loan from a person	Fund Raiser		
Stapleton, Robbie  Some Sunset	. Date of Receipt 423-11		\$ <b>5</b> 0_	\$ <u>5</u> 0
Ann ArBor) MI 480.5. If over \$100.00 cumulative, please provide:	ک۔۵		Click Here for Memo	o Itemization
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Type of Contribution: Direct	Loan from a person	Fund Raiser		
Name & Address:  Strite, Jon  1019 w. WAShing to  Ann Arror, MI 4  5. If over \$100.00 cumulative, please provide:	. Date of Receipt		\$/O Click Here for Memo	\$
OccupationEm	oloyer			
Business Address Type of Contribution:	Loan from a person	Fund Raiser		
Sullivan, Susan	Date of Receipt 430-11  200  48104		\$SO:	\$STO
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Page 14 of 18	Grand To	Page Subtotal tal of All Schedules 4A last page of Schedule)	Enter this total on line 3a of Summary Page	<u> </u>

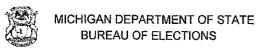


# **ITEMIZED CONTRIBUTIONS**

B 200 9-004

SCHEDULE 4A BALLOT QUESTION CO	OMMITTEE	Committee I.D. Number     Committee Name		OF Edu	Cation
lease enter contributors name and address. niddle initial.	If contribution is from	n an individual, enter last name, i	îrst name,	6. Amount	7. Cumulative for Election Cycle f Contributor (Thr date of receipt)
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	2. Commune			
Please enter contributors name and address. If comiddle initial.	ontribution is from an individual, enter las	st name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	Date of Receipt 4/8-	-11		uate of receipty
TACKETT, Shannon 1990 Sharon Hollow			\$ 25	s <u>25</u>
Manches Ster, M, 9 5. If over \$100.00 cumulative, please provide:	8/71		Click Here for Me	mo Itemization
Occupation Emplo	oyer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Name & Address:	Date of Receipt 4-30-1	/		
Those, Scott Con Gress			s	\$ / <b>8</b>
YPSILANTI, MI 481	91			
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Emplo	oyer			
Business Address				
Type of Contribution: Direct	Loan from a person	und Raiser		
Name & Address	Date of Receipt 423-11			
Tomakowski, Dian	re		<b>~</b> —	
9058 bosly Di			\$ 25	\$ 25
Tomakowski, Diam 9058 Posey Dr. Whitmore Lake, 5. If over \$100.00 cumulative, please provide:	m, 98127		Click Here for Memo	o Itemization
OccupationEmpl	oyer			
Business Address				
Type of Contribution: Direct	Loan from a person	und Raiser		
Tallo d'Addison.	ate of Receipt			
Turner, Anne mane 6314 Winans Las Brighton, mi 48116	e no Pa			
6314 Winans Cay	ee re		s 10	\$ 10
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Page 15 of 18	(Complete on it	ast page or scredule)	Enter this total	
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# ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number \_

B- 2009-004

BALLOT QUESTION CO	OMMITTEE 2. Committ	tee Name <u>File no</u>	IS OF Ed	cation
Please enter contributors name and address. middle initial.	If contribution is from an individual, en	nter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  Weaver, Terry  158 Garden Co	urt	<i>30-11</i>	s 20	s 20
Whitmore Lake, 5. If over \$100.00 cumulative, please provi			Click Here for Me	mo Itemization
Occupation E	Employer			
Business Address  Type of Contribution:	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address:  WEBLF, ERIN  1271 N. Orange Di  LUS ANGLES CA	r. #314	28-11	s_25	s 25
. If over \$100.00 cumulative, please provid			Click Here for Men	no Itemization
Occupation E	mployer			
Business Address Type of Contribution: ## Direct	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address:  Williams, DAWN 801 Maximilian Chelsea, mi 5. If over \$100.00 cumulative, please provide		<u> </u>	\$SOO	\$ <u>&lt; 700</u> o Itemization
Occupation <u>home maker</u> E Business Address <u>&amp; Direct</u> Direct		helsea MI Fund Raiser	48118	
Contribution # 4 Name & Address:  PLKEY SLF, TOM  7811 WINFIELD Dr.  78716 H TON, M1 4 8 If over \$100.00 cumulative, please provide	7// <i>6</i> e:	<u></u> 11	\$ 25 Click Here for Mem	
Occupation E  Business Address   Type of Contribution:	Employer Loan from a person	Fund Raiser		
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Grand Total of All Schedules 4A (Complete on last page of Schedule)

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

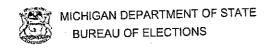
1. Committee I.D. Number <u>B-2009-009</u> 2 Committee Name FILENDS OF Edw Ca STO?

		2. Com	mittee Name / // Orce	<del></del>	<u> </u>
Please enter contributo middle initial.	rs name and address. If c	ontribution 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:  TUNG, 150  AMN 5. If over \$100.00 curr	SANDY SCIOMERO ATBOT, MI Julative, please provide:		6-11	\$SO	\$ mo Itemization
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Business Address —	<del></del>		·····		
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address:	4.	Date of Receipt			
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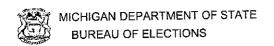
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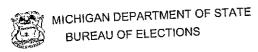
# ITEMIZED DIRECT EXPENDITURES

		009-0		<u></u>
BALLOT QUESTION COMMITTEE 2. Co	ommittee Name Friends o	F EDU	cation	ر ————
3. Name and address of person to whom paid	State purpose of expenditure.     Identify the ballot proposal involved.     Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
expenditure # 1	4. Purpose:			·
Name & Address:	INTERNET BANKFERS			
Pay Pal. com	5. Ballot Proposal: WISD	5-23-11 \$	18,21	\$1294, 24
·	Sp. Ed. millage	Expenditure		
		Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation	County: WASH TENOW			
reported on previous statement	Support Oppose			
Fund Raiser	StatewideLocal			
Expenditure # 2	4. Purpose:			
Vnit Pack AGING	Brinting + mailing	•		
119 Enterprise Drive	5. Ballot Proposal: UUISD	4-21-11	. 1. 951a,00	0230.20
119 Enteronise	SP.Ed. millabe	7-2/-/1	\$ <u>6 736.0</u>	48
Ann ArBor, m1 48103		Expenditure		
	County: WASHTEROW	Ottob for	Memo Itemization	Type
Check box if expenditure is payment of debt or obligation	USupport Oppose		Wellio Remization	Турс
reported on previous statement	<u> </u>			
Fund Raiser	Statewide Local			
Expenditure #3	4. Purpose:			
Mame & Address:  Arst Im pressions Printing	Brintin 6			
Arst Impressions	5. Ballot Proposal: 601575	4-21-11	\$ 1552,90	\$ <u>9183.14</u>
4109 Jackson Rel.	SP. Eco. millage	Date of		
Ann Anson m1 48 103	<del></del> :	<ul> <li>Expenditure</li> </ul>		_
	County: WASHTENOW	Click for	Memo Itemizatio	п Туре
Check box if expenditure is payment of debt or obligation	Support Oppos	se		
reported on previous statement	Statewide Local			
Fund Raiser	4, Purpose:			
Expenditure # 4 Name & Address:	,			
	Malling	112011	\$ 4114.60	s 13897
ing Enter Prise Drive	5. Ballot Proposal: WISD	Date of	\$	
Unit PACKAGING 119 Enter Prise Drive Ann ArBOr, MI 48103	Sild. MILLAGE	Expenditure		
Ann Alisu		Click fo	or Memo Itemizati	оп Туре
	County: WASHTENOW	-		
Check box if expenditure is payment of debt or obligation reported on previous statement	nSupportOppo	ese		
<b></b>	Statewide	<b>!</b>		
Fund Raiser		Subtotal this page	12/11/1	
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## ITEMIZED DIRECT EXPENDITURES

ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B	ommittee I. D. Number	9-004		
BALLOT QUESTION COMMITTEE 2. Co	mmittee Name Frends o	F Ed	UCATION	)
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:  Glenn Nel Son  1323 S. ForesT  Ann ArBor, mi 4 8104  Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser  Expenditure # 2 Name & Address:  SAWICKI + Son S  1521 W: Cafayette  Detroit, mi 48216	A. Purpose:  STAMPS, Flyers  5. Ballot Proposal: WISD  SP. Ed. MILLAGE  County: WASHTENAW  Statewide  4. Purpose:  YADD GGNS  5. Ballot Proposal: WISD  SP. Ed. MILLAGE  County: WASHTENAW  County: WASHTENAW  County: WASHTENAW  County: WASHTENAW  County: WASHTENAW  County: WASHTENAW	Expenditure Click fo	\$ <u>269.88</u> or Memo Itemization \$ <u>4346.08</u>	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement  Fund Raiser	County: CUAS H TENGUE  Support Oppose  Statewide Local		r Memo Itemization	Туре
Expenditure #3 Name & Address:  Stones' Phones Inc.  41-750 Rancho Las Palmas  Rancho Mirage, Ca  92270  Check box if expenditure is payment of debt or obligation reported on previous statement	4. Purpose:  Auto Calls  5. Ballot Proposal: LUISD  SOLED. MILLABE  County: WAS ATERAW  Support Oppose	Date of Expenditure Click for	\$ <u>675, 96</u> or Memo Itemization	
Expenditure # 4 Name & Address:  UNIT PACKA GING 119 ENTER PRISE DV AMN-ALBOS, MI 4 8103  Check box if expenditure is payment of debt or obligation reported on previous statement	Statewide Local  4. Purpose:  DATA PROCESSING  5. Ballot Proposal: WISD  SP. E.D. MITEGE  County: WASHTENAW  Support Opposite  Statewide Local	Date of Expenditure Click f	\$ <i>(6)   8 5</i> or Memo Itemization	
Page 2 of 5	Su	obtotal this page of Schedules 4B ge of Schedule)	Enter this total on Line 8a of the Summary Page	)

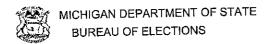


1. Committee I. D. Number B- 2009- 009 ITEMIZED DIRECT EXPENDITURES OF Education SCHEDULE 4B Friends BALLOT QUESTION COMMITTEE 2. Committee Name 8. Cumulative State purpose of expenditure. 3. Name and address of person to whom paid Identify the ballot proposal involved. Indicate whether supported or opposed. 4. Purpose: Expenditure # 1 FIRST IM PRESSION Pringing Printin6 5. Ballot Proposal: WISD 4109 Jack Son Rd Ann ArBar, MI 48103 SO. ED. MILLAGE Expenditure Click for Memo Itemization Type County: WASHTENOW Check box if expenditure is payment of debt or obligation Support reported on previous statement \_\_Statewide Fund Raiser 4. Purpose: Expenditure # 2 se Freshments Name & Address: Kim woods 5. Ballot Proposal: WISD -2-11 \$ 104.97 \$21064, 82 3918 Beech Dr. SPIED. MILLAGE YPSILANYI, MI 48197 Expenditure County: WASHTENAN Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Local Statewide Fund Raiser 4. Purpose: Expenditure # 3 refreshments Name & Address: 5-6-11 \$ 28.74 \$2109367
Date of 5. Ballot Proposal: W15D Kim WOODS 3918 Beech Dr. Sp. E.D. MILLAGE ypsilanti, mi 48197 Click for Memo Itemization Type County: WASHTENOW Oppose Check box if expenditure is payment of debt or obligation Support reported on previous statement Local Statewide Fund Raiser 4. Purpose: Expenditure # 4 PIZZA

5. Ballot Proposal: WISD Name & Address: Geraldine Allen 3705 Love Tree Rd. SO. Ed. MILLAGE Expenditure MIL FOSD, MI 48380 Click for Memo Itemization Type County: WASHTENAW Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Local Statewide 1419,35 Fund Raiser Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule) Enter this total on Line 8a of

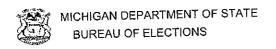
Page 3 of 3

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#### ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

ITEMIZED DIRECT EXPENDITURES  1. Co	mmittee I. D. Number_	B-20	09-00	14	
SCHEDOLL 4D	mmittee Name 🛮 🗜	nemos a	F Co	Weat 10	ابرا س
Name and address of person to whom paid	State purpose of e     Identify the ballot p     Indicate whether sup	xpenditure. roposal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:				
Name & Address: Unit PacKA61n6	Malli	n 6			
	5. Ballot Proposal:		58-11	\$ 361,80	\$21532.5
Ann Arbor, on 48103	So. Ed. m.	111 AGE	Date of Expenditure		
Ann Hist			•	r Memo Itemizatior	Type
Check box if expenditure is payment of debt or obligation	County: WAS I	HENaw	CIICK TO	r Metrió Iternization	Type
reported on previous statement	Support	Oppose			1
Fund Raiser	Statewide	Local			
Expenditure # 2 Name & Address:	4. Purpose:				
	Ad				
AMA ATBO. CON	5. Ballot Proposal:	WISD	5-10-11	\$ 1021.02	<u>\$22553, \$</u>
301 & CIBERTY	SP.ED. N	nill AGE	Date of	T	
301 & CIBER 17 ANN ALBO, MI 48104			Expenditure		
	County: WAS	H Tenace	Click for	r Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
	Statewide	Local			
Fund Raiser Expenditure # 3	4. Purpose:				İ
Name & Address:	mailing	Lists			
West Liberty Information	5. Ballot Proposal:	W150	5-16-11	s 1/30,20	\$236847
2040 MICHARL Rd. 1	SR. Ed. M		Date of		
Ann ArBor, m1 48103			Expenditure		
Ann HIBO M	County: WF	SHTEROUD	Click fo	or Memo Itemizatio	n Type
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reported on previous statement	Statewide	Local			
Fund Raiser Expenditure # 4	4. Purpose:				
	co cho	LMENTS			
Name & Address:  AMA AIBOR CENTER FOR  IN DE PENDENT CIVING  3941 RESEARCH BASK Dr.	5 Ballot Proposal:	WISD	5-16-11	\$ 19.95	5 \$23764.
In do pendent wind		MILL AGE	Date of Expenditure		
2941 Research bask Dr.			-		
Ann ArBor, m 40108	County: WA	sHTenaw	Click	for Memo Itemizati	on Type
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Page 4 of <u>3</u>				Page	



#### ITEMIZED DIRECT EXPENDITURES **SCHEDULE 4B**

Page 5 of 5

B-2009-004 1. Committee I. D. Number\_ OF Education **BALLOT QUESTION COMMITTEE** 2. Committee Name 8. Cumulative State purpose of expenditure. 3. Name and address of person to whom paid for election Identify the ballot proposal involved. Indicate whether supported or opposed. Expenditure # 1 Name & Address: Post Courds 518-11 \$ 165,27 \$23929, 44 5. Ballot Proposal: WISD Ann AIBO, 11 4803 SP. ED. MILLAGE Expenditure Click for Memo Itemization Type County: WASHTE naw Check box if expenditure is payment of debt or obligation reported on previous statement Oppose **∐**Support Local \_\_Statewide Fund Raiser 4. Purpose: Expenditure # 2 Printin6 Name & Address: FIRST Impression Printing 4109 Jackson R.R. AMA ANSW, M. 48103 5-20-11 \$ 152.64 \$24082, 68 5. Ballot Proposal: SP. Ed. MILLAGE Date of Expenditure County: WASHTENOW Click for Memo Itemization Type Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Local Statewide Fund Raiser 4. Purpose: Expenditure # 3 Name & Address 5. Ballot Proposal: Date of Expenditure Click for Memo Itemization Type County: Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Statewide Local Fund Raiser 4. Purpose: Expenditure # 4 Name & Address 5. Ballot Proposal: Date of Expenditure Click for Memo Itemization Type County: Check box if expenditure is payment of debt or obligation Oppose Support reported on previous statement Statewide Fund Raiser Subtotal this page Grand Total of Schedules 4B (Complete on last page of Schedule) Enter this total on Line 8a of

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