



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: 10/22/12 To 11/26/12

1. Committee I.D. Number

B-2009-004

4. Committee's Mailing Address

Friends of Education
P.O. Box 157
Dexter, MI 48130
Area Code and Phone: 734-971-0277

2. Committee Name

Friends of Education

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

Jim Magyar
3855 Pineview Dr,
Dexter, MI 48130

Area Code and Phone 734-971-0277

6. Treasurer's Business Address

Ann Arbor Center for Independent Living
3941 Research Park Dr,
Ann Arbor, MI 48108

Area Code and Phone 734-971-0277

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

Jeanne Rowlette
6491 Shore Breeze Dr,
Brighton, MI 48114

Area Code and Phone 313-300-1448

8. TYPE OF STATEMENT:

8a. PRE-ELECTION

OR

POST-ELECTION

Pre-Election or Post-Election Statement relates to:

- PRIMARY
- GENERAL
- SCHOOL
- SPECIAL
- OTHER: _____

Date of Election:

11/6/12

8b.

- FEBRUARY STATEMENT
- APRIL STATEMENT
- JULY STATEMENT
- OCTOBER STATEMENT

8c. ANNUAL STATEMENT

(____ Coverage Year)

8d:

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)

8e. AMENDMENT TO CAMPAIGN STATEMENT

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

8f. DISSOLUTION OF COMMITTEE REQUEST

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

Jeanne Rowlette | Jeanne Rowlette

Type or Print Name

Signature



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>1335.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>1335.00</u>	(18.) \$ <u>3994.00</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>1335.00</u>	(20.) \$ <u>3994.00</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>2048.68</u>	
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)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>2048.68</u>	(22.) \$ <u>10,397.66</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>2048.68</u>	(24.) \$ <u>10,397.66</u>
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		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>757.75</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1335.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2092.75</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2048.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>44.07</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>10/24/12</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>Thomas, Glenn E. Jr, & Kristine L.</u> <u>8455 Barrington Dr.</u> <u>Ypsilanti, MI 48198-9400</u> 4. Date of Receipt <u>10/24/12</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 # 3 Name & Address: <u>Brumfield, Floyd J. & Flora D.</u> <u>1890 Stratford Rd.</u> <u>Ypsilanti, MI 48197-1824</u> 4. Date of Receipt <u>10/24/12</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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Bates, David R</u> <u>1208 Pearl</u> <u>Ypsilanti, MI 48197</u> 4. Date of Receipt <u>10/24/12</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Dearborn Public Schools</u> Business Address <u>7801 Maple St, Dearborn, MI 48126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>75.00</u>	\$ <u>175.00</u> Click Here for Memo Itemization

Page Subtotal

200.00

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

Enter this total
on line 3a of
Summary
Page



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>Bates, Lydia R + Bradford</u> <u>828 ASA Gray Dr.</u> <u>Ann Arbor, MI 48105-2565</u> 4. Date of Receipt <u>10/24/12</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 # 2 Name & Address: <u>Federation of Washtenaw Intermediate School Employees</u> <u>Local 3760 AFT, MFT AFL-CIO</u> <u>PO Box 1406</u> <u>Ann Arbor, MI 48106</u> 4. Date of Receipt <u>10/24/12</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 # 3 Name & Address: <u>Leigh R. Greden, Leigh R.</u> <u>2860 Gladstone Ave</u> <u>Ann Arbor, MI 48104</u> 4. Date of Receipt <u>10/26/12</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 # 4 Name & Address: <u>Tramontin, Paul D + Mary Jane</u> <u>3400 Ann Arbor Saline Rd</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/26/12</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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization

Page Subtotal

725.00

Grand Total of All Schedules 4A
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Enter this total
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Summary
Page



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>Farmer, Cheryl</u> <u>214 N. Huron St.</u> <u>Ypsilanti MI 48197</u>	4. Date of Receipt <u>11/1/12</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>Allen, Stephen H + Karen S.</u> <u>801 Stanley</u> <u>Ypsilanti, MI 48198</u>	4. Date of Receipt <u>11/1/12</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 # 3 Name & Address: <u>Nickels, William or Karen A.</u> <u>311 North Wallace</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>11/1/12</u>	\$ <u>40.00</u>	\$ <u>40.00</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>Getto, Cameron R.</u> <u>305 Maple St.</u> <u>Ypsilanti, MI</u>	4. Date of Receipt <u>11/1/12</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	

Page Subtotal

215.00

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

Enter this total
on line 3a of
Summary
Page



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>Williams, Alta Marie & James I</u> <u>1014 Watling</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>11/1/12</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>Hockett, Robert N & Diane B</u> <u>1037 Shady Oaks Dr.</u> <u>Ann Arbor, MI 48103</u>	4. Date of Receipt <u>11/1/12</u>	\$ <u>20.00</u>	\$ <u>20.00</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>Berman, Kira</u> <u>1122 Pearl St.</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>11/1/12</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>Callan, Mary Jo</u> <u>1113 Westmoorland</u> <u>Ypsilanti, MI 48197</u>	4. Date of Receipt <u>11/1/12</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	

Page Subtotal

195.00

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

1335

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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
<p>Expenditure # 1 Name & Address: <u>United Sonz Inc.</u> <u>105 W. Michigan Ave.</u> <u>Ypsilanti, MI 48197</u></p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>Postcards, Mailings</u></p> <p>5. Ballot Proposal: <u>Ypsilanti, schools/willow</u> <u>Run Schools Consolidation</u></p> <p>County: <u>Washtenaw</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local</p>	<u>10/24/12</u>	<u>\$ 1424.93</u>	<u>\$ 9,023.87</u>
<p>Expenditure # 2 Name & Address: <u>West Liberty Information LLC</u> <u>3840 Michael Rd. N</u> <u>Ann Arbor, MI 48103</u></p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>No Walking list selection</u></p> <p>5. Ballot Proposal: <u>Ypsilanti, Schools/willow</u> <u>Run Schools Consolidation</u></p> <p>County: <u>Washtenaw</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local</p>	<u>11/1/12</u>	<u>\$ 138.75</u>	<u>\$ 138.75</u>
<p>Expenditure # 3 Name & Address: <u>Margy Long</u> <u>1513 Martha Ave.</u> <u>Ann Arbor, MI 48103</u></p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>Yes Flyers</u></p> <p>5. Ballot Proposal: <u>Ypsilanti Schools/willow</u> <u>Run Schools Consolidation</u></p> <p>County: <u>Washtenaw</u></p> <p><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local</p>	<u>11/12/12</u>	<u>\$ 185.00</u>	<u>\$ 185.00</u>
<p>Expenditure # 4 Name & Address: <u>Ann Arbor Center for Independent</u> <u>Living</u> <u>3941 Research Park Dr.</u> <u>Ann Arbor, MI 48108</u></p> <p><input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>4. Purpose: <u>Donation</u></p> <p>5. Ballot Proposal:</p> <p>County: <u>Washtenaw</u></p> <p><input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local</p>	<u>11/26/12</u>	<u>\$ 300.00</u>	<u>\$ 300.00</u>

Subtotal this page 1748.68

Grand Total of Schedules 4B
(Complete on last page of Schedule) 2048.68

Enter this total on Line 8a of the Summary Page