

## FILED WASHTENAW COUNTY, MI

#### BALLOT QUESTION COMMITTEE COVER PAGE

2016 MAY 27 P 3: 15

		A TOTAL CO.	FOR OFFICIAL ASSESSMENT
Report must be legible, typed or pr treasurer or designated record kee	rinted in ink and signed by the	LAWRENCE KESTERS COUNTY CLERK / FAM. 3.This Statement covers From:	FOR OFFICIAL USE ONLY  5/16 To 5/23/16
1. Committee I.D. Number	·	4. Committee's Mailing Address	iends of Education
B2009-004 2. Committee Name Friends of Education			D Box 2109 In Arbor, MI 48106
THORIGO OF Eddeation		Area Code and Phone:  If the address in this box is different from the Statement of Organization, mail monopolitical.	om the committee mailing address on ay be sent to this address by the filing
5. Treasurer's Name and Residential Carolyn Grawi 1490 Northbrook Area Code and Phone Ann Arbor Center for Ind 3941 Research Park Driv Ann Arbor, MI 48103	lep. Living She		failing Address d Keeper)
Area Code and Phone		ROM, IVIT 40 107 313-999-5 I Code and Phone	188
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)	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)	Bf. 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.
		campaign Statements. The Campaign St and outstanding debts count against the information was shown on the committee oaign Statement. If a request for a Repo impaign statement can not be waived.	
<ol> <li>Verification: I certify that all reasonat my knowledge and belief the conte</li> </ol>	ble diligence was used in the preparat ents are true, accurate and complete.	tion of this statement and attached sched	ules (if any) and to the best of
Current Treasurer or Designated Record Keeper	ern Papazagleu	Mr C	
Туре	or Print Name	Fignature	

#### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number B2009-004

Friends of Education 2. Committee Name

RECEIPTS Column I Column II This Period Cumulative for Election Cycle 3. Contributions 6.535.00 a. Itemized Contributions(Schedule 4A, Column 6) (3a.) \$ b. Unitemized Contributions (less than \$20.01 - no Schedule) (3b.) \$ <u>NOT APPLICABLE</u> 6,535.00 29,042.00 c. Subtotal of Contributions 0.000.00 4. Other Receipts (Schedule 4A-1, Column 6) (4.) \$ (19.)\$ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$\_6,535.00 (Add Line 3 c + Line 4) 29,042.00 IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized In-Kind Contributions 0.00 (Schedule 4-IK, Column 7) (6a.) \$ b. Unitemized (less than \$20.01 each - no Schedule) (6b.) \$ NOT APPLICABLE 7. TOTAL IN-KIND CONTRIBUTIONS 98.30 (Add Line 6a + Line 6b) (21.)\$ **EXPENDITURES** 8. Expenditures 15,070.46 a. Itemized Direct Expenditures ( Schedule 4B, Column 7) b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) (8b.) \$ c. In-Kind Expenditures - Purchase of Goods or Services 0.00 (Schedule 4B-2, Column 7) (8c.) \$ 0.00d. Unitemized Expenditures (\$50.00 or less-no Schedule) (8d.)\_\$\_ 15,070.46 25,939,82 e. Subtotal of Expenditures 0.00 0.00 Independent Expenditures (Schedule 4B-1, Column 7) (23.) \$ 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) 15,070.46 25,939,82 (24.)\$ **IN-KIND EXPENDITURES** 11. Total In-Kind Expenditures-Endorsements, Donations or (11.) \$ 0.00 0.00 Loans of Goods or Services (Schedule 4B-2, Column 8) **DEBTS AND OBLIGATIONS** 12. Debts and Obligations 0.00 (12a.)\$ a. Owed by the Committee (Schedule 4E) 0.00 b. Owed to the Committee (Schedule 4E) (12b.) \$ **BALANCE STATEMENT** Ending Balance of last report filed 11,637.64 (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period 6,535.00 (Line 5, Column I, Total Contributions & Other Receipts) 18,172.64 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period 15,070.46 (Line 10, Column I, Total Expenditures) 17. ENDING BALANCE 3,102.18 (Subtract line 16 from line 15)

<sup>\*</sup>If your ending balance is negative, please recheck your math.



## ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number B2009-004

SUNLDULE 4M	
BALLOT QUESTION COMMITTEE	2. Committee Name

Friends of Education

Please enter contributors name and address	a If and the state of the state		<u> </u>	
middle initial.	s. If contribution is from an individual, enter l	ast name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1	4. Date of Receipt April 18, 2016	<u> </u>		date of receipt)
Name & Address:   Elvakin, Neal				
1300 Red Oak				000
Ann Arbor, MI 48103			100.00	\$ 200.00
ATTI AIDOI, WII 40103			\$	Ψ
5. If over \$100.00 cumulative, please prov	ida		Click Here for M	emo Itemization
Administrator	Woch Interm Cohest	Nintel +4		
Occupation	Employer Wash. Interm School [	JISTRICT		
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
1931anii, 141 40 130			\$	Ψ
5. If over \$100.00 cumulative, please provi	de:		Click Here for Mer	no Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Sund Dais		
3. Contribution #3		Fund Raiser		
	4. Date of Receipt April 18, 2016			
Name & Address: Saline Education Association				
20899 Cedar Lane			500.00	500.00
Manchester, MI 48158			\$	500.00
5. If over \$100.00 cumulative, please provi	de:		Click Here for Mem	o Itemization
Not Applicable	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	und Raiser		
S. Contribution # 4	4. Date of Receipt April 18, 2016	· · · · · · · · · · · · · · · · · · ·		
Name & Address: Allison, Michelle	4. Date of Neverpt			
P. O. Box 84				=
Stockbridge, MI 49285			\$ 50.00	\$ 50.00
. If over \$100.00 cumulative, please provid	e:		<u> </u>	Ψ
3	imployer		Click Here for Men	o Itemization
Business Address				
Type of Contribution: V Direct				
Type of Contabation.	Loan from a person	Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
		Page Subtotal	750.00	
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			Summary Page	

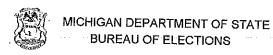


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE**

R2009-004

1. Committee I.D. Nu	Imber	
2. Committee Name	Friends of Education	
2. Committee Name		

middle initial.		ntribution is from an individual,			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Czachorski, Jenr		Pate of Receipt APril 18,	2016			
7397 Hogan Driv Ypsilanti, MI 481	/e				\$	\$
5. If over \$100.00 cumu	lative, please provide:				Click Here for M	emo-Itemization
Occupation	Emplo	уег			e e e	
Business Address	-					
ſ	✓ Direct	Loan from a person	T	Fund Raiser		
3. Contribution # 2		Pate of Receipt April 18, 2	2016	i dila (taisei		
Name & Address: Delaney, Katheri		- IP II I I				
3521 Prestwick (					150.00	150.00
Ann Arbor, MI 48					\$	. \$
Occupation	toral Fellow Employ	University of Mich	igan		Click Here for Me	mo Itemization
Business Address 500	OS. State St., Ann	1 Arbor, IVII 48109				
Type of Contribution:		Loan from a person	L I	und Raiser		
3. Contribution # 3 Name & Address: Tramontin, Mary 3 3400 Ann Arbor S Ann Arbor, MI 48	Jane Saline Road	ate of Receipt April 19, 20			\$ 200.00	<u>\$</u> 250.00
5. If over \$100.00 cumul Retired Occupation	lative, please provide:	yer			Click Here for Men	no Itemization
Business Address ———						
Type of Contribution:	Direct	Loan from a person	F	und Raiser		
. Contribution # 4 Name & Address: McNatt, Sean R. 16005 Sheridan F Clinton, MI 49236	Road	te of Receipt April 19, 20	)16		\$ 60.00	60.00
. If over \$100.00 cumula					·	\$
S	Employe	۵r			Click Here for Men	no Itemization
	спірюу	at	<del></del>			
Business Address	7 pi	1				
Type of Contabation.	Direct	Loan from a person		Fund Raiser	100.00	
2 8 dage of				Page Subtotal of All Schedules 4A st page of Schedule)	Enter this total on line 3a of Summary	
		,			Page	



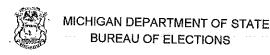
## **ITEMIZED CONTRIBUTIONS** SCHEDULE 4A

1. Committee I.D. Number B2009-004

**BALLOT QUESTION COMMITTEE** 

Friends of Education

Please enter contributors name and addre middle initial.	ess. If contr	ibution is from an individual, en	ter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 Name & Address: Juster, Deborah J.	4. Dat	e of Receipt April 19, 20	)16		date of receipt)
1132 Vesper Road Ann Arbor, MI 48103				\$	50.00
5. If over \$100:00 cumulative, please pro	ovide:			Click-Here for N	Aemo-Itemization
Occupation	_ Employe				
Business Address	<del></del>				
Type of Contribution: V Direct		Loan from a person	Fund Raiser		
3. Contribution # 2	4. Date	e of Receipt April 19, 20	16		
Name & Address: Cluley, Andrew		***			
501 Hollis Ypsilanti, MI 48198				\$	\$
5. If over \$100.00 cumulative, please pro				Click Here for Me	mo itemization
Occupation	_Employer				
Business Address	·				
Type of Contribution: Direct		oan from a person	Fund Raiser		
3. Contribution # 3	4. Date	of Receipt April 21, 2010	5		
Name & Address: Carpenter Elem. PTO		<del>-</del>	<del></del>		
4250 Central Blvd.				125.00	125.00
Ann Arbor, MI 48108				\$	\$
5. If over \$100.00 cumulative, please pro Not Applicable Occupation	vide: Employer			Click Here for Men	no Itemization
Business Address	, , , , ,				
Type of Contribution: 🗸 Direct	Lo	oan from a person	Fund Raiser		
Contribution # 4 Name & Address: NOTION, Steven	4. Date	of Receipt April 21, 2016	5		
1217 Olivia Ave.					
Ann Arbor, MI 48104				\$100.00	\$
If over \$100.00 cumulative, please provi	de:			Click Here for Men	no Manufaction
Occupation Consultant	Employer	Okno Group		Olicy Light for Mel	no itemization
usiness Address 1217 Olivia Ave.,	Ann Ar	bor, MI 48104			
Type of Contribution: ✓ Direct		Loan from a person	Fund Raiser		
-			Page Subtotal	325.00	
2 2		Grand 7	otal of All Schedules 4A on last page of Schedule)		
3 8		(complete (	mar bage of adjective)	Enter this total	
age of				on line 3a of Summary	



Occupation

**Business Address** 

### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A**

ITEMIZED CONTRIBUTION SCHEDULE 4A	1. Committee I.D. Number		
BALLOT QUESTION COMMI	2. Committee Name	Education	
	ibution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 4. Dat Name & Address: Panitch, Jack	e of Receipt April 21, 2016		1 date of receipt)
501 Burson Place Ann Arbor, MI 48104		100.00	299.00
5. If over \$100.00 cumulative, please provide: Attorney Occupation Employer Business Address	varnum Attorneys At Law d. Suite 350, Novi, MI 48375	Click Here for N	lemo-Itemization
Type of Contribution: ✓ Direct	Loan from a person Fund Raiser		
3. Contribution # 2  Name & Address: Stead, Christine 2433 Blueberry Lane Ann Arbor, MI 48103	e of Receipt April 22, 2016	\$	\$600.00
5. If over \$100.00 cumulative, please provide:  Occupation Consultant Employer  122 South Main St., Ar		Click Here for Me	mo Itemization
T	.oan from a person Fund Raiser		
3. Contribution # 3 4. Date Name & Address: Collins & Blaha, P. C., Attorneys At L 31440 Northwestern Highway Suite Farmington Hills, MI 48334	of Receipt April 22, 2016 aw 170	\$ 500.00	500.00 \$
5. If over \$100,00 cumulative, please provide:  Not Applicable  OccupationEmployer		Click Here for Men	no Itemization
Business Address			
Contribution # 4	pan from a person Fund Raiser of Receipt April 23, 2016		
Name & Address. Kraut, Huth Lisa 1127 Clair Circle			
Ann Arbor, MI 48103		\$_40.00	\$
If over \$100.00 cumulative, please provide:  OccupationEmployer_		Click Here for Men	no Itemization
usiness Address  Type of Contribution:   Direct			
Type of Contribution:  Direct	Loan from a person Fund Raiser	040.00	
	Page Subtotal  Grand Total of All Schedules 4A	840.00	

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Enter this total on line 3a of Summary Page



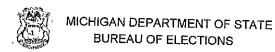
#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

Committee I D. Number	B2009-00
Committee I.D. Number	

2. Committee Name

1. Committee I.D. Number Friends of Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Election Cycle for Each Contributor (Through date of receipt) 3. Contribution # 1 4. Date of Receipt April 23, 2016 Name & Address: Dickinson-Kelley, LeeAnn 3371 Breckland Court 100.00 100.00 Ann Arbor, MI 48108 -Click-Here-for-Memo-Itemization-5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_ Employer Business Address \_\_\_ Direct Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 2 4. Date of Receipt April 25, 2016 Name & Address: Trent, Randy 809 Hewett Drive 100.00 Ann Arbor, MI 48103 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 4. Date of Receipt April 26, 2016 3. Contribution #3 Name & Address: C. 717 Oxford Road <sub>\$</sub> 25.00 Ypsilanti, MI 48197 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer\_\_\_ Occupation\_\_\_ Business Address -Type of Contribution: V Direct Loan from a person Fund Raiser 4. Date of Receipt April 26, 2016 3. Contribution # 4 Name & Address: Secor, Cathy 5600 Alt Road 25.00 Petersburg, MI 49270 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 250.00 Page Subtotal Grand Total of All Schedules 4A (Complete on last page of Schedule) 8 Enter this total \_of\_ on line 3a of Summary Page

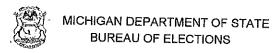


### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2009-004

Friends of Education 2. Committee Name

Please enter contributors name and address. middle initial.  3. Contribution # 1			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: Weathers, Michael A.	4. Date of Receipt April 27, 20	D16		T date of recoupty
72 St. Louis St. Milan, MI 48160			\$ 20.00	120.00
5. If over \$100:00 cumulative, please provide Teacher	Lincoln Consolidate	ed Schools	Click Here for M	emo Itemization
	pad, Ypsilanti, MI 48197			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 2	4. Date of Receipt April 27, 20	_ <u></u>		
Name & Address: Mexicotte, Deb				
2660 Yost Blvd.			100.00	100.00
Ann Arbor, MI 48104			\$	\$
5. If over \$100.00 cumulative, please provide:			Click Here for Mer	no Itemization
OccupationEm	ployer			
Business Address				
Type of Contribution:   Direct	Loan from a person	Fund Raiser		
Sheler-Edwards, Maria 51 Colony Court Ypsilanti, MI 48197	Date of Receipt April 28, 2016		\$	30.00
5. If over \$100.00 cumulative, please provide:			Click Here for Mem	o Itemization
Occupation Em	oloyer			o nonneauton
Business Address				
Type of Contribution:  Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address: Ann Arbor Education Association	Date of Receipt April 28, 2016			
4141 Jackson Road				_
Ann Arbor, MI 48103			\$ 2000.00	\$ 2000.00
5. If over \$100.00 cumulative, please provide:			Click Have to all	
Occupation Not Applicable Empl	oyer		Click Here for Mem	o Itemization
Business Address		· · · · · · · · · · · · · · · · · · ·		Ī
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
		Page Subtotal	2150.00	
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6 8	(Complete o	n last page of Schedule)		
Page of			Enter this total on line 3a of Summary Page	



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number <u>B2009-004</u>

Friends of Education 2. Committee Name

Please enter contributors name and a middle initial.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Ann Arbor Administrators		fReceipt April 29, 2	2016		T date of receipt)
601 W. Stadium	,ocooladori			1000.00	1000.00
Ann Arbor, MI 48103				\$	\$
5 6				Click Here for Me	mo Hamiration
5. If over \$100.00 cumulative, please Not Applicable	provide:			Olick Hele IOLIME	mo-remization
Occupation	Employer				
Business Address					
Type of Contribution: ✓ Direct	Lo	pan from a person	Fund Raiser		
3. Contribution # 2	4. Date of	Receipt May 1, 201	6		
Name & Address: Woodland Meadows Elem	entary PTA				
350 Woodland Drive	ondary i iA			E00.00	E00.00
Saline, MI 48176				\$500.00	\$ 500.00
5. If over \$100.00 cumulative, please	provide:			Click Here for Mem	o Itemization
Occupation Not Applicable	Employer				
Business Address					
Type of Contribution:  Direct	031	n from a person	T- In a	,	
3. Contribution # 3	·	Receipt May 2, 2016	Fund Raiser		
Name & Address: Lincoln Administrators Ass 8970 Whittaker Road	ociation	Neceptivity 2, 2010		180.00	180.00
5. If over \$100.00 cumulative, please	provide:			Click Here for Memo	Itemization
Not Applicable  Occupation	Employer				
Australia A. J. L.					
Business Address  Type of Contribution:   Direct					
<del> </del>		from a person	Fund Raiser		
Contribution # 4 Name & Address: Olley, David A.	4. Date of R	Receipt May 2, 2016	<del></del>		
3245 N. Zeeb Road				05.00	05.00
Dexter, MI 48130				\$ 35.00	\$ 35.00
If over \$100.00 cumulative, please p	ovide:			Click Here for Memo	· ———
ecupation	Employeг			Oligita lots for Mellic	nemization
usiness Address					}
Type of Contribution:  Direct					
Dates:	Loa	an from a person	Fund Raiser		
			Page Subtotal	1715.00	
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age of				Enter this total on line 3a of	
				Summary Page	



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 4A BALLOT QUESTION COMMITTEE**

B2009-004

2. Committee Name

1. Committee I.D. Number

Friends of Education

6. Amount 7. Cumulative for Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial. Election Cycle for Each Contributor (Through date of receipt) 4. Date of Receipt May 3, 2016 3. Contribution # 1 Name & Address: Zeidler, Michael 10.00 3159 LaFere 10.00 Ann Arbor, MI 48108 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_ Employer Business Address \_\_\_ Loan from a person Fund Raiser 4. Date of Receipt May 19, 2016 3. Contribution # 2 Name & Address: Nelson, Glenn 1323 S. Forest Ave. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Retired Not Applicable Employer Business Address \_ Type of Contribution: V Direct Loan from a person Fund Raiser 3. Contribution # 3 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization \_\_\_\_\_ Employer \_\_ Occupation\_ Business Address -Type of Contribution: Direct Loan from a person Fund Raiser . Contribution # 4 Name & Address: 4. Date of Receipt 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer \_\_\_ Occupation Business Address \_\_\_ Type of Contribution: Direct Loan from a person Fund Raiser 45.00 Page Subtotal Grand Total of All Schedules 4A 6535.00 (Complete on last page of Schedule) 8 8 Enter this total on line 3a of Page Summary Page



## ITEMIZED DIRECT EXPENDITURES

B2009-00

	0011ED0EE 4D	Committee I. D. Number				
	BALLOT QUESTION COMMITTEE 2. 0	Committee Name Friends	of Educat	ion		
	3. Name and address of person to whom paid	State purpose of expend     Identify the ballot propos     Indicate whether supported	al involved.	6. Date	7. Amount	8. Cumulative for election
	Expenditure # 1 Name & Address:	4 Purpose:				
	Go Fund Me 855 Jefferson Ave.	Online Processin	g Fee	44040		
	PO Box 1329 Redwood City, CA 94063	5. Ballot Proposal:	Millogo	4/18/16  Date of	24.25 - \$	10893.
	Hedwood Oity, CA 94063	Special Education	allinage	Expenditure		
	Check box if expenditure is payment of debt or obligation reported on previous statement	County: Washtenaw		Click fo	or Memo Itemizati	on Type
	Fund Raiser	Support Statewide	Oppose  ✓ Local			
	Expenditure # 2 Name & Address: We Pay	4. Purpose: Online Processing	Fee			
	350 Convention Way, Suite 200 Redwood City, CA 94063	5. Ballot Proposal:		4/18/16	15.57	10909.
	Hedwood Oily, OA 94063	Special Education	Millage ———	Date of	\$	\$
	<b>□</b>	County: Washtenaw		Expenditure		
	Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose		· Memo Itemizatio	п Туре
-	Fund Raiser	Statewide	Local			
	Expenditure # 3 Name & Address: Unit Packaging	4. Purpose: Estimated Postage	Cost			
	119 Enterprise Dr. Ann Arbor, MI-48103	5. Ballot Proposal:		4/21/16	\$ 7700.00	18609.
		Special Education	Millage	Date of Expenditure	· · · · · · · · · · · · · · · · · · ·	_ *
	Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click for	Memo Itemization	т Туре
	reported on previous statement  Fund Raiser	Support	Oppose			
L	Expenditure # 4	Statewide	<b>✓</b> Local			
	Name & Address: Sawicki & Son	4. Purpose: Yard Signs				
	1521 W. Lafayette Blvd. Detroit, MI 48216	5. Ballot Proposal:		4/21/16	802.95 \$	19412.1 - \$
	,	Special Education	Millage	Date of Expenditure		
ŀ	Check box if expenditure is payment of debt or obligation	County: Washtenaw	<u></u>	Click for	Memo Itemization	п Туре
	reported on previous statement	Support	Oppose			
L	Fund Raiser	Statewide	Local			
				`	8542.77	
			rand Total of S e on last page	of Schedule)		
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## ITEMIZED DIRECT EXPENDITURES

B2009-00

OONEDOLL 4B	Committee I. D. Number_				
	Committee Name Frien	ds of Educati	ion		
Name and address of person to whom paid	4. State purpose of ex 5. Identify the ballot pr Indicate whether supp	oposal involved.	6. Date	7. Amount	8. Cumulativ for election
Expenditure # 1 Name & Address:	4 Purpose:				
First Impression Printing 4109 Jackson Road	Printing of Po	stcard	4/25/16	1763.84	04475
Ann Arbor, MI 48103	5. Ballot Proposal: Special Educat	tion Millage	Date of Expenditure	\$	21175. \$
Check box if expenditure is payment of debt or obligation	County: Washtena	ıw	Click fo	or Memo Itemizatio	оп Туре
reported on previous statement  Fund Raiser	Support Statewide	Oppose			
Expenditure # 2 Name & Address: Andrew Thomas	4. Purpose: Copies of Flye	Local rs	····		
1425 West Stadium Blvd. Ann Arbor, MI 48103	5. Ballot Proposal: Special Educat	ion Millage	4/25/16  Date of	197.09	21373. *
	County: Washten	aw	Expenditure		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose		Memo Itemization	ı Туре
Fund Raiser	Statewide	<b>✓</b> Local			
Expenditure # 3 Name & Address: Go Fund Me	4. Purpose: Online Process	ing Fee	, , , , , , , , , , , , , , , , , , , ,		
855 Jefferson Ave. PO Box 1329	5. Ballot Proposal:		4/25/16	91.24	21464.
Redwood City, CA 94063	Special Educat		Date of Expenditure		
	County: Washten	àW 	Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address: We Pay	4. Purpose: Online Process	ing Fee			
350 Convention Way, Suite 200 Redwood City, CA 94063	5. Ballot Proposal: Special Educat	ion Millage	4/25/16  Date of	56.83 \$	\$
	County: Washtena	w	Expenditure Click for	Memo Itemization	Туре
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
			· · ·  _	2109.00	
	(Co	Grand Total of S mplete on last page			
2 5 Page of				Enter this total on Line 8a of the Summary Page	-

Page



SCHEDULE 4B	ommittee I. D. Number	32009-00	·	· · · · · · · · · · · · · · · · · · ·	
BALLOT QUESTION COMMITTEE 2. C	<sub>ommittee Name</sub> Friend	s of Education	n		
3. Name and address of person to whom paid	State purpose of exp     Identify the ballot pro Indicate whether suppor	oosal involved.	6, Date	7. Amount	8. Cumulative for election
Expenditure # 1	4. Purpose:				
Name & Address: U. S. Postal Service 2075 W. Stadium Blvd.	Postage (stamps)		5/2/16	0.00	04500 (
Ann Arbor, MI 48103	5. Ballot Proposal: Special Educati	on Millage	Date of Expenditure	9.80	21530.9 
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click for Memo Itemization Type		
reported on previous statement	Support Statewide	Oppose Local			
Expenditure # 2	4. Purpose:	[↓]LCOdi			
Name & Address: Go Fund Me	Online Process	ing Fee			
855 Jefferson Ave. PO Box 1329	5. Ballot Proposal: Special Education	on Millage	5/2/16	55.00 \$	21585.9 \$
Redwood City, CA 94063	County: Washtena		Date of Expenditure		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose	Click fo	r Memo Itemization	т Туре
Fund Raiser	Statewide	Local			
Expenditure # 3 Name & Address: We Pay	4. Purpose: Online Process	ng Fee			
350 Convention Way, Suite 200	5. Ballot Proposal:		5/2/16	32.50	21618.4
Redwood City, CA 94063	Special Education Millage		Date of Expenditure	<b>\$</b>	S
<del>_</del>	County: Washtenaw		Click for Memo Itemization Type		
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
Expenditure # 4 Name & Address: First Impression Printing	4. Purpose: Printing of Post	card	5/9/16	2201.62	23820.0
4109 Jackson Road Ann Arbor, MI 48103	5. Ballot Proposal:	on Millone	Date of	\$	_ \$ <u></u>
, , , , , , , , , , , , , , , , , , , ,	Special Educati		Expenditure		
Check box if expenditure is payment of debt or obligation	County: Washtenaw		Click for Memo Itemization Type		
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			,
			otal this page	2298.92	
	Grand Total of Schedules (Complete on last page of Sched			PM4	
3 5 age of				Enter this total on Line 8a of the Summary Page	



ITEMIZED DIRECT EXPENDITURES  SCHEDULE 4B	committee I. D. Number	B2009-00				
BALLOT QUESTION COMMITTEE 2. C	ommittee Name Frier	nds of Educatio	n			
3. Name and address of person to whom paid	4. State purpose of e 5. Identify the ballot p Indicate whether sup	expenditure. Proposal involved.	6. Date	7. Amount	8. Cumulative for election	
xpenditure # 1	4. Purpose:				•	
Name & Address: Go Fund Me	Online Proce	ssing Fee	E IO III C	0.50	00000	
855 Jefferson Ave. PO Box 1329	5. Ballot Proposal:		5/9/16	0.50	<b>£23820</b> .	
Redwood City, CA 94063	Special Educa	ation Millage	Date of Expenditure	. Ψ	_ *	
Check box if expenditure is payment of debt or obligation	<sub>County:</sub> Washtenaw		Click for Memo Itemization Type			
reported on previous statement Fund Raiser	Support Statewide	Oppose Local				
expenditure # 2	4. Purpose:	Local				
Name & Address: We Pay	Online Proce	ssing Fee				
350 Convention Way, Suite 200 Redwood City, CA 94063	5. Ballot Proposal: Special Educa	tion Millage	5/9/16 Date of	23821.		
	County: Washte	naw	Expenditure			
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose	Click for Memo Itemiza e		on Type	
Fund Raiser	Statewide	<b>✓</b> Local				
xpenditure # 3 Name & Address:	4. Purpose: Data Process	& Address				
Unit Packaging			5/9/16	1925.48	25746.	
I19 Enterprise Dr. Ann Arbor, MI 48103	5. Ballot Proposal:		טוופוט	1320.40	\$ 20740.	
ATIIT AIDOI, IVII 40 103	Special Educa	ation Millage	Date of Expenditure		<del> </del>	
7	County: Washtenaw		Click for Memo Itemization Type			
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose				
Fund Raiser	Statewide	Local	-			
Name & Address:	4. Purpose: Photocopies:	PreFlec Ren				
dienn ineison			5/9/16	18.44	25765.0	
323 South Forest Ave. Ann Arbor, MI 48104	5. Ballot Proposal:			\$	_ \$	
ATIII AIDOI, IVII 46104	Special Educa	ation Millage	Date of Expenditure			
7	County: Washtenaw		Click for Memo Itemization Type			
Check box if expenditure is payment of debt or obligation reported on previous statement	Support	Oppose				
Fund Raiser	Statewide	Local			<del></del>	
			otal this page	1945.01		
	ſ	Grand Total of \$ Complete on last page				
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# ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number\_\_\_\_\_

	BALLOT QUESTION COMMITTEE 2.	Committee Name Friends of Educat	ion		
	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:	4. Purpose:			<u>l</u>
	Glenn Nelson	Pick Up Signs: 168 miles			
	1323 South Forest Ave.	Tick op Signs. 166 miles			
	Ann Arbor, MI 48104	5. Ballot Proposal: Special Education Millage	5/9/16 Date of	90.72 \$	25855.°
	Two Round-Trips to Detroit		Expenditu	ге	
	<del></del>	Machtonou			
	Check box if expenditure is payment of debt or obligation	County: Washtenaw	Click	for Memo Itemizat	ion Type
	reported on previous statement	Support Oppose			
	Fund Raiser		IRS mil	aada rata (t)	7 E Almila
	Expenditure # 2	Ustatewide ✓ Local 4. Purpose:	1110 1111	eage rate \$0	J.34/IIIII <del>E</del>
	Name & Address:	Photocopies for Meetings			
	Margaret Long				
	1513 Martha Ave.	5, Ballot Proposal:	5/20/H	8 00 04	
	Ann Arbor, MI 48103	Special Education Millage	5/20/16	30.04	25885.8
			Date of		
		141. 1	Expenditure	<b>!</b>	
		<sub>County:</sub> Washtenaw			
	Check box if expenditure is payment of debt or obligation		Click t	or Memo Itemizatio	n Tvoe
	reported on previous statement	✓ Support Oppose			
	Fund Raiser				
ŀ	Expenditure # 3				
- 1	Name & Address:	4. Purpose:			
	Inland Press	Stationery & Envelopes			
	2001 W. Lafayette Blvd.		5/23/16	54.00	05000 (
	Detroit, MI 48216	5. Ballot Proposal:	3/23/10	54.00 \$	25939.8
		Special Education Millage	Date of	_ Y <u></u>	_ Ψ
			Expenditure		
		<sub>County:</sub> Washtenaw	Olivira		_
ı	Check box if expenditure is payment of debt or obligation		Click	or Memo Itemization	п Туре
ľ	reported on previous statement	✓ Support Oppose			
ı	Fund Raiser				
ŀ	Expenditure # 4	StatewideLocal			
	Experiature # 4 Name & Address:	4. Purpose:			
	raine & Address,				
1		5. Ballot Proposal:		\$	\$
		Special Education Millage	Date of		
Į			Expenditure		
ĺ		<sub>County:</sub> Washtenaw	Click to	or Memo Itemization	a Tuna
I	Check hav if expanditure is necessary of dally and the	County: Traditionally	Oliok I	or Monto Remizatio	riype
J۲	Check box if expenditure is payment of debt or obligation reported on previous statement	✓ Support Oppose			
ŀ	<u> </u>	Порросс			
<u>IL</u>	Fund Raiser	Statewide  Local			
				17470	<del></del>
		Subt	otal this page	174.76	
		Grand Total of S	Schedules 4B	15.070.40	1
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