



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**BALLOT QUESTION COMMITTEE
COVER PAGE**

2012 OCT 23 P 1:18

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: 9/1/12 To: 10/2/12

<p>1. Committee I.D. Number <u>B 2009-004</u></p> <p>2. Committee Name <u>Friends of Education</u></p>		<p>4. Committee's Mailing Address <u>Friends of Education</u> <u>PO Box 157</u> <u>Dexter, MI 48130</u> Area Code and Phone: <u>734-971-0277</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small></p>			
<p>5. Treasurer's Name and Residential Address <u>Jim Magyar</u> <u>3855 Pineview Drive</u> <u>Dexter MI 48130</u> Area Code and Phone: <u>734-971-0277</u></p>					
<p>6. Treasurer's Business Address <u>Ann Arbor Center for Independent</u> <u>living</u> <u>3941 Research Park Drive</u> <u>Ann Arbor, MI 48108</u> Area Code and Phone: _____</p>		<p>7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) <u>Jeanne Rowlette</u> <u>6491 Shore Breeze Dr.</u> <u>Brighton, MI 48114</u> Area Code and Phone: <u>313-300-1448</u></p>			
<p>8. TYPE OF STATEMENT:</p> <p>8a. <input checked="" type="checkbox"/> PRE- ELECTION OR <input type="checkbox"/> POST- ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____</p> <p>Date of Election: <u>11/6/2012</u></p>		<p>8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT</p> <p>8c. <input type="checkbox"/> ANNUAL STATEMENT (_____ Coverage Year)</p> <p>8d. <input type="checkbox"/> Post Petition Sample Filing under MCL 168.483a (Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)</p> <p>8e. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)</p>		<p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE REQUEST</p> <p>Effective Date of Dissolution _____</p> <p>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.</p>	
<p>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.</p>					
<p>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.</p>					
<p>Current Treasurer or Designated Record Keeper <u>Jeanne Rowlette</u> Type or Print Name</p>		<p><u>Jeanne Rowlette</u> Signature</p>			



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

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>2659.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>2659.00</u>	(18.) \$ <u>2659.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>2659.00</u>	(20.) \$ <u>2659.00</u>
IN-KIND CONTRIBUTIONS		
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>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>—</u>	(21.) \$ <u>—</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>8348.94</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>8348.94</u>	(22.) \$ <u>8348.94</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>—</u>	(23.) \$ <u>—</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>8348.94</u>	(24.) \$ <u>8348.94</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>—</u>	(25.) \$ <u>—</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6442.69</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>2659.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>9101.69</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>8348.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>752.75</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>Long, Margaret</u> <u>1513 Martha Ave.</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>9/13/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Yomtoob, Dr. Youssef</u> <u>2384 Glen Eagles Lane</u> <u>Riverwoods, IL 60015</u>	4. Date of Receipt <u>9/14/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Bates, David R.</u> <u>1208 Pearl</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>9/20/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Leyschok, Richard/Carol</u> <u>1008 N. Congress St.</u> <u>Ypsilanti, MI 48197-2747</u>	4. Date of Receipt <u>9/15/12</u>	\$ <u>50.00</u>	\$ <u>50.00</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

350.00

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>Weathers, Lavada K.</u> <u>236 Wilson</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>9/28/12</u>	\$ <u>50.00</u>	\$ <u>50.00</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>Jackson, Emma L.</u> <u>2252 State Street</u> <u>Ypsilanti, MI 48198</u>	4. Date of Receipt <u>9/28/12</u>	\$ <u>75.00</u>	\$ <u>75.00</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>Doyle, Robert R. & Amy L.</u> <u>210 S. Washington St.</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>9/28/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Weiss, John K. & Sarah Holliday</u> <u>1206 Pearl St.</u> <u>Ypsilanti, MI 48197-4623</u>	4. Date of Receipt <u>9/28/12</u>	\$ <u>50.00</u>	\$ <u>50.00</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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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>Kabat, Michael + Valerie</u> <u>18 W. Michigan Ave</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10/8/12</u>	\$ <u>25.00</u>	\$ <u>25.00</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>Burton, Dr Jennifer M.</u> <u>391 Rolling Meadows Dr.</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>10/8/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Vanderworp, Anthony M. + Anne L.</u> <u>1207 Pearl St.</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10/8/12</u>	\$ <u>50.00</u>	\$ <u>50.00</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>Chrisandy Inc.</u> <u>Tower Inn Cafe</u> <u>701 West Cross St.</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10/2/12</u>	\$ <u>200.00</u>	\$ <u>200.00</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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375.00

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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>Kamuyu, Njoki</u> <u>8709 Barrington Dr</u> <u>Ypsilanti, MI 48198</u>	4. Date of Receipt <u>10/12/12</u>	\$ <u>10.00</u>	\$ <u>10.00</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>Hawkins, Dr James & Vivian D</u> <u>2144 Collegewood</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10/12/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Humes, Jr, Herman L.</u> <u>1105 Grant St.</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>10/12/12</u>	\$ <u>100.00</u>	\$ <u>100.00</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>Martin, Dedrick D.</u> <u>5793 Pine View Dr.</u> <u>Ypsilanti, MI 48197-8961</u>	4. Date of Receipt <u>10/19/12</u>	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Ypsilanti School District</u> Business Address <u>1885 Packard Road, Ypsilanti, MI 48197</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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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>Glenn, Kelli A & Michael E</u> <u>7321 Copper Creek Dr.</u> <u>Ypsilanti, MI 48197</u> 4. Date of Receipt <u>10/19/12</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	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: <u>Schweinhart, Lawrence J & Martha Sue</u> <u>2546 Deake Ave.</u> <u>Ann Arbor, MI 48108</u> 4. Date of Receipt <u>10/19/12</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	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: <u>Edwards, James A & Maria Sheler-Edwards</u> <u>51 Colony Ct.</u> <u>Ypsilanti, MI 48197-7414</u> 4. Date of Receipt <u>10/19/12</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	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Secor Business Services</u> <u>Cathy Secor</u> <u>5600 ALT Road</u> <u>Petersburg, MI 49270</u> 4. Date of Receipt <u>10/19/12</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	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization

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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 B2009-004
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>Marcel, Brian</u> <u>9735 Horseshoe Bend</u> <u>Dexter, MI 48130</u>			
4. Date of Receipt <u>10/19/12</u>		\$ <u>99.00</u>	\$ <u>99.00</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>Leyschock, Richard F & Carol A</u> <u>1008 N. Congress St.</u> <u>Ypsilanti, MI 48197-2747</u>			
4. Date of Receipt <u>10/19/12</u>		\$ <u>50.00</u>	\$ <u>50.00</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>Mullins, Becky L.</u> <u>12170 Preston Rd.</u> <u>Britton, MI 49229</u>			
4. Date of Receipt <u>10/19/12</u>		\$ <u>25.00</u>	\$ <u>25.00</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>Palmer, David</u> <u>PO Box 480536</u> <u>Ypsilanti, MI 48198</u>			
4. Date of Receipt <u>10/19/12</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Business Manager</u> Employer <u>La Vision</u>			
Business Address <u>211 West Michigan Ave., Ypsilanti, MI 48197</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

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324.00

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>Ypsilanti Band Assoc.</u> <u>Rachel Egherman</u> <u>408 N. Huron</u> <u>Ypsilanti, MI 48197</u> 4. Date of Receipt <u>10/19/12</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	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal 500.00
 Grand Total of All Schedules 4A
 (Complete on last page of Schedule) 2659.00

Enter this total
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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>Washtenaw County Clerk</u>	4. Purpose: <u>Filing fine</u> 5. Ballot Proposal: <u>Special Ed Millage Proposal</u>	<u>8/28/12</u> <small>Date of Expenditure</small>	<u>\$ 600.00</u> <small>Date of Expenditure</small>	<u>\$ 600.00</u>
<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>Apollo Artistry</u> <u>26025 Cherry Hill Rd.</u> <u>Apt. 8, Bldg. A</u> <u>Inkster, MI 48414</u>	4. Purpose: <u>yard signs, literature, stock photos</u> 5. Ballot Proposal: <u>Ypsilanti Schools/ Willow Run Schools Consolidation</u>	<u>10/8/12</u> <small>Date of Expenditure</small>	<u>\$ 150.00</u> <small>Date of Expenditure</small>	<u>\$ 150.00</u>
<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>United Sonz Inc.</u> <u>105 W. Michigan Ave.</u> <u>Ypsilanti, MI 48197</u>	4. Purpose: <u>Fliers, mailings, Road signs, Postage</u> 5. Ballot Proposal: <u>Ypsilanti Schools/ Willow Run Schools/ Consolidation</u>	<u>9/27/12</u> <small>Date of Expenditure</small>	<u>\$ 3,598.94</u> <small>Date of Expenditure</small>	<u>\$ 3,598.94</u>
<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>United Sonz Inc.</u> <u>105 W. Michigan Ave.</u> <u>Ypsilanti, MI 48197</u>	4. Purpose: <u>Postcards, Mailings</u> 5. Ballot Proposal: <u>Ypsilanti Schools/ Willow Run Schools Consolidation</u>	<u>10/19/12</u> <small>Date of Expenditure</small>	<u>\$ 4,000.00</u> <small>Date of Expenditure</small>	<u>\$ 7,598.94</u>
<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 8,348.94
 Grand Total of Schedules 4B (Complete on last page of Schedule) 8,348.94

Enter this total on Line 8a of the Summary Page