



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: 1/1/2016 To 2/10/2016

1. Committee I.D. Number
B2009-004

4. Committee's Mailing Address
**Friends of Education
PO Box 2109
Ann Arbor, MI 48106**

2. Committee Name
Friends of Education

Area Code and Phone: _____
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
**Carolyn Grawi
1490 Northbrook Drive, Ann Arbor, MI 48103 734-417-7732**
Area Code and Phone

6. Treasurer's Business Address
**Ann Arbor Center for Indep. Living
3941 Research Park Drive
Ann Arbor, MI 48103 734-395-1731**
Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
**Sheri Papazoglou
46551 Brookridge
Canton, MI 48187 313-999-5188**
Area Code and Phone

FILED
WASHTENAW COUNTY, MI
2016 FEB 12 A 10:30
LAWRENCE KESTENBAM
COUNTY CLERK/REGIS

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: _____

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 Sheri A. Papazoglou
Type or Print Name Sheri A. Papazoglou Signature



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

B2009-004

1. Committee I.D. Number _____
Friends of Education
2. Committee Name _____

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ 9,127.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) \$ 9,127.00	(18.) \$ 9,352.00
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ 0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ 9,127.00	(20.) \$ 9,352.00
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ 98.30	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ 98.30	(21.) \$ 98.30
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ _____	
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.) \$ 0.00	(22.) \$ 0.00
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ 0.00	(23.) \$ 0.00
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 0.00	(24.) \$ 0.00
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ 0.00	(25.) \$ 0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ 0.00	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ 0.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 225.00	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 9,127.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 9,352.00	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 9,352.00	*

*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 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: Saline Kids First Committee 208 N. Harris St. Saline, MI 48176 4. Date of Receipt <u>January 15, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>not applicable</u> Employer <u>not applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>337.00</u>	\$ <u>337.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Menzel, Scott 6450 Sandwood Ct. Whitmore Lake, MI 48189 4. Date of Receipt <u>January 16, 2016</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: Long, Margaret 1513 Martha Ave. Ann Arbor, MI 48103 4. Date of Receipt <u>January 21, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Wash. Intern. School District</u> <u>1819 S. Wagner Rd., Ann Arbor, MI 48106</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Jackson, Emma 1336 Shevchenko Dr. Ann Arbor, MI 48103 4. Date of Receipt <u>January 21, 2016</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

Page Subtotal 687.00

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 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 4. Date of Receipt January 25, 2016

Name & Address:
Elyakin, Neal
1300 Red Oak
Ann Arbor, MI 48103

\$ 100.00 \$ 100.00

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 January 28, 2016

Name & Address:
Marcel, Brian
9735 Horseshoe Bend
Dexter, MI 48130

\$ 150.00 \$ 150.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Administrator Employer Wash. Interm. School District

Business Address 1819 S. Wagner Rd., Ann Arbor, MI 48106

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt February 4, 2016

Name & Address:
Mann, Anne E.
1901 Pierce Rd.
Chelsea, MI 48118

\$ 25.00 \$ 25.00

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 February 4, 2016

Name & Address:
Kapolka, Michael J.
13285 Oakridge Lane
Chelsea, MI 48118

\$ 20.00 \$ 20.00

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

Page Subtotal 295.00

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 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: Taylor, Denis J. 1830 N. Eager Rd. Howell, MI 48855 4. Date of Receipt <u>February 4, 2016</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	\$ 50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Zigman, Teresa A. 11732 Highridge Pinckney, MI 48169 4. Date of Receipt <u>February 4, 2016</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	\$ 50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Killips, David K. 1901 Reeves Chelsea, MI 48118 4. Date of Receipt <u>February 4, 2016</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	\$ 50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Deppner, Julie A. 211 Quiet Creek Court Chelsea, MI 48118 4. Date of Receipt <u>February 4, 2016</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	\$ 50.00 \$ _____	50.00 \$ _____ 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
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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.

3. Contribution # 1
Name & Address:
Battaglia, Stacie
5806 Hay Rake Hollow
Chelsea, MI 48118

4. Date of Receipt February 4, 2016

6. Amount \$ 50.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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
Name & Address:
Nickel, Lisa
7085 N. Lake Orchard Dr.
Gregory, MI 48137

4. Date of Receipt February 4, 2016

6. Amount \$ 50.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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
Name & Address:
Olsen, Robert Stephen
2606 Peckins Rd.
Chelsea, MI 48118

4. Date of Receipt February 4, 2016

6. Amount \$ 100.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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
Name & Address:
Schumaker, Julie
7619 Kingfisher Ct.
Dexter, 48130

4. Date of Receipt February 4, 2016

6. Amount \$ 99.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 99.00

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

Page Subtotal 299.00

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 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 4. Date of Receipt February 4, 2016
Name & Address:
McCalla, Craig
1663 Oreo Court
Ann Arbor, MI 48103 \$ 99.00 \$ 99.00

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 February 4, 2016
Name & Address:
See, Katharine
1848 Harley Dr.
Ann Arbor, MI 48103 \$ 99.00 \$ 99.00

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 February 5, 2016
Name & Address:
Long, Margaret
1513 Martha Ave.
Ann Arbor, MI 48103 \$ 100.00 \$ 250.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Administrator Employer Wash. Intern. School District
1819 S. Wagner Rd., Ann Arbor, MI 48106
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt February 5, 2016
Name & Address:
Pinkelman, Sarah
1308 Culver Rd.
Ann Arbor, MI 48103 \$ 50.00 \$ 50.00

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

Page Subtotal 348.00

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

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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.

3. Contribution # 1
Name & Address: Pachera, Amy
960 Honey Creek Drive
Ann Arbor, MI 48103
4. Date of Receipt February 5, 2016
6. Amount \$ 100.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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: Rentschler, Lisa
116 Green Valley Drive
Milan, MI 48160
4. Date of Receipt February 5, 2016
6. Amount \$ 100.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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: Stead, Christine
2433 Blueberry Lane
Ann Arbor, MI 48103
4. Date of Receipt February 5, 2016
6. Amount \$ 300.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

5. If over \$100.00 cumulative, please provide:
Occupation Consultant Employer Blue Cottage Consulting
Business Address 122 South Main St., Ann Arbor, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser
[Click Here for Memo Itemization](#)

3. Contribution # 4
Name & Address: Jenkins, Lee Ann
6267 Cobblestone Lane
Dexter, MI 48130
4. Date of Receipt February 5, 2016
6. Amount \$ 99.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 99.00

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](#)

Page Subtotal 599.00

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 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: Panitch, Jack 501 Burson Place Ann Arbor, MI 48104 4. Date of Receipt <u>February 5, 2016</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>99.00</u>	\$ <u>99.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Thomas, Andy 1425 West Stadium Blvd. Ann Arbor, MI 48103 4. Date of Receipt <u>February 5, 2016</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: Norton, Steven 1217 Olivia Ave. Ann Arbor, MI 48104 4. Date of Receipt <u>February 6, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Okno Group</u> <u>1217 Olivia Ave., Ann Arbor, MI 48104</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Girbach, Bryan 333 Anne Marie Drive Milan, MI 48160 4. Date of Receipt <u>February 6, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Milan Area Schools</u> <u>100 Big Red Drive, Milan, MI 48160</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization

Page Subtotal 599.00

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 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.

3. Contribution # 1
Name & Address: Miller, Susan
2016 Shadford Road
Ann Arbor, MI 48104
4. Date of Receipt February 7, 2016
6. Amount \$ 50.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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: Song, Linh
1290 Bardstown Trail
Ann Arbor, MI 48105
4. Date of Receipt February 8, 2016
6. Amount \$ 500.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

5. If over \$100.00 cumulative, please provide:
Occupation Executive Director Employer Ann Arbor Educ. Foundation
Business Address 2370 E. Stadium, Box 120, Ann Arbor, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address: Timmis, Christopher
8182 Trail Ridge
Dexter, MI 48130
4. Date of Receipt February 8, 2016
6. Amount \$ 300.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 300.00

5. If over \$100.00 cumulative, please provide:
Occupation Educator Employer Dexter Community Schools
Business Address 7714 Ann Arbor St., Dexter, MI 48130
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4
Name & Address: Nelson, Glenn
1323 S. Forest Ave.
Ann Arbor, MI 48104
4. Date of Receipt February 8, 2016
6. Amount \$ 200.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200.00

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

[Click Here for Memo Itemization](#)

Page Subtotal 1,050.00

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 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)
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3. Contribution # 1
Name & Address: Tramontin, Mary Jane
3400 Ann Arbor Saline Rd.
Ann Arbor, 48103

4. Date of Receipt February 10, 2016

\$ <u>50.00</u>	\$ <u>50.00</u>
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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
Name & Address: Federation of Washtenaw Interm. School Employees
1819 S. Wagner Road
P.O. Box 1406
Ann Arbor, MI 48106-1819

4. Date of Receipt February 10, 2016

\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
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5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation not applicable Employer not applicable

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: _____

4. Date of Receipt _____

\$ _____	\$ _____
----------	----------

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
Name & Address: _____

4. Date of Receipt _____

\$ _____	\$ _____
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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

Page Subtotal	5,050.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	9,127.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE

B2009-004

1. Committee I. D. Number _____

Friends of Education

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Thomas, Andy 1425 West Stadium Blvd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Retired Employer Name & Address: Not Applicable <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>2,000 flyers for distribution</u> 5. DATE OF RECEIPT: <u>2/10/2016</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: FedEx Office 2800 S. State St. Ann Arbor, MI 48104-6740	\$ <u>98.30</u>	\$ <u>198.30</u>
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal	98.30
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	98.30

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