



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI

2016 APR 28 12:30 PM 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

2. Committee Name
Friends of Education

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

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

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

Sheri Papazoglou *Sheri A. Papazoglou*

Type or Print Name

Signature



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	\$ <u>20.00</u>	\$ <u>20.00</u> 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	\$ <u>10.00</u>	\$ <u>10.00</u> 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 <u>Consultant</u> Employer <u>Blue Cottage Consulting</u> <u>122 South Main St., Ann Arbor, MI 48104</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>400.00</u> 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 <u>Superintendent</u> Employer <u>Washtenaw Interm. Sch. Distr.</u> <u>1819 S. Wagner Road, Ann Arbor, MI 48106</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization

Page Subtotal

230.00

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

Enter this total
on line 3a of
Summary
Page