



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI

2018 JAN 29 P 12:23

FOR OFFICIAL USE ONLY

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

3. The Statement covers the period from LAWRENCE KESTENBAUM To 11/27/17
COUNTY CLERK/REGISTER

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. PRE- ELECTION
OR
 POST- ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____

Date of Election:
11/07/17

8b.
 FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
(____ Coverage Year)

8d:
 Post Petition Sample Filing under MCL 168.483a

(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)

8e. AMENDMENT TO CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE REQUEST

Effective Date of Dissolution _____

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper

Sherri Papazoglou
Type or Print Name

[Signature]
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>655.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>655.00</u>	(18.) \$ <u>12,725.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>655.00</u>	(20.) \$ <u>12,725.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>145.21</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>6,428.59</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
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.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ <u>6,428.59</u>	(22.) \$ <u>14,547.55</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>6,428.59</u>	(24.) \$ <u>14,547.55</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.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>7,053.22</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>655.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>7,708.22</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>6,428.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,279.63</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: MEA-PAC 1216 Kendale Blvd. East Lansing, MI 48826 4. Date of Receipt <u>10/23/17</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: Selter, Ronda 9650 Tuttle Hill Road Willis, MI 48191 4. Date of Receipt <u>10/24/17</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: Harris, Kelly 9735 Horseshoe Bend Dexter, MI 48130 4. Date of Receipt <u>10/24/17</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>5.00</u>	\$ <u>5.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: YCEA 17187 Woodbine Detroit, MI 48219 4. Date of Receipt <u>10/26/17</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 **\$455.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$455.00**

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: Cardwell-Tillerson, Charlotte 17187 Woodbine Detroit, MI 48219	4. Date of Receipt <u>10/26/17</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: WCEA Manchester Education Association 20500 Dutch Drive Manchester, MI 48158	4. Date of Receipt <u>10/24/17</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 # 3 Name & Address: Herbert, Norman 3681 Wagner Ridge Ct. Ann Arbor, MI 48103	4. Date of Receipt <u>10/24/17</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 # 4 Name & Address:	4. Date of Receipt <u>10/26/17</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		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$655.00**

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 2009-004

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	11/01/17 Date of Expenditure	\$ <u>2.50</u>	\$ <u>171.00</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	11/01/17 Date of Expenditure	\$ <u>1.75</u>	\$ <u>115.09</u> Click for Memo Itemization Type
Expenditure # 3 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 checked="" type="checkbox"/> Fund Raiser	4. Purpose: <u>Postcard/Flyer Re-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	11/06/17 Date of Expenditure	\$ <u>248.00</u>	\$ <u>473.00</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	11/06/17 Date of Expenditure	\$ <u>6176.34</u>	\$ <u>11426.76</u> Click for Memo Itemization Type

Subtotal this page **\$6,428.59**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$6,428.59**

Enter this total
on Line 8a of
the Summary
Page