

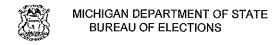
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED WASHTENAW COUNTY, M.

BALLOT QUESTION COMMITTEE COVER PAGE

2018 FEB 14 P 1: 43 788 FEB 14 @ 1: 43

		_	LAWRENCE KES	TE FOR COMMICIAL USE ONLY			
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.			3.This Statement covers From: To 02/10/18				
1. Committee I.D. Number B2009-004			4. Committee's Mailing Address Friends of Education PO Box 2109				
2. Committee Name			Ann Arbor, MI 48106				
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 Carolyn Grawi 1490 Northbrook Drive Ann Arbor, MI 48103							
Area Code and Phone (734) 417-	7732						
6. Treasurer's Business Address Carolyn Grawi 1490 Northbrook Drive Ann Arbor, MI 48103		Sherri I 46551	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 (734) 395-1731		Area C	ea 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:	8b. FEBRUARY STATEMENT JULY STATEMENT OCTOBER STATEMENT 8c. ANNUAL STATEMEN 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)	Bf. DISSOLUTION OF COMMITTEE REQUEST Effective Date of Dissolution By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.			
9. Verification: I certify that all reasonal	ble diligence was used in the g	oreparati	ampaign Statements. The Campaign Statements. The Campaign Stand outstanding debts count against the formation was shown on the committee aign Statement. If a request for a Repapaign statement can not be waived. on of this statement and attached sched				
Current Treasurer or Designated Record Keeper Type or Print Name Type or Print Name Type or Print Name							

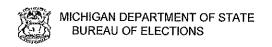


SUMMARY PAGE

1. Committee I.D. Number B2009-004

BALLOT QUESTION COMMITTEE 2. Committee Name Friends of Education 4 **RECEIPTS** Column I Column II This Period Cumulative for Election Cycle 3. Contributions (3a.) <u>\$</u>0.00 a. Itemized Contributions(Schedule 4A, Column 6) b. Unitemized Contributions (less than \$20.01 - no Schedule) (3b.) \$ NOT APPLICABLE (3c.) \$_0.00 (18.) \$ 0.00 c. Subtotal of Contributions 4. Other Receipts (Schedule 4A-1, Column 6) (4.) \$ ___ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$_0.00 (20.) \$ 0.00 (Add Line 3 c + Line 4) IN-KIND CONTRIBUTIONS 6. In-Kind Contributions a. Itemized In-Kind Contributions (6a.) \$ 0.00 (Schedule 4-IK, Column 7) b. Unitemized (less than \$20.01 each - no Schedule) (6b.) \$ NOT APPLICABLE 7. TOTAL IN-KIND CONTRIBUTIONS (7.) \$ 0.00 (Add Line 6a + Line 6b) (21.) \$ _____ **EXPENDITURES** 8. Expenditures (8a.) \$ 113.60 a. Itemized Direct Expenditures (Schedule 4B, Column 7) b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6) (8b.) \$ c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7) (8c.) \$ _____ d. Unitemized Expenditures (\$50.00 or less-no Schedule) (8d.) \$ ___ (22.) \$_113.60 (8e.) \$_113.60 e. Subtotal of Expenditures 9. Independent Expenditures (Schedule 4B-1, Column 7) (9.) \$___ (23.) \$ _ (24.) \$_ 113.60 (10.) \$ 113.60 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) **IN-KIND EXPENDITURES** 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8) (25.) \$ _ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.)\$ _____ a. Owed by the Committee (Schedule 4E) b. Owed to the Committee (Schedule 4E) (12b.) \$_____ **BALANCE STATEMENT** 13. Ending Balance of last report filed (13.) \$ 1,279.63 (Enter zero if no previous reports have been filed.) Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts) (14.) + 0.00 $(15.) = _{-}1,279.63$ 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 10, Column I, Total Expenditures) (16.) - 113.60 17. ENDING BALANCE (17.) \$ _1,166.03 (Subtract line 16 from line 15)

^{*}If your ending balance is negative, please recheck your math.



ITEMIZED DIRECT EXPENDITURES SCHEDULE 4B

1. Committee I. D. Number_B2009-00

BALLOT QUESTION COMMITTEE 2.0	Committee Name Friends of	Education			
3. Name and address of person to whom paid	State purpose of expension Identify the ballot propolation indicate whether supporte	sal involved.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address:	4. Purpose:			•	
Emma Jackson	Postage Reimb				
105 Edison Ave			01/02/18	_s 19.60	_s 19.60
Ypsilanti, MI 48197	5. Ballot Proposal:	Date of	\$ 10.00	<u> </u>	
	Special Education Mills	Expenditure			
	County: Washtenaw	Click for Memo Itemization Type			
Check box if expenditure is payment of debt or obligation reported on previous statement					
Fund Raiser	✓ Support Statewide	Oppose			
Expenditure # 2	4. Purpose:	Local			
Name & Address:	Post Office Box F				
Neal Elyakin			m.		
1300 Red Oak	5. Ballot Proposal:		01/02/18	_{\$} 94.00	_s 94.00
Ann Arbor, MI 48103	Special Education Milla	Special Education Millage Renewal		Φ	_ ⊅
	County: Washtenaw		Expenditure		
Check box if expenditure is payment of debt or obligation	County. Vacantonav	Click for Memo Itemization Type			
reported on previous statement	✓ Support	Oppose	3,101,101	THOMAS TOTAL COLOR	1,100
Fund Raiser	Statewide	Local			
Expenditure # 3	4. Purpose:				
Name & Address:					
	5. Ballot Proposal:				
	or manor reproduit		Data of	\$. \$
			Date of Expenditure		
	County:			Memo Itemization	Tuno
Check box if expenditure is payment of debt or obligation	Support	Oppose	Ollok 10,	Monto Remization	Турс
reported on previous statement	<u>=</u>	Oppose			
Fund Raiser Expenditure # 4	Statewide	Local			
Name & Address:	4. Purpose:				
		····			
	5. Ballot Proposal:		Date of	\$	_ \$
			Expenditure		
	County		Click for	r Memo Itemization	Type
Check box if expenditure is payment of debt or obligation	County:	***	2	THOMAS NOTHERARDI	1,700
reported on previous statement	Support	Oppose			
Fund Raiser	Statewide	Local			
		Subto	otal this page	\$113.60	
		Schedules AR	\$113.60	1	
	(сопр	ete on last page	or schedule)	ΨΙΙΟ.ΟΟ	1

Page ____ of ___

Enter this total on Line 8a of the Summary Page