



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

2016 MAY 27 P 3:15

**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 4/18/16 To 5/23/16

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.

1. Committee I.D. Number
B2009-004

2. Committee Name
Friends of Education

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)
Sherril 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 Sherril Papazoglou
Type or Print Name Sherril Papazoglou
Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

B2009-004

1. Committee I.D. Number

Friends of Education

2. Committee Name

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>6,535.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>6,535.00</u>	(18.) \$ <u>29,042.00</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>6,535.00</u>	(20.) \$ <u>29,042.00</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>15,070.46</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>15,070.46</u>	(22.) \$ <u>25,939.82</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>15,070.46</u>	(24.) \$ <u>25,939.82</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>11,637.64</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>6,535.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>18,172.64</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>15,070.46</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,102.18</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
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 18, 2016
Name & Address:
Elyakin, Neal
1300 Red Oak
Ann Arbor, MI 48103 \$ 100.00 \$ 200.00

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

3. Contribution # 2 4. Date of Receipt April 18, 2016
Name & Address:
Hawkins, Sharon
8549 Cherry Hill
Ypsilanti, MI 48198 \$ 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 April 18, 2016
Name & Address:
Saline Education Association
20899 Cedar Lane
Manchester, MI 48158 \$ 500.00 \$ 500.00

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

3. Contribution # 4 4. Date of Receipt April 18, 2016
Name & Address:
Allison, Michelle
P. O. Box 84
Stockbridge, MI 49285 \$ 50.00 \$ 50.00

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

Page Subtotal 750.00

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 # 1
Name & Address: Czachorski, Jennifer
7397 Hogan Drive
Ypsilanti, MI 48197
4. Date of Receipt April 18, 2016
6. Amount \$ 50.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Delaney, Katherine
3521 Prestwick Court
Ann Arbor, MI 48105
4. Date of Receipt April 18, 2016
6. Amount \$ 150.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 150.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Postdoctoral Fellow Employer University of Michigan
Business Address 500 S. State St., Ann Arbor, MI 48109
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Tramontin, Mary Jane
3400 Ann Arbor Saline Road
Ann Arbor, MI 48103
4. Date of Receipt April 19, 2016
6. Amount \$ 200.00
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 Retired Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: McNatt, Sean R.
16005 Sheridan Road
Clinton, MI 49236
4. Date of Receipt April 19, 2016
6. Amount \$ 60.00
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 60.00

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 460.00

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

Enter this total on line 3a of Summary Page



**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 19, 2016
Name & Address:
Juster, Deborah J.
1132 Vesper Road
Ann Arbor, MI 48103 \$ 50.00 \$ 50.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt April 19, 2016
Name & Address:
Cluley, Andrew
501 Hollis
Ypsilanti, MI 48198 \$ 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 21, 2016
Name & Address:
Carpenter Elem. PTO
4250 Central Blvd.
Ann Arbor, MI 48108 \$ 125.00 \$ 125.00

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

3. Contribution # 4 4. Date of Receipt April 21, 2016
Name & Address:
Norton, Steven
1217 Olivia Ave.
Ann Arbor, MI 48104 \$ 100.00 \$ 350.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Consultant Employer Okno Group
Business Address 1217 Olivia Ave., Ann Arbor, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 325.00
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: Panitch, Jack
501 Burson Place
Ann Arbor, MI 48104

4. Date of Receipt April 21, 2016

\$ <u>100.00</u>	\$ <u>299.00</u>
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5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Attorney Employer Varnum Attorneys At Law
Business Address 39500 High Pointe Blvd. Suite 350, Novi, MI 48375
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Stead, Christine
2433 Blueberry Lane
Ann Arbor, MI 48103

4. Date of Receipt April 22, 2016

\$ <u>200.00</u>	\$ <u>600.00</u>
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5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Consultant Employer Blue Cottage Consulting
Business Address 122 South Main St., Ann Arbor, MI 48104
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Collins & Blaha, P. C., Attorneys At Law
31440 Northwestern Highway Suite 170
Farmington Hills, MI 48334

4. Date of Receipt April 22, 2016

\$ <u>500.00</u>	\$ <u>500.00</u>
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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

3. Contribution # 4
Name & Address: Kraut, Ruth Lisa
1127 Clair Circle
Ann Arbor, MI 48103

4. Date of Receipt April 23, 2016

\$ <u>40.00</u>	\$ <u>40.00</u>
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5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **840.00**

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: Dickinson-Kelley, LeeAnn
3371 Breckland Court
Ann Arbor, MI 48108

4. Date of Receipt April 23, 2016

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Trent, Randy
809 Hewett Drive
Ann Arbor, MI 48103

4. Date of Receipt April 25, 2016

\$ 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
Name & Address: Ryan, Janet C.
717 Oxford Road
Ypsilanti, MI 48197

4. Date of Receipt April 26, 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 # 4
Name & Address: Secor, Cathy
5600 Alt Road
Petersburg, MI 49270

4. Date of Receipt April 26, 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

Page Subtotal 250.00

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

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2009-004
2. Committee Name Friends of Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1
Name & Address: Weathers, Michael A.
72 St. Louis St.
Milan, MI 48160

4. Date of Receipt April 27, 2016

\$ 20.00 \$ 120.00

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

Occupation Teacher Employer Lincoln Consolidated Schools

Business Address 8970 Whittaker Road, Ypsilanti, MI 48197

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Mexicotte, Deb
2660 Yost Blvd.
Ann Arbor, MI 48104

4. Date of Receipt April 27, 2016

\$ 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
Name & Address: Sheler-Edwards, Maria
51 Colony Court
Ypsilanti, MI 48197

4. Date of Receipt April 28, 2016

\$ 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 # 4
Name & Address: Ann Arbor Education Association
4141 Jackson Road
Ann Arbor, MI 48103

4. Date of Receipt April 28, 2016

\$ 2000.00 \$ 2000.00

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 2150.00

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	4. Date of Receipt <u>April 29, 2016</u>	\$ <u>1000.00</u>	\$ <u>1000.00</u>
Name & Address: <u>Ann Arbor Administrators Association</u> <u>601 W. Stadium</u> <u>Ann Arbor, MI 48103</u>			

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Not Applicable

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2	4. Date of Receipt <u>May 1, 2016</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
Name & Address: <u>Woodland Meadows Elementary PTA</u> <u>350 Woodland Drive</u> <u>Saline, MI 48176</u>			

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Not Applicable

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3	4. Date of Receipt <u>May 2, 2016</u>	\$ <u>180.00</u>	\$ <u>180.00</u>
Name & Address: <u>Lincoln Administrators Association</u> <u>8970 Whittaker Road</u> <u>Ypsilanti, MI 48197</u>			

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Not Applicable

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4	4. Date of Receipt <u>May 2, 2016</u>	\$ <u>35.00</u>	\$ <u>35.00</u>
Name & Address: <u>Polley, David A.</u> <u>3245 N. Zeeb Road</u> <u>Dexter, MI 48130</u>			

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 **1715.00**

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

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2009-004
2. Committee Name Friends of Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 4. Date of Receipt May 3, 2016

Name & Address:
Zeidler, Michael
3159 LaFere
Ann Arbor, MI 48108

\$ 10.00 \$ 10.00

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 4. Date of Receipt May 19, 2016

Name & Address:
Nelson, Glenn
1323 S. Forest Ave.
Ann Arbor, MI 48104

\$ 35.00 \$ 435.00

[Click Here for Memo Itemization](#)

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

Occupation Retired Employer Not Applicable

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt _____

Name & Address: _____

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt _____

Name & Address: _____

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 45.00
Grand Total of All Schedules 4A (Complete on last page of Schedule) 6535.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 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>4/18/16</u> Date of Expenditure	<u>24.25</u> \$	<u>10893.6</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>4/18/16</u> Date of Expenditure	<u>15.57</u> \$	<u>10909.1</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 # 3 Name & Address: Unit Packaging 119 Enterprise Dr. Ann Arbor, MI 48103	4. Purpose: <u>Estimated Postage Cost</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>4/21/16</u> Date of Expenditure	<u>7700.00</u> \$	<u>18609.1</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 # 4 Name & Address: Sawicki & Son 1521 W. Lafayette Blvd. Detroit, MI 48216	4. Purpose: <u>Yard Signs</u> 5. Ballot Proposal: <u>Special Education Millage</u>	<u>4/21/16</u> Date of Expenditure	<u>802.95</u> \$	<u>19412.1</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		

Subtotal this page **8542.77**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: First Impression Printing 4109 Jackson 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>Printing of Postcard</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>4/25/16</u> Date of Expenditure	<u>1763.84</u> \$	<u>21175.9</u> \$
Expenditure # 2 Name & Address: Andrew Thomas 1425 West Stadium Blvd. 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>Copies of Flyers</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>4/25/16</u> Date of Expenditure	<u>197.09</u> \$	<u>21373.0</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>4/25/16</u> Date of Expenditure	<u>91.24</u> \$	<u>21464.5</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>4/25/16</u> Date of Expenditure	<u>56.83</u> \$	<u>21521.1</u> \$

Subtotal this page **2109.00**

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

2109.00
Enter this total on Line 8a of the Summary Page



**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: U. S. Postal Service 2075 W. Stadium Blvd. 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>Postage (stamps)</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>5/2/16</u> Date of Expenditure	<u>9.80</u> \$ _____	<u>21530.9</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>5/2/16</u> Date of Expenditure	<u>55.00</u> \$ _____	<u>21585.9</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>5/2/16</u> Date of Expenditure	<u>32.50</u> \$ _____	<u>21618.4</u> \$ _____
Expenditure # 4 Name & Address: First Impression Printing 4109 Jackson 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>Printing of Postcard</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>5/9/16</u> Date of Expenditure	<u>2201.62</u> \$ _____	<u>23820.0</u> \$ _____

Subtotal this page **2298.92**

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>5/9/16</u> Date of Expenditure	<u>0.50</u> \$	<u>23820.5</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>5/9/16</u> Date of Expenditure	<u>0.59</u> \$	<u>23821.1</u> \$
Expenditure # 3 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>5/9/16</u> Date of Expenditure	<u>1925.48</u> \$	<u>25746.6</u> \$
Expenditure # 4 Name & Address: Glenn Nelson 1323 South Forest Ave. Ann Arbor, MI 48104 <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>Photocopies: PreElec Rep</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>5/9/16</u> Date of Expenditure	<u>18.44</u> \$	<u>25765.0</u> \$

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Grand Total of Schedules 4B
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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: Glenn Nelson 1323 South Forest Ave. Ann Arbor, MI 48104 Two Round-Trips to Detroit <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>Pick Up Signs: 168 miles</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>5/9/16</u> Date of Expenditure	<u>90.72</u> \$ _____	<u>25855.7</u> \$ _____ Click for Memo Itemization Type IRS mileage rate \$0.54/mile
Expenditure # 2 Name & Address: Margaret Long 1513 Martha Ave. 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>Photocopies for Meetings</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>5/20/16</u> Date of Expenditure	<u>30.04</u> \$ _____	<u>25885.8</u> \$ _____ Click for Memo Itemization Type
Expenditure # 3 Name & Address: Inland Press 2001 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>Stationery & Envelopes</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>5/23/16</u> Date of Expenditure	<u>54.00</u> \$ _____	<u>25939.8</u> \$ _____ Click for Memo Itemization Type
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 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	_____ Date of Expenditure	\$ _____	\$ _____ Click for Memo Itemization Type

Subtotal this page **174.76**

Grand Total of Schedules 4B
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