



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**BALLOT QUESTION COMMITTEE
COVER PAGE**

2017 OCT 23 P 1:11

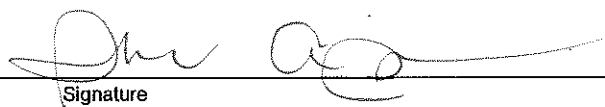
LAWRENCE REGISTERED
COUNTY CLERK / REGISTER
FOR OFFICIAL USE ONLY
3. This Statement covers From: 07/21/17 To 10/22/17

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

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 Area Code and Phone (734) 417-7732			
6. Treasurer's Business Address Ann Arbor Center for Indep Living 3941 Research Park Drive Ann Arbor, MI 48103 Area Code and Phone (734) 395-1731		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Sherri Papazoglou 46551 Brookridge Canton, MI 48187 Area Code and Phone (313) 999-5188	
8. TYPE OF STATEMENT: 8a. <input checked="" type="checkbox"/> PRE-ELECTION OR <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> OTHER: _____ Date of Election: <u>11/07/17</u>		8b. <input type="checkbox"/> FEBRUARY STATEMENT <input type="checkbox"/> APRIL STATEMENT <input type="checkbox"/> JULY STATEMENT <input type="checkbox"/> OCTOBER STATEMENT 8c. <input type="checkbox"/> ANNUAL STATEMENT (____ Coverage Year)	
		8d: <input type="checkbox"/> 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. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)	
		8f. <input type="checkbox"/> 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 Sherri Papazoglou 
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2009-004

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>12,070.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</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>12,070.00</u>	(20.) \$ <u>12,070.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>145.21</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>145.21</u>	(21.) \$ <u>145.21</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>7,791.25</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.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>7,791.25</u>	(22.) \$ <u>8,118.96</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>7,936.46</u>	(24.) \$ <u>8,264.17</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
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>2,774.47</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>12,070.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>14,844.47</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>7,791.25</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7,053.22</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 Name & Address: Vannatter, Cherie 9740 Platt Rd. Milan, MI 48160-9571 4. Date of Receipt <u>08/16/17</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 Drive Brighton, MI 48116 4. Date of Receipt <u>08/16/17</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: Collins & Blaha, P.C. 31440 Northwestern Hwy, Ste 170 Farmington Hills, MI 48334 4. Date of Receipt <u>08/16/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Applicable</u> Employer <u>Not Applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> 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	\$450.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	\$450.00
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: Marcel, Brian 9735 Horseshoe Bend Dexter, MI 48130 4. Date of Receipt <u>08/23/17</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: Graden, Scot 8150 Waters Rd. Ann Arbor, MI 48103 4. Date of Receipt <u>08/23/17</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: Rosen-Leacher, Betty 602 Jefferson Lane Milan, MI 48160 4. Date of Receipt <u>08/23/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</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>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Heaviland, Holly 230 Crest Ave. Ann Arbor, MI 48103 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw ISD</u> Business Address <u>1819 S. Wagner Rd., Ann Arbor, MI 48103</u> 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

\$750.00

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

\$1,200.00

Enter this total
on line 3a of
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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: Bezeau, Anne 10343 Warner Road Milan, MI 48160 4. Date of Receipt <u>08/25/17</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 # 2 Name & Address: Jackson, Emma 105 Edison Ave. Ypsilanti, MI 48197-4317 4. Date of Receipt <u>08/25/17</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: Oman, Alan 2940 Hunley Drive Ann Arbor, MI 48105 4. Date of Receipt <u>08/29/17</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 # 4 Name & Address: Federation of Washtenaw Intermediate School Employees Local 3760 AFT, MFT, AFL-CIO 14634 Peckham Rd Albion, MI 49224 4. Date of Receipt <u>08/29/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Applicable</u> Employer <u>Not Applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>3,000.00</u>	\$ <u>3,000.00</u> Click Here for Memo Itemization

Page Subtotal **\$3,275.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$4,475.00**

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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: Thompson, Erik 399 Eastlook Dr Saline, MI 48176 4. Date of Receipt <u>08/29/17</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: Menzel, Scott 9450 Sandlewood Ct Whitmore Lake, MI 48189 4. Date of Receipt <u>08/29/17</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: Elyakin, Neal 1300 Red Oak Ann Arbor, MI 48103 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	\$ <u>50.00</u>	\$ <u>50.00</u> 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

\$250.00

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

\$4,725.00

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on line 3a of
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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: Girbach, Bryan 333 Anne Marie Drive Milan, MI 48160 4. Date of Receipt <u>08/29/17</u> 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	\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: Mowrer, Kevin 1313 Auston Lane Manchester, MI 48158 4. Date of Receipt <u>08/29/17</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: Allen, Karen 801 Stanley St. Ypsilanti, MI 48198-3081 4. Date of Receipt <u>09/01/17</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: _____ 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

\$160.00

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

\$4,885.00

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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: Student Interventions 2867 Quail Hollow Ct Ann Arbor, MI 48108-1731 4. Date of Receipt <u>09/01/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Applicable</u> Employer <u>Not Applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: Secor Business Services 5600 Alt Rd Petersburg, MI 49270 4. Date of Receipt <u>09/01/17</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: Cluley, Andrew 501 Hollis Ypsilanti, MI 48198 4. Date of Receipt <u>09/06/17</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 # 4 Name & Address: Stidham, Jason 8990 Redstone Dr. Pinckney, MI 48169 4. Date of Receipt <u>09/06/17</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

\$360.00

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

\$5,245.00

Enter this total
on line 3a of
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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: Roy-Borland, Heidi 2580 Tiplady Rd. Pinckney, MI 48169 4. Date of Receipt <u>09/06/17</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: Klump-Ward, Kristine 9041 Timbercrest Lane Whitmore Lake, MI 48189 4. Date of Receipt <u>09/06/17</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: Kobeck, Patti & Eric 601 East Shore Drive Whitmore Lake, MI 48189 4. Date of Receipt <u>09/06/17</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: Rickard, Anna 25348 Buckminster Dr. Novi, MI 48375 4. Date of Receipt <u>09/06/17</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

\$60.00

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

\$5,305.00

Enter this total
on line 3a of
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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: Conzelman, Genevieve 112 N Haven St. Novi, MI 48377 4. Date of Receipt <u>09/06/17</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: Gill, Christopher A. 8122 Jack Pine Drive Ypsilanti, MI 48197 4. Date of Receipt <u>09/06/17</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: Elyakin, Neal 1300 Red Oak Ann Arbor, MI 48103 4. Date of Receipt <u>09/06/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Washtenaw ISD</u> Business Address <u>1819 S. Wagner Rd., Ann Arbor, MI 48103</u> 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>150.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Panitch, Jack 501 Burson Plance Ann Arbor, MI 48104 4. Date of Receipt <u>09/06/17</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 **\$260.00**

Grand Total of All Schedules 4A (Complete on last page of Schedule) **\$5,565.00**

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: Mayes, Jennifer 9846 Page Ave Jackson, MI 49201 4. Date of Receipt <u>09/06/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Manchester Community Schools</u> Business Address <u>410 City Road, Manchester, MI 48158</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Quilter, Shawn 510 Fairways Lane Chelsea, MI 48118 4. Date of Receipt <u>09/12/17</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: Stead, Christine 2433 Blueberry Lane Ann Arbor, MI 48103 4. Date of Receipt <u>09/12/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Blue Cottage Consulting</u> Business Address <u>122 South Main 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>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Woods, Kathryn 16287 Houghton Livonia, MI 48154 4. Date of Receipt <u>09/12/17</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 **\$430.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$5,995.00**

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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: O'Connell, Joe 8863 Meadow Lane Ypsilanti, MI 48197 4. Date of Receipt <u>09/12/17</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: Mann, Anne 1901 Pierce Road Chelsea, MI 48118 4. Date of Receipt <u>09/12/17</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: Bakker, Kim 10090 Songbird Lane Pinckney, MI 48169 4. Date of Receipt <u>09/12/17</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: Hoadley-Potts, Mary 714 6 Mile Rd Whitmore Lake, MI 48189 4. Date of Receipt <u>09/12/17</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

\$65.00

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

\$6,060.00

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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)
<p>3. Contribution # 1 Name & Address: Berg, Amy Did not report address, but since could be reported as unitemized contribution, did not remove from this schedule so at least the name was reported.</p> <p>4. Date of Receipt <u>09/12/17</u></p> <p>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</p>	<p>\$ <u>10.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>10.00</u></p>
<p>3. Contribution # 2 Name & Address: Lepard, Carolyn 41 Ridgeway St Ann Arbor, MI 48104</p> <p>4. Date of Receipt <u>09/12/17</u></p> <p>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</p>	<p>\$ <u>50.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>50.00</u></p>
<p>3. Contribution # 3 Name & Address: WLEA-Saline Education Association 20899 Cedar Lane Manchester, MI 48158</p> <p>4. Date of Receipt <u>09/12/17</u></p> <p>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</p>	<p>\$ <u>500.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>500.00</u></p>
<p>3. Contribution # 4 Name & Address: Washtenaw County Education Association 4141 Jackson Road Ann Arbor, MI 48103</p> <p>4. Date of Receipt <u>09/12/17</u></p> <p>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</p>	<p>\$ <u>590.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>590.00</u></p>

Page Subtotal **\$1,150.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$7,210.00**

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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: Chapman, David 10823 Winner Circle Whitmore Lake, MI 48189 4. Date of Receipt <u>09/11/17</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: Withers, John 6416 Alien Rd Fenton, MI 48430 4. Date of Receipt <u>09/11/17</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: Norman, Naomi 2608 Devonshire Road Ann Arbor, MI 48104 4. Date of Receipt <u>09/11/17</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 # 4 Name & Address: Nickel, Lisa 1085 N. Lake Orchard Dr. Gregory, MI 48137 4. Date of Receipt <u>09/12/17</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
(Complete on last page of Schedule)

\$7,390.00

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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: Helber, Julie 13215 Worthington Ct Chelsea, MI 48118 4. Date of Receipt <u>09/12/17</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: Spickard, Shanna 2150 Milkey Road Saline, MI 48176 4. Date of Receipt <u>09/14/17</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: Kaemming, Marcus 49 Chestnut Dr. Chelsea, MI 48118 4. Date of Receipt <u>09/14/17</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: Smith, Lon 409 Depot St. Blissfield, MI 49228 4. Date of Receipt <u>09/14/17</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>
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Page Subtotal **\$350.00**

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

\$7,740.00

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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.

3. Contribution # 1 Name & Address: Lasinski, Donna 4977 St. Annes Ann Arbor, MI 48103	4. Date of Receipt <u>09/17/17</u>	6. Amount \$ <u>250.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>250.00</u>
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			
Click Here for Memo Itemization			

3. Contribution # 2 Name & Address: Nickel, Lisa 7985 N. Lake Orchard Dr. Gregory, MI 48137	4. Date of Receipt <u>09/18/17</u>	6. Amount \$ <u>200.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Chelsea School District</u> Business Address <u>500 E Washington Street, Chelsea, MI 48118-1199</u> 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: Fegan, Chris 639 Grat Strasse Manchester, MI 48158	4. Date of Receipt <u>09/22/17</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			
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3. Contribution # 4 Name & Address: Otterman, Carolyn 10181 Whitmore Bay Drive Whitmore Lake, MI 48189	4. Date of Receipt <u>09/27/17</u>	6. Amount \$ <u>20.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ <u>20.00</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			
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Page Subtotal	\$520.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	\$8,260.00

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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: Linden, Dawn 11842 Deer Creek Run Plymouth, MI 48170 4. Date of Receipt <u>10/05/17</u>		\$ <u>50.00</u>	\$ <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 # 2 Name & Address: Comsa, David 3701 Chirco Court Utica, MI 48316 4. Date of Receipt <u>10/05/17</u>		\$ <u>50.00</u>	\$ <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>10/05/17</u>		\$ <u>100.00</u>	\$ <u>100.00</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: Collier, Kristina 8518 Oreview Ave Brighton, MI 48116 4. Date of Receipt <u>10/05/17</u>		\$ <u>100.00</u>	\$ <u>100.00</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	

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\$300.00

Grand Total of All Schedules 4A
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\$8,560.00

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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: Timmis, Chris 8182 Trail Ridge Dexter, MI 48130 4. Date of Receipt <u>10/05/17</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: Dickinson-Kelly, LeeAnn 3371 Breckland Court Ann Arbor, MI 48108 4. Date of Receipt <u>10/06/17</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: McAllister, Janet 8155 Trail Ridge Dexter, MI 48130 4. Date of Receipt <u>10/06/17</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: Read, Barbara & David 7130 Ulrich Dexter, MI 48130 4. Date of Receipt <u>10/06/17</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>40.00</u>	\$ <u>40.00</u>
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Page Subtotal **\$315.00**

Grand Total of All Schedules 4A
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\$8,875.00

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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: Meeker, Megan 7500 Lake Hollow Ct Dexter, MI 48130 4. Date of Receipt <u>10/06/17</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: Shinn, Aaron 7907 Chamberlin Rd. Dexter, MI 48130 4. Date of Receipt <u>10/06/17</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: Baese, Jessica 11736 Dunlavy Lane Whitmore Lake, MI 48189 4. Date of Receipt <u>10/06/17</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: Hayter, Lori 7911 Poplar Dr Dexter, MI 48130 4. Date of Receipt <u>10/07/17</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

\$200.00

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

\$9,075.00

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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: Garcia, Molly 3541 Terhune Ann Arbor, MI 48104 4. Date of Receipt <u>09/18/17</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: VanZomeren, Laura 5548 High Ridge Drive Ypsilanti, MI 48197 4. Date of Receipt <u>09/18/17</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: Newlon, Connie 7860 Thornhill Dr. Ypsilanti, MI 48197 4. Date of Receipt <u>09/18/17</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 # 4 Name & Address: Hockett, Diane 1037 Shady Oaks Ann Arbor, MI 48103 4. Date of Receipt <u>09/18/17</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 **\$155.00**

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

\$9,230.00

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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>McNatt, Sean</u> <u>16005 Sheridan Rd.</u> <u>Clinton, MI 49236-9646</u> 4. Date of Receipt <u>09/18/17</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: <u>Chelsea Education Association</u> <u>2805 S. Industrial Hwy, Ste. 400</u> <u>Ann Arbor, MI 48104-6791</u> 4. Date of Receipt <u>09/18/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Applicable</u> Employer <u>Not Applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>550.00</u>	\$ <u>550.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: <u>Long, Margy</u> <u>1513 Martha Ave.</u> <u>Ann Arbor, MI 48103-5370</u> 4. Date of Receipt <u>09/18/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw ISD</u> Business Address <u>1819 S. Wagner Rd., Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 Name & Address: <u>Nelson, Glenn</u> <u>1323 S. Forest Ave.</u> <u>Ann Arbor, MI 48104-3924</u> 4. Date of Receipt <u>10/03/17</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>200.00</u>	\$ <u>200.00</u>
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Page Subtotal **\$950.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$10,180.00**

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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: Clark Construction Co. 3535 More River Drive Lansing, MI 48911 4. Date of Receipt <u>10/03/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Applicable</u> Employer <u>Not Applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300.00</u>	\$ <u>300.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Burgess, Steve 440 W. Bemis Rd. Saline, MI 48176 4. Date of Receipt <u>10/05/17</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: Bauman, Jack 4767 Clifford Rd. Brighton, MI 48116 4. Date of Receipt <u>10/05/17</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 # 4 Name & Address: Swift, Jeanice 201 South First Street, Apt 601 Ann Arbor, MI 48104 4. Date of Receipt <u>10/06/17</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

Page Subtotal **\$680.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$10,860.00**

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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>Edmondson, Ben</u> <u>402 Filmore St.</u> <u>Canton, MI 48188-6684</u> 4. Date of Receipt <u>10/06/17</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: <u>Marcel, Brian</u> <u>9735 Horseshoe Bend</u> <u>Dexter, MI 48130</u> 4. Date of Receipt <u>10/06/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw ISD</u> Business Address <u>1819 S. Wagner Rd., Ann Arbor, MI 48103</u> 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		
3. Contribution # 3 Name & Address: <u>Menzel, Scott</u> <u>9450 Sandlewood Ct.</u> <u>Whitmore Lake, MI 48189</u> 4. Date of Receipt <u>10/10/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Washtenaw ISD</u> Business Address <u>1819 S. Wagner Rd., Ann Arbor, MI 48103</u> 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		
3. Contribution # 4 Name & Address: <u>Demetriou, Marios</u> <u>21654 Garrison St.</u> <u>Dearborn Heights, MI 48124</u> 4. Date of Receipt <u>10/16/17</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 **\$400.00**

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

\$11,260.00

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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: Olsen, Robert Stephen 15 Hickory Drive Chelsea, MI 48118-9417 4. Date of Receipt <u>10/16/17</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: Dexter Education Association 412 E. Main St. Manchester, MI 48158-8537 4. Date of Receipt <u>10/16/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Not Applicable</u> Employer <u>Not Applicable</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Gurganus, Kyla 1427 Grove St. Ypsilanti, MI 48198 4. Date of Receipt <u>10/16/17</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: Keith, Kharena 25031 Chambley Southfield, MI 48034 4. Date of Receipt <u>10/18/17</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 **\$660.00**

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

\$11,920.00

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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: Petty, Seth 14863 Wisconsin St. Detroit, MI 48138-1752 4. Date of Receipt <u>10/18/17</u>		\$ <u>50.00</u>	\$ <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 # 2 Name & Address: Mickel, Kelly 8416 McKean Willis, MI 48191 4. Date of Receipt <u>10/18/17</u>		\$ <u>25.00</u>	\$ <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	
3. Contribution # 3 Name & Address: Boivin, Mary 101 Riverview Circle Saline, MI 48176 4. Date of Receipt <u>10/18/17</u>		\$ <u>25.00</u>	\$ <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	
3. Contribution # 4 Name & Address: Brousseau, James 13995 Dennison Road Milan, MI 48160 4. Date of Receipt <u>10/18/17</u>		\$ <u>50.00</u>	\$ <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	

Page Subtotal	\$150.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	\$12,070.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number B2009-004

2. Committee Name Friends if Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name & Address: Elyakin, Neal 1300 Red Oak Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation Administrator Employer Name & Address: Washtenaw ISD 1819 S. Wagner Rd., Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Flyer Copying</u> 5. DATE OF RECEIPT: <u>09/06/17</u> Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS: Kolossos Printing, Inc. 2055 West Stadium Ann Arbor, MI 48103	\$ <u>145.21</u>	\$ <u>295.21</u>
Contribution #2 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation Employer Name & Address: <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ Click Here for Memo Itemization 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____

Page Subtotal **\$145.21**

Grand Total of all Schedules 4-IK
(Complete on last page of Schedule) **\$145.21**

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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 <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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>08/15/17</u> Date of Expenditure	\$ <u>5.00</u>	\$ <u>5.00</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>08/15/17</u> Date of Expenditure	\$ <u>3.20</u>	\$ <u>3.20</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>08/29/17</u> Date of Expenditure	\$ <u>18.00</u>	\$ <u>23.00</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>08/29/17</u> Date of Expenditure	\$ <u>11.94</u>	\$ <u>15.14</u> Click for Memo Itemization Type

Subtotal this page **\$38.14**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$38.14**

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**

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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/06/17 Date of Expenditure	\$ <u>31.50</u>	\$ <u>54.50</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/06/17 Date of Expenditure	\$ <u>21.57</u>	\$ <u>36.71</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/12/17 Date of Expenditure	\$ <u>17.75</u>	\$ <u>72.25</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	09/12/17 Date of Expenditure	\$ <u>13.00</u>	\$ <u>49.71</u> Click for Memo Itemization Type

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\$83.82

Grand Total of Schedules 4B
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\$121.96

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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: James Dries 3840 Michael Rd. N 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>Absentee Voter List</u> 5. Ballot Proposal: <u>Special Education Millage Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/17/17</u> Date of Expenditure	\$ <u>1,172.76</u>	\$ <u>1,172.76</u> Click for Memo Itemization Type
Expenditure # 2 Name & Address: Lynn Graphics 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/Flyer Design</u> 5. Ballot Proposal: <u>Special Education Millage Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/17/17</u> Date of Expenditure	\$ <u>225.00</u>	\$ <u>225.00</u> Click for Memo Itemization Type
Expenditure # 3 Name & Address: Emma Jackson 105 Edison Ave. Ypsilanti, MI 48197-4317 <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>Reimbursement-Copies</u> 5. Ballot Proposal: <u>Special Education Millage Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>09/17/17</u> Date of Expenditure	\$ <u>58.28</u>	\$ <u>58.28</u> Click for Memo Itemization Type
Expenditure # 4 Name & Address: Print-Tech, Inc. 6800 Jackson 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>Postcard Printing/Mailing</u> 5. Ballot Proposal: <u>Special Education Millage Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/04/17</u> Date of Expenditure	\$ <u>5,250.42</u>	\$ <u>5,250.42</u> Click for Memo Itemization Type

Subtotal this page

\$6,706.46

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

\$6,828.42

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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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/16/17 Date of Expenditure	\$ <u>0.50</u>	\$ <u>72.75</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/16/17 Date of Expenditure	\$ <u>0.59</u>	\$ <u>50.30</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/18/17 Date of Expenditure	\$ <u>93.25</u>	\$ <u>166.00</u> Click for Memo Itemization Type
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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/18/17 Date of Expenditure	\$ <u>61.29</u>	\$ <u>111.59</u> Click for Memo Itemization Type

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\$155.63

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

\$6,984.05

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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: Sawicki & Son 1521 W. Lafayette 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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/18/17</u> Date of Expenditure	\$ <u>802.95</u> \$ <u>802.95</u>	\$ <u>802.95</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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/20/17</u> Date of Expenditure	\$ <u>2.50</u> \$ <u>168.50</u>	\$ <u>168.50</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 Renewal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/20/17</u> Date of Expenditure	\$ <u>1.75</u> \$ <u>113.34</u>	\$ <u>113.34</u>
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: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ \$ _____	\$ _____

Subtotal this page **\$807.20**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$7,791.25**

Enter this total on Line 8a of the Summary Page