

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## **ORIGINAL OR AMENDED**

## STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: B 2009 - 004	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing: Original	a. Official Depository Fifth Third Bank 2090 W. Stadium Blvd.
X Amendment to Items 10, 12, 13 Eff. Date: 12-7-12	2090 W. Stadium
3. Date Committee was Formed: 7-9-09	Ann Arbor, MI 48103
4. Full Name of Committee:	b. Secondary Depository
Friends of Education  5. Acronym or Abbreviation (If any):	N/A
6. Complete Committee Mailing Address (May be PO Box): Friends of Education For Box 157394 Research Park Dr.	Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose
7. Complete Confinitee. Street Address (May not be PO Box):  Clo Jim Magyar  3855 Pineview Dr.	Description:  If not a statewide proposal, list the county, bity, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:  Statewide  County:  Multi County:
Dexter, MI 48130	Multi County:
Committee Phone #: 734 - 971 - 0277	Local:
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with
Committee E-mail Address: Tmagyar @ aacil.org  Committee Website Address: Washtenawtriends, org	the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's office.
8. Treasurer Name and Complete Address:  Jim Mag yar  3855 Pine View Dr.	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
Dexter, MI 48130	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: 734-971-0277	** OR **
E-mail Address: 1 magyar @ aacil. org	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
9. Designated Record Keeper Name and Complete Address:  Teanne Rowlette 6491 Shore Breeze Brighton, MI 48114  Phone #: 313-300-1448	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or beliefs (Sign Name and Date below)
E-mail Address: 100 lette @ att. net	Current Treasurer (Date)
10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.	Designated Record Keeper (Date) (Required only if filing electronically)