



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: 2/11/16 To 4/17/16

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
 APR 21 2016
 REGISTER
 JAMES H. BAUM
 CLERK
 COUNTY CLERK

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:
5/3/2016

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 Carolyn Grawi , Carolyn Grawi
Type or Print Name Signature



B2009-004

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number _____
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>13,155.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>13,155.00</u>	(18.) \$ <u>22,507.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>13,155.00</u>	(20.) \$ <u>22,507.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</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>0.00</u>	(21.) \$ <u>98.30</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>10,869.36</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>10,869.36</u>	(22.) \$ <u>10,869.36</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>10,869.36</u>	(24.) \$ <u>10,869.36</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9,352.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>13,155.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>22,507.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>10,869.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>11,637.64</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 B2009-004
Friends of Education
2. Committee Name _____

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: Rosen-Leacher, Betty 602 Jefferson Lane Milan, MI 48160 4. Date of Receipt <u>February 11, 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 # 2 Name & Address: DeKeyser, Tom 7811 Winfield Dr. Brighton, MI 41160 4. Date of Receipt <u>February 11, 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 # 3 Name & Address: Kerrigan, Denise 835 Five Mile Road Whitmore Lake, MI 48189 4. Date of Receipt <u>February 11, 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 # 4 Name & Address: Kritzman, Michelle 9033 Posey Drive Whitmore Lake, MI 48189 4. Date of Receipt <u>February 11, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization

Page Subtotal 348.00
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: Lasinski, Donna 4977 St. Annes Ann Arbor, MI 48103		4. Date of Receipt <u>February 12, 2016</u> \$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>ThinkStretch</u> Business Address <u>215 E. Washington, Suite 200, Ann Arbor, MI 48104</u> 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: Heuker, Melissa 1008 Hearthside St. South Lyon, MI 48178		4. Date of Receipt <u>February 12, 2016</u> \$ <u>99.00</u>	\$ <u>99.00</u> Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Kobeck, Patti 601 East Shore Drive Whitmore Lake, MI 48198		4. Date of Receipt <u>February 13, 2016</u> \$ <u>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Stidham, Jason 8990 Redstone Drive Pinckney, MI 48169		4. Date of Receipt <u>February 13, 2016</u> \$ <u>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
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			

Page Subtotal 319.00
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. 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 4. Date of Receipt February 13, 2016

Name & Address:
O'Connell, Joe
8863 Meadow Lane
Ypsilanti, MI 48197

\$ 10.00 \$ 10.00

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 13, 2016

Name & Address:
Henry-Peters, Jill
24539 Martindale Road
South Lyon, MI 48178

\$ 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

3. Contribution # 3 4. Date of Receipt February 13, 2016

Name & Address:
Rickard, Anna
25348 Buckminster Dr.
Novi, MI 48375

\$ 10.00 \$ 10.00

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 13, 2016

Name & Address:
Otterman, Carolyn
10181 Whitmore Bay Drive
Whitmore Lake, MI 48189

\$ 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 90.00

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

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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:
Carbary, Tracy
10594 Heenan
Whitmore Lake, MI 48189

4. Date of Receipt February 13, 2016

6. Amount \$ 10.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 10.00

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:
Conzelman, Genevieve
112 N. Haven St.
Novi, MI 48377

4. Date of Receipt February 14, 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:
Semrau, Caroline
1066 N. Wagner
Ann Arbor, MI 48103

4. Date of Receipt February 15, 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 # 4
Name & Address:
BCC International Education Group, Inc.
50 W. Big Beaver, Suite 120
Troy, MI 48064

4. Date of Receipt February 15, 2016

6. Amount \$ 250.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250.00

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

Occupation not applicable Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 360.00

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 Name & Address: Withers, John 6416 Allen Rd. Fenton, MI 48430	4. Date of Receipt February 16, 2016		
		\$ <u>10.00</u>	\$ <u>10.00</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: Newman, Sharon 2648 Roseland Dr. Ann Arbor, MI 48103	4. Date of Receipt February 16, 2016		
		\$ <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 # 3 Name & Address: Kobeck, Eric 601 East Shore Drive Whitmore Lake, MI 48189	4. Date of Receipt February 17, 2016		
		\$ <u>10.00</u>	\$ <u>10.00</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: Roy-Borland, Heidi 2580 Tiplady Road Pinckney, MI 48169	4. Date of Receipt February 17, 2016		
		\$ <u>10.00</u>	\$ <u>10.00</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			

Page Subtotal **55.00**
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Matley, Gina 536 Asher Pass Milan, MI 48160 4. Date of Receipt <u>February 17, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Huddleston, Candy 1685 Victor Ave. Ypsilanti, MI 48198 4. Date of Receipt <u>February 17, 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>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Smith, Lon A. 409 Depot St. Blissfield, MI 49228 4. Date of Receipt <u>February 18, 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 # 4 Name & Address: Somers, Eileen 8455 Lance Court Brighton, MI 48116 4. Date of Receipt <u>February 18, 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization

Page Subtotal 179.00
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Moran, Deborah 103730 Lakeview Drive Whitmore Lake, MI 48189 4. Date of Receipt <u>February 18, 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	10.00 \$ _____	10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Browning, Patricia 3788 Weber Road Saline, MI 48176 4. Date of Receipt <u>February 18, 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	25.00 \$ _____	25.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Magdich, Karen 11430 Dunlavy Lane Whitmore Lake, MI 48189 4. Date of Receipt <u>February 18, 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	100.00 \$ _____	100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Bowen, Annette 9188 Moon Road Saline, MI 48176 4. Date of Receipt <u>February 18, 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 185.00
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: Bowen, Nathan 9188 Moon Road Saline, MI 48176 4. Date of Receipt <u>February 18, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Leacher, John 602 Jefferson Lane Milan, MI 48160 4. Date of Receipt <u>February 19, 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>30.00</u>	\$ <u>30.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Feldkamp, Heather 6035 Weber Road Saline, MI 48176 4. Date of Receipt <u>February 19, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Feldkamp, Steve 6035 Weber Road Saline, MI 48176 4. Date of Receipt <u>February 19, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization

Page Subtotal 180.00
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: Schneider, Catherine 514 Lane St. Chelsea, MI 48118	4. Date of Receipt <u>February 20, 2016</u>	\$ 10.00	\$ 10.00
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: Pardy, Janice 2139 Bredefield St. Ann Arbor, MI 48105	4. Date of Receipt <u>February 20, 2016</u>	\$ 10.00	\$ 10.00
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: Chapman, David 10823 Winner Circle Whitmore Lake, MI 48189	4. Date of Receipt <u>February 20, 2016</u>	\$ 20.00	\$ 20.00
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: Talmadge, Katie 11034 Arden St. Livonia, MI 48150	4. Date of Receipt <u>February 20, 2016</u>	\$ 10.00	\$ 10.00
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 **50.00**

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. 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 4. Date of Receipt February 20, 2016
Name & Address:
Shanks, Lisa
37958 Lyndon St.
Livonia, MI 48154 \$ 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

3. Contribution # 2 4. Date of Receipt February 20, 2016
Name & Address:
Levy, Elizabeth
443 Sumark Way
Ann Arbor, MI 48103 \$ 10.00 \$ 10.00

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 20, 2016
Name & Address:
Gustafson, Andrea
1702 Collegewood St.
Ypsilanti, MI 48197 \$ 10.00 \$ 10.00

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 21, 2016
Name & Address:
Bakker, Kim
10090 Songbird Lane
Pinckney, MI 48169 \$ 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 60.00
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: Petzke, Jennifer 11753 Earl St. Pinckney, MI 48169 4. Date of Receipt <u>February 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>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Wright, William H. 1809 Charlton St. Ann Arbor, MI 48103 4. Date of Receipt <u>February 22, 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Cowhy, Michelle 4200 Shoreview Lane Whitmore Lake, MI 48189 4. Date of Receipt <u>February 22, 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>75.00</u>	\$ <u>75.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Martin, Janet A. 24676 Toddy Lane Farmington Hills, MI 48335 4. Date of Receipt <u>February 22, 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 205.00
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: Klump-Ward, Kristine 9041 Timbercrest Lane Whitmore Lake, MI 48189	4. Date of Receipt <u>February 22, 2016</u>	6. Amount \$ <u>10.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <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: Kudlak, Peter 8754 Sleepy Hollow Dr. Saline, MI 48176	4. Date of Receipt <u>February 22, 2016</u>	6. Amount \$ <u>50.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <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: McMahon, Ryan 46237 Briargate Dr. Canton, MI 48187	4. Date of Receipt <u>February 22, 2016</u>	6. Amount \$ <u>50.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <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: Saunders, Paula 1394 Judd Rd. Saline, MI 48176	4. Date of Receipt <u>February 23, 2016</u>	6. Amount \$ <u>25.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <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	135.00
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Dignan, Wendy 9210 Hillcrest Rd. Whitmore Lake, MI 48189 4. Date of Receipt <u>February 24, 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	\$ 50.00 \$ 50.00 Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Dignan, Ken 9210 Hillcrest Rd. Whitmore Lake, MI 48189 4. Date of Receipt <u>February 24, 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	\$ 50.00 \$ 50.00 Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Carter-Ewald, Maria 11222 Silver Drive Whitmore Lake, MI 48189 4. Date of Receipt <u>February 24, 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	\$ 30.00 \$ 30.00 Click Here for Memo Itemization	\$ 30.00 \$ 30.00 Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Lemons, Wendy 10699 Blue Heron South Lyon, MI 48178 4. Date of Receipt <u>February 24, 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	\$ 10.00 \$ 10.00 Click Here for Memo Itemization	\$ 10.00 \$ 10.00 Click Here for Memo Itemization

Page Subtotal

140.00

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: Gill, Christopher A. 8122 Jack Pine Drive Ypsilanti, MI 48197		4. Date of Receipt <u>February 24, 2016</u> \$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
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			
3. Contribution # 2 Name & Address: Leyshock, Carol A. 1008 N. Congress St. Ypsilanti, MI 48197		4. Date of Receipt <u>February 24, 2016</u> \$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Leyshock, Richard F. 1008 N. Congress St. Ypsilanti, MI 48197		4. Date of Receipt <u>February 24, 2016</u> \$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Everard, Wayne 600 W. Northfield Church Ann Arbor, MI 48105		4. Date of Receipt <u>February 24, 2016</u> \$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
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			

Page Subtotal 125.00
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: Peacock, Eric 2060 Osprey Dr. Ypsilanti, MI 48197		4. Date of Receipt <u>February 25, 2016</u> \$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
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			
3. Contribution # 2 Name & Address: Wozniak, Matthew 5139 Blue Spruce Dr. Ypsilanti, MI 48197		4. Date of Receipt <u>February 26, 2016</u> \$ <u>15.00</u>	\$ <u>15.00</u> Click Here for Memo Itemization
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			
3. Contribution # 3 Name & Address: Kelley, Eleanor 5981 Lohr Lake Dr. Ann Arbor, MI 48108		4. Date of Receipt <u>February 29, 2016</u> \$ <u>75.00</u>	\$ <u>75.00</u> Click Here for Memo Itemization
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			
3. Contribution # 4 Name & Address: Ellison, Ronald 1108 Nature Trail Manchester, MI 48158		4. Date of Receipt <u>February 29, 2016</u> \$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>American Title Co. of Jackson</u> Business Address <u>280 W. Cortland St., Jackson, MI 49201</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **390.00**

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.

	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
--	-----------	---

3. Contribution # 1	4. Date of Receipt <u>March 2, 2016</u>		
Name & Address: <u>Romeo, Joseph H. 278 Lyn Anne Court Ann Arbor, MI 48103</u>			
		\$ <u>25.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization			
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			

3. Contribution # 2	4. Date of Receipt <u>March 2, 2016</u>		
Name & Address: <u>Spickard, Shanna K. 2150 Milkey Rd. Saline, MI 48176</u>			
		\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization			
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			

3. Contribution # 3	4. Date of Receipt <u>March 4, 2016</u>		
Name & Address: <u>Burton, Michael Sean 3020 Gallinger Dr. Ann Arbor, MI 48103</u>			
		\$ <u>250.00</u>	\$ <u>250.00</u>
Click Here for Memo Itemization			
5. If over \$100.00 cumulative, please provide:			
Occupation <u>Administrator</u> Employer <u>Dexter Commun. Sch./WISD</u>			
Business Address <u>7714 Ann Arbor St., Dexter, MI 48130</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 4	4. Date of Receipt <u>March 4, 2016</u>		
Name & Address: <u>Harmon-Higgins, Cassandra 24779 Marindale Rd. South Lyon, MI 48178</u>			
		\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization			
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			

Page Subtotal	475.00
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: Allen, Karen 801 Stanley St. Ypsilanti, MI 48198 4. Date of Receipt <u>March 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	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Manchester Education Association 20500 Dutch Drive Manchester, MI 48158 4. Date of Receipt <u>March 4, 2016</u> 5. If over \$100.00 cumulative, please provide: <u>not applicable</u> 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>350.00</u>	\$ <u>350.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Gonzalez, Diana 716 Hemphill St. Ypsilanti, MI 48198 4. Date of Receipt <u>March 6, 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Doyle, Amy 210 S. Washington St. Ypsilanti, MI 48197 4. Date of Receipt <u>March 6, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization

Page Subtotal 470.00

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

470.00

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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 March 6, 2016
Name & Address:
Judge, Kristin
6082 Vineyard Ave.
Ann Arbor, MI 48108 \$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation Consultant Employer Self Employed
Business Address 6082 Vineyard Ave., Ann Arbor, MI 48108
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt March 7, 2016
Name & Address:
Oman, Alan
2940 Hunley Dr.
Ann Arbor, MI 48105 \$ 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 # 3 4. Date of Receipt March 7, 2016
Name & Address:
Starman, Helen
2201 Brockman Blvd.
Ann Arbor, MI 48104 \$ 150.00 \$ 150.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization
Occupation Consultant Employer Richner & Richner
Business Address 117 North First St., Suite 10, Ann Arbor, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt March 7, 2016
Name & Address:
MacDonell, Marisa
2675 Masters Court
Pinckney, MI 48169 \$ 5.00 \$ 5.00

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 455.00
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:
Spina, Carl
235 Old Creek Dr.
Saline, MI 48176

4. Date of Receipt March 7, 2016

6. Amount \$ 10.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 10.00

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:
Mish, Pam
41304 Ivywood Lane
Plymouth, MI 48170

4. Date of Receipt March 9, 2016

6. Amount \$ 25.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 # 3
Name & Address:
Austin, John
817 Berkshire
Ann Arbor, MI 48104

4. Date of Receipt March 10, 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 # 4
Name & Address:
Fegan, Chris
639 Grat Strasse
Manchester, MI 48158

4. Date of Receipt March 11, 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

Page Subtotal 135.00

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: Saunders, Theresa 2125 Colegewood Ypsilanti, MI 48197			
4. Date of Receipt <u>March 11, 2016</u>		\$ <u>100.00</u>	\$ <u>100.00</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: Wright, Dayle K. 126 South St. Chelsea, MI 48118			
4. Date of Receipt <u>March 11, 2016</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Dietician</u> Employer <u>Allegiance Health</u>			
Business Address <u>205 N. East Ave., Jackson, MI 49201</u>			
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: Jordon, E. Ruth 2867 Quail Hollow Ct. Ann Arbor, MI 48108			
4. Date of Receipt <u>March 11, 2016</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Administrator</u> Employer <u>Ypsilanti Community Schools</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			
3. Contribution # 4 Name & Address: Hockett, Diane B. 1037 Shady Oaks Ann Arbor, MI 48103			
4. Date of Receipt <u>March 11, 2016</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			

Page Subtotal 525.00

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Santo, Barbara A. 8674 Amaranth Lane Ypsilanti, MI 48197 4. Date of Receipt <u>March 11, 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 # 2 Name & Address: Swift, Jeanice Kerr 201 S. First St., Apt. 601 Ann Arbor, MI 48104 4. Date of Receipt <u>March 11, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Ann Arbor Public Schools</u> Business Address <u>2555 S. State St., Ann Arbor, MI 48104</u> 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 # 3 Name & Address: Ellis, Monica 542 Marblewood Lane Saline, MI 48176 4. Date of Receipt <u>March 13, 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>12.50</u>	\$ <u>12.50</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Ellis, Curt 542 Marblewood Lane Saline, MI 48176 4. Date of Receipt <u>March 13, 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>12.50</u>	\$ <u>12.50</u> Click Here for Memo Itemization

Page Subtotal 375.00
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: Manley, Patricia 2645 Powell Avenue Ann Arbor, MI 48104 4. Date of Receipt <u>March 14, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Byers, Barbara 3607 Miller Road Ann Arbor, MI 48103 4. Date of Receipt <u>March 15, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Hale, Stephanie 1316 Beechwood Drive Ann Arbor, MI 48103 4. Date of Receipt <u>March 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Vanatter, Cherie J. 9740 N. Platt Rd. Milan, MI 48160 4. Date of Receipt <u>March 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

Page Subtotal 250.00
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Mexicotte, Debra 2660 Yost Blvd. Ann Arbor, MI 48104 4. Date of Receipt <u>March 18, 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 # 2 Name & Address: Skadsen, Janet 224 Crest St. Ann Arbor, MI 48103 4. Date of Receipt <u>March 18, 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>35.00</u>	\$ <u>35.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Brown, Michael 27 Colony Court Ypsilanti, MI 48197 4. Date of Receipt <u>March 18, 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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Reeves, Melissa 6488 Sauk Trail Saline, MI 48176 4. Date of Receipt <u>March 19, 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>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization

Page Subtotal 170.00
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:
Reeves, Josh
6488 Sauk Trail
Saline, MI 48176

4. Date of Receipt March 19, 2016

6. Amount \$ 10.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 10.00

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

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3. Contribution # 2
Name & Address:
Chelsea Education Association
Chelsea, MI 48118

4. Date of Receipt March 21, 2016

6. Amount \$ 350.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 350.00

5. If over \$100.00 cumulative, please provide:
Occupation not applicable Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3
Name & Address:
Tirico, Debbie
2320 Tall Oaks Dr.
Ann Arbor, MI 48103

4. Date of Receipt March 21, 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 # 4
Name & Address:
Tirico, Debbie
2320 Tall Oaks Dr.
Ann Arbor, MI 48103

4. Date of Receipt March 21, 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

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Page Subtotal 460.00
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: Porter, Steve 1250 Mooreville Road Milan, MI 48160 4. Date of Receipt <u>March 22, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Porter, Kim 1250 Mooreville Road Milan, MI 48160 4. Date of Receipt <u>March 22, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Delong, Amy 9161 Kings Court Highway Britton, MI 49229 4. Date of Receipt <u>March 22, 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Hertler, Amy 432 S. Platt Milan, MI 48160 4. Date of Receipt <u>March 22, 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>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization

Page Subtotal 130.00

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: Hoecker-Martinez, Beth 3085 Whisperwood Dr., #450 Ann Arbor, MI 48105 4. Date of Receipt <u>March 22, 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Emlaw, Margaret O. 1320 King George Blvd. Ann Arbor, MI 48108 4. Date of Receipt <u>March 23, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Emlaw, Michael O. 1320 King George Blvd. Ann Arbor, MI 48108 4. Date of Receipt <u>March 23, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Brobst-Walsh, Alice M. 1017 West Madison St. Ann Arbor, MI 48103 4. Date of Receipt <u>March 23, 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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization

Page Subtotal 145.00

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: Yatzek, Tiffany 545 N. Scott St. Adrian, MI 49221			
4. Date of Receipt <u>March 24, 2016</u>			
		\$ <u>10.00</u>	\$ <u>10.00</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: Panitch, Jack 501 Burson Place Ann Arbor, MI 48104			
4. Date of Receipt <u>March 25, 2016</u>			
		\$ <u>100.00</u>	\$ <u>199.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Attorney</u> Employer <u>Varnum Attorneys At Law</u>			
Business Address <u>39500 High Pointe Blvd., Suite 350, Novi, MI 48375</u>			
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: Schlinier, Meredith I. 305 Maple St. Ypsilanti, MI 48198			
4. Date of Receipt <u>March 25, 2016</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 # 4 Name & Address: Heaviland, Holly Ann 230 Crest Ave. Ann Arbor, MI 48103			
4. Date of Receipt <u>March 25, 2016</u>			
		\$ <u>100.00</u>	\$ <u>100.00</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			

Page Subtotal

260.00

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: MEA Political Action Council 1216 Kendale Blvd. PO Box 2573 East Lansing, MI 48826 4. Date of Receipt <u>March 25, 2016</u> 5. If over \$100.00 cumulative, please provide: <u>not applicable</u> 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>2,300.00</u>	\$ <u>2,300.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Miller, William C. 208 Montgomery Ave. Ann Arbor, MI 48103 4. Date of Receipt <u>March 25, 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: Glover, Karen S. 16900 Waterloo Road Chelsea, MI 48118 4. Date of Receipt <u>March 25, 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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Westerman, Jr., W. Scott 1200 Earhart Rd. #247D Ann Arbor, MI 48105 4. Date of Receipt <u>March 25, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>400.00</u>	\$ <u>400.00</u> Click Here for Memo Itemization

Page Subtotal 2,825.00

Grand Total of All Schedules 4A
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2,825.00

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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>Baskett, Susan E.</u> <u>3 Trowbridge Court</u> <u>Ann Arbor, MI 48108</u>	4. Date of Receipt <u>March 26, 2016</u> \$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
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		
3. Contribution # 2 Name & Address: <u>Larsen, Cynthia</u> <u>6900 Heatheridge Road</u> <u>Saline, MI 48176</u>	4. Date of Receipt <u>March 27, 2016</u> \$ <u>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
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		
3. Contribution # 3 Name & Address: <u>Kelley, Julie</u> <u>1466 Wood Court</u> <u>Saline, MI 48176</u>	4. Date of Receipt <u>March 27, 2016</u> \$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
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		
3. Contribution # 4 Name & Address: <u>Nichols, Lin</u> <u>9062 McKendry Dr.</u> <u>Saline, MI 48176</u>	4. Date of Receipt <u>March 29, 2016</u> \$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
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		

Page Subtotal 105.00
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)
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3. Contribution # 1
Name & Address:
Comsa, David
3701 Chirco Court
Utica, MI 48316

4. Date of Receipt March 29, 2016

\$ 50.00 \$ 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:
Minnick, Jill
3931 Pepperidge Trail
Brighton, MI 48114

4. Date of Receipt March 30, 2016

\$ 99.00 \$ 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](#)

3. Contribution # 3
Name & Address:
Harger, Katherine
723 W. Madison, Apt. 11
Ann Arbor, MI 48103

4. Date of Receipt March 30, 2016

\$ 20.00 \$ 20.00

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 # 4
Name & Address:
Emmendorfer, JoAnn
516 Gott St.
Ann Arbor, MI 48103

4. Date of Receipt March 30, 2016

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

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Page Subtotal 269.00

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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 April 1, 2016
Name & Address:
Mowrer, Kevin
1313 Auston Lane
Manchester, MI 48158 \$ 30.00 \$ 30.00

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 April 1, 2016
Name & Address:
Holmes, Pamela S.
1325 Provincial Dr.
Chelsea, MI 48118 \$ 10.00 \$ 10.00

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 April 1, 2016
Name & Address:
Stafford, Jessica L.
1218 North St.
Milan, MI 48160 \$ 10.00 \$ 10.00

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 April 1, 2016
Name & Address:
Sherd, William R.
2270 Melbourne Ave., Apt. 1208
Dexter, MI 48130 \$ 10.00 \$ 10.00

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

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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: Schwennesen, Laura 288 Waterlily Whitmore Lake, MI 48189 4. Date of Receipt <u>April 3, 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>95.00</u>	\$ <u>95.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Brousseau, James 13995 Dennison Rd., Milan, MI 48160 4. Date of Receipt <u>April 6, 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: Gnaster, Mark G. 306 Becket Dr., Apt. 4 Brighton, MI 48116 4. Date of Receipt <u>April 6, 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>10.00</u>	\$ <u>10.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Weathers, Michael A. 72 St. Louis St. Milan, MI 48160 4. Date of Receipt <u>April 6, 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 **305.00**
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.

3. Contribution #	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Vibbart, Jim 8140 E. Michigan State Road 36 Whitmore Lake, MI 48189	April 10, 2016	\$ 50.00	\$ 50.00
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: Vibbart, Carol 8140 E. Michigan State Road 36 Whitmore Lake, MI 48189	4. Date of Receipt April 10, 2016	\$ 50.00	\$ 50.00
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: Baese, Jessica 11736 Dunlavy Lane Whitmore Lake, MI 48189	4. Date of Receipt April 12, 2016	\$ 25.00	\$ 25.00
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: Norman, Naomi E. 2608 Devonshire Rd. Ann Arbor, MI 48104	4. Date of Receipt April 13, 2016	\$ 100.00	\$ 100.00
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 **225.00**
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Newlon, Connie M. 7860 Thornhill Ypsilanti, MI 48197 4. Date of Receipt <u>April 13, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Samuelson, Kimberly A. 7394 Spy Glass Lane Ypsilanti, MI 48197 4. Date of Receipt <u>April 13, 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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Sebu, Maria 3084 Bolgos Circle Ann Arbor, MI 48105 4. Date of Receipt <u>April 13, 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>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Dexter Education Association 2200 N. Parker Road Dexter, MI 48130 4. Date of Receipt <u>April 13, 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>1,000.00</u>	\$ <u>1,000.00</u> Click Here for Memo Itemization

Page Subtotal 1,125.00
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kwik, Walter J. 3700 Vorhies Road Ann Arbor, MI 48105 4. Date of Receipt <u>April 13, 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	20.00 \$ _____	20.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Gurganus, Kyla 1427 S. Grove St. Ypsilanti, MI 48198 4. Date of Receipt <u>April 14, 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	10.00 \$ _____	10.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Stead, Christine 2433 Blueberry Lane Ann Arbor, MI 48103 4. Date of Receipt <u>April 14, 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	100.00 \$ _____	400.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Menzel, Scott 9450 Sandlewood Ct. Whitmore Lake, MI 48189 4. Date of Receipt <u>April 14, 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	100.00 \$ _____	200.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 230.00
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 April 15, 2016
Name & Address:
Reeves, Daniel L.
436 Greentree
Milan, MI 48160 \$ 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

3. Contribution # 2 4. Date of Receipt April 15, 2016
Name & Address:
Shock, Jacklyn J.
9184 McGregor Rd.
Pinckney, MI 48169 \$ 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

3. Contribution # 3 4. Date of Receipt April 15, 2016
Name & Address:
Schiansker, Evelyn
446 Huner Ridge Dr.
Saline, MI 48176 \$ 10.00 \$ 10.00

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 April 15, 2016
Name & Address:
Lincoln Education Association
8970 Whittaker Rd.
Ypsilanti, MI 48197 \$ 400.00 \$ 400.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation not applicable Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 480.00
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)
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3. Contribution # 1
Name & Address: McClure, Elizabeth K.
738 Courtland St.
Ypsilanti, MI 48197

4. Date of Receipt April 15, 2016

\$ 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

3. Contribution # 2
Name & Address: Cline, Cristin
5977 E. Raintree Court
Ypsilanti, MI 48197

4. Date of Receipt April 15, 2016

\$ 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 # 3
Name & Address: Boivin, Mary L.
101 Riverview Circle
Saline, MI 48176

4. Date of Receipt April 15, 2016

\$ 340.00 \$ 340.00

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

Occupation Teacher Employer Lincoln Consolidated Schools

8970 Whittaker Road, Ypsilanti, MI 48197

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: Nelson, Glenn L.
1323 S. Forest Ave.
Ann Arbor, MI 48104

4. Date of Receipt April 16, 2016

\$ 200.00 \$ 400.00

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

Occupation Retired Employer Retired

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 585.00

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: Rodgers, Nancy M. 310 N. Harris St. Saline, MI 48176 4. Date of Receipt <u>April 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>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Kellstrom, Heather 2784 Aspen Road Ann Arbor, MI 48108 4. Date of Receipt <u>April 17, 2016</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Saline Area Schools</u> Business Address <u>7265 Saline - Ann Arbor Rd., Saline, MI 48176</u> 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 # 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 **275.00**
Grand Total of All Schedules 4A
(Complete on last page of Schedule) **13,155.00**

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Summary
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2009-00
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: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/17/16</u> Date of Expenditure	<u>122.15</u> \$	<u>122.15</u> \$
Expenditure # 2 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/17/16</u> Date of Expenditure	<u>80.15</u> \$	<u>202.30</u> \$
Expenditure # 3 Name & Address: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/22/16</u> Date of Expenditure	<u>25.75</u> \$	<u>228.05</u> \$
Expenditure # 4 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/22/16</u> Date of Expenditure	<u>20.03</u> \$	<u>248.08</u> \$

Subtotal this page **248.08**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2009-00
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. S. Postal Service 2075 W. Stadium Blvd. Ann Arbor, MI 48103	4. Purpose: <u>Post Office Box Rental</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>2/24/16</u> Date of Expenditure	<u>76.00</u> \$	<u>324.08</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: Inland Press 2001 W. Lafayette Blvd. Detroit, MI 48216	4. Purpose: <u>Stationery & Envelopes</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>2/24/16</u> Date of Expenditure	<u>439.57</u> \$	<u>763.65</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Gerrylynn Talarico 26354 Van Buren Dearborn Heights, MI 48127	4. Purpose: <u>Logo Design & Digitization</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>2/24/16</u> Date of Expenditure	<u>270.00</u> \$	<u>1033.65</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>2/29/16</u> Date of Expenditure	<u>20.74</u> \$	<u>1054.39</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page **806.31**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule)

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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

B2009-00

1. Committee I. D. Number _____
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: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>2/29/16</u> Date of Expenditure	<u>15.03</u> \$	<u>1069.42</u> \$
Expenditure # 2 Name & Address: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/7/16</u> Date of Expenditure	<u>17.24</u> \$	<u>1086.66</u> \$
Expenditure # 3 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/7/16</u> Date of Expenditure	<u>11.21</u> \$	<u>1097.87</u> \$
Expenditure # 4 Name & Address: Unit Packaging 119 Enterprise Dr. Ann Arbor, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Estimated Postage Cost</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/10/16</u> Date of Expenditure	<u>5600.00</u> \$	<u>6697.87</u> \$

Subtotal this page **5643.48**

Grand Total of Schedules 4B
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

B2009-00

1. Committee I. D. Number _____
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: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/14/16</u> Date of Expenditure	<u>20.74</u> \$	<u>6718.61</u> \$
Expenditure # 2 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/14/16</u> Date of Expenditure	<u>14.43</u> \$	<u>6733.04</u> \$
Expenditure # 3 Name & Address: West Liberty Information LLC 3840 North Michael Road Ann Arbor, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Preparation of Mailing List</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/18/16</u> Date of Expenditure	<u>1846.14</u> \$	<u>8579.18</u> \$
Expenditure # 4 Name & Address: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/21/16</u> Date of Expenditure	<u>16.50</u> \$	<u>8595.68</u> \$

Subtotal this page

1897.81

Grand Total of Schedules 4B
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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

B2009-00

1. Committee I. D. Number _____
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: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/21/16</u> Date of Expenditure	<u>11.67</u> \$	<u>8607.35</u> \$
Expenditure # 2 Name & Address: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/28/16</u> Date of Expenditure	<u>21.00</u> \$	<u>8628.35</u> \$
Expenditure # 3 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>3/28/16</u> Date of Expenditure	<u>14.88</u> \$	<u>8643.23</u> \$
Expenditure # 4 Name & Address: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/4/16</u> Date of Expenditure	<u>14.69</u> \$	<u>8657.92</u> \$

Subtotal this page

62.24

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

Enter this total
on Line 8a of
the Summary
Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2009-00
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: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/4/16</u> Date of Expenditure	<u>10.03</u> \$	<u>8667.95</u> \$
Expenditure # 2 Name & Address: Gerrylynn Talarico 26354 Van Buren Dearborn Heights, MI 48127 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Postcard Design</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/4/16</u> Date of Expenditure	<u>277.00</u> \$	<u>8944.95</u> \$
Expenditure # 3 Name & Address: Sawicki & Son 1521 W. Lafayette Blvd. Detroit, MI 48216 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Yard Signs</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/7/16</u> Date of Expenditure	<u>963.54</u> \$	<u>9908.45</u> \$
Expenditure # 4 Name & Address: Unit Packaging 119 Enterprise Dr. Ann Arbor, MI 48103 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Data Process & Address</u> 5. Ballot Proposal: <u>Special Education Millage</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>4/7/16</u> Date of Expenditure	<u>952.67</u> \$	<u>10861.1</u> \$

Subtotal this page **2203.24**
Grand Total of Schedules 4B
(Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number B2009-00
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: Go Fund Me 855 Jefferson Ave. PO Box 1329 Redwood City, CA 94063	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>4/11/16</u> Date of Expenditure	<u>5.00</u> \$	<u>10866.1</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>4/11/16</u> Date of Expenditure	<u>3.20</u> \$	<u>10869.3</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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: <u>Special Education Millage</u>	_____ Date of Expenditure	\$ _____	\$ _____
<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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address:	4. Purpose: _____ 5. Ballot Proposal: <u>Special Education Millage</u>	_____ Date of Expenditure	\$ _____	\$ _____
<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 checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page **8.20**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **10,869.36**

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