



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 04/22/19 To 07/20/19

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
**Neal Elyakin
1300 Red Oak
Ann Arbor, MI 48103**
Area Code and Phone **(734) 417-6094**

6. Treasurer's Business Address
**Neal Elyakin
1300 Red Oak
Ann Arbor, MI 48103**
Area Code and Phone **(734) 417-6094**

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: _____

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

LAWRENCE COUNTY REGISTER
 2019 JUL 20 P 30
 WASHINGTON COUNTY MI



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>7,980.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>7,980.00</u>	(18.) \$ <u>7,980.00</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>7,980.00</u>	(20.) \$ <u>7,980.00</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>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>171.68</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.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ _____	(24.) \$ _____
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>1,166.03</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>7,980.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>7,146.03</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>171.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>8,974.35</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: Parrelly, Jennifer 9611 Shearson Ct. Plymouth, MI 48170		\$ 100.00	\$ 100.00
4. Date of Receipt <u>06/03/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor</u> Employer <u>Washtenaw Intermediate School District</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		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Long, Margaret 1513 Martha Ave Ann Arbor, MI 48103		\$ 100.00	\$ 100.00
4. Date of Receipt <u>06/13/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw Intermediate School District</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		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Hockett, Diane 1037 Shady Oaks Ann Arbor, MI 48103		\$ 50.00	\$ 50.00
4. Date of Receipt <u>06/20/19</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: Garcia, Molly 3541 Terhune Ann Arbor, MI 48104		\$ 50.00	\$ 50.00
4. Date of Receipt <u>06/20/19</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 **\$300.00**

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

\$7,980.00

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)
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3. Contribution # 1
Name & Address: Ellis, Curt
542 Marblewood Lane
Saline, MI 48176

4. Date of Receipt 06/20/19

\$ 50.00 \$ 50.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Name & Address: Graden, Scot
8150 Waters Rd.
Ann Arbor, MI 48103

4. Date of Receipt 06/21/19

\$ 100.00 \$ 100.0

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

Occupation Superintendent Employer Saline Area Schools

Business Address 7265 Saline - Ann Arbor Rd., Saline, MI 48176

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Name & Address: Melcher, Carol
3202 Golfview Dr.
Saline, MI 48176

4. Date of Receipt 06/21/19

\$ 100.00 \$ 100.00

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

Occupation Administrator Employer Saline Area Schools

Business Address 7265 Saline - Ann Arbor Rd., Saline, MI 48176

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Name & Address: _____

4. Date of Receipt _____

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$250.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	\$7,980.00

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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: <u>Elyakin, Neal</u> <u>1300 Red Oak</u> <u>Ann Arbor, MI 48103</u></p> <p>4. Date of Receipt <u>05/31/19</u></p> <p>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</p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>
<p>3. Contribution # 2 Name & Address: <u>Kryscnski, Ashley</u> <u>2765 Windwood Dr., Apt 193</u> <u>Ann Arbor, MI 48105</u></p> <p>4. Date of Receipt <u>06/02/19</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Communications Specialist</u> Employer <u>Washtenaw Intermediate School District</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</p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>
<p>3. Contribution # 3 Name & Address: <u>Menzel, Scott</u> <u>9450 Sandalwood</u> <u>Whitmore Lake, MI 48189</u></p> <p>4. Date of Receipt <u>06/04/19</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Washtenaw Intermediate School District</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</p>	<p>\$ <u>200.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>200.00</u></p>
<p>3. Contribution # 4 Name & Address: <u>Saunders, Theresa</u> <u>2125 Collegewood St.</u> <u>Ypsilanti, MI 48197</u></p> <p>4. Date of Receipt <u>06/12/19</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Board Member</u> Employer <u>Washtenaw Intermediate School District</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</p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>

Page Subtotal **\$500.00**

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

\$7,980.00

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: <u>Girbach, Bryan</u> <u>333 Anne Marie Drive</u> <u>Milan, MI 48160</u> 4. Date of Receipt <u>06/12/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Milan Area Schools</u> Business Address <u>100 Big Red Drive, Milan, MI 48160</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 # 2 Name & Address: <u>Brousseau, James</u> <u>13995 Dennison Road</u> <u>Milan, MI 48160</u> 4. Date of Receipt <u>06/12/19</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: <u>Zachary-Ross, Alena</u> <u>2479 Barnsbury Road East</u> <u>Lansing, MI 48823</u> 4. Date of Receipt <u>06/13/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Ypsilanti Community Schools</u> Business Address <u>1885 Packard Rd, Ypsilanti, MI 48197</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>100.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: <u>Marcel, Brian</u> <u>9735 Horseshoe Bend</u> <u>Dexter, MI 48130</u> 4. Date of Receipt <u>06/16/19</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw Intermediate School District</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>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization

Page Subtotal **\$475.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule) **\$7,980.00**

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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)
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3. Contribution # 1 Name & Address: Timmis, Chris 8182 Trail Ridge Dexter, MI 48130	4. Date of Receipt <u>06/19/19</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Dexter Community Schools</u> Business Address <u>7714 Ann Arbor St., Dexter, MI 48130</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: Gill, Chris 8122 Jack Pine Drive Ypsilanti, MI 48197	4. Date of Receipt <u>06/22/19</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: Jasper, Kimberly 1209 Daisy Lane Milan, MI 48160	4. Date of Receipt <u>06/22/19</u>	\$ <u>30.00</u>	\$ <u>30.00</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: Vannatter, Cherie 9740 Platt Rd. Milan, MI 48160	4. Date of Receipt <u>06/22/19</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw Intermediate School District</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		Click Here for Memo Itemization	

Page Subtotal	\$355.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)	\$7,980.00

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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)
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3. Contribution # 1 Name & Address:	4. Date of Receipt <u>07/03/19</u>		
Heaviland, Holly 230 Crest Ave Ann Arbor, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Washtenaw Intermediate School District</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		Click Here for Memo Itemization	

3. Contribution # 2 Name & Address:	4. Date of Receipt <u>07/03/19</u>		
Olsen, R. Stephen 15 Hickory Drive Chelsea, MI 48118		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address <u>15 Hickory Drive, Chelsea, MI 48118</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:	4. Date of Receipt <u>07/15/19</u>		
Washtenaw County Education Association 4141 Jackson Road Ann Arbor, MI 48103		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NA</u> Employer <u>NA</u> 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>07/15/19</u>		
Jackson, Emma 105 Edison Ave Ypsilanti, MI 48197		\$ <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 **\$950.00**

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

\$7,980.00

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 4. Date of Receipt 07/15/19
 Name & Address: Federation of Washtenaw Intermediate School Employees Local 3760
AFT, MFT, AFL-CIO
14634 Peckham Rd
Albion, MI 49224 \$ 5000.00 \$ 5000.00

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

3. Contribution # 2 4. Date of Receipt 07/16/19
 Name & Address: Tramontin, Mary Jane
3400 Ann Arbor Saline Rd
Ann Arbor, MI 48103 \$ 100.00 \$ 100.00

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

3. Contribution # 3 4. Date of Receipt 07/16/19
 Name & Address: Fougere, Nicolas
2765 Windwood Dr., Apt 193
Ann Arbor, MI 48104 \$ 50.00 \$ 50.00

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

3. Contribution # 4 4. Date of Receipt _____
 Name & Address: _____ \$ _____ \$ _____

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

Page Subtotal **\$5,150.00**

Grand Total of All Schedules 4A (Complete on last page of Schedule) **\$7,980.00**

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 B2009004

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: Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263 <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>Dormant Acct Fee</u> 5. Ballot Proposal: <u>High Point Bond Proposal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	02/01/19 Date of Expenditure	\$ <u>5.00</u>	\$ <u>5.00</u>
Expenditure # 2 Name & Address: Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263 <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>Dormant Acct Fee</u> 5. Ballot Proposal: <u>High Point Bond Proposal</u> County: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	03/01/19 Date of Expenditure	\$ <u>5.00</u>	\$ <u>10.00</u>
Expenditure # 3 Name & Address: Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263 <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>Dormant Acct Fee</u> 5. Ballot Proposal: <u>High Point Bond Proposal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/01/19 Date of Expenditure	\$ <u>5.00</u>	\$ <u>15.00</u>
Expenditure # 4 Name & Address: Brian Marcel 9735 Horseshoe Bend Dexter, MI 48130 <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>Reimb PO Box Fee</u> 5. Ballot Proposal: <u>High Point Bond Proposal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/16/19 Date of Expenditure	\$ <u>102.00</u>	\$ <u>117.00</u>

Subtotal this page

\$117.00

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

\$171.68

Enter this total
on Line 8a of
the Summary
Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B**

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2009004

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: 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>High Point Bond Proposal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	06/27/19 Date of Expenditure	\$ <u>42.18</u>	\$ <u>42.18</u>
Expenditure # 2 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>High Point Bond Proposal</u> County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	07/13/19 Date of Expenditure	\$ <u>9.00</u>	\$ <u>51.18</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>High Point Bond Proposal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	07/15/19 Date of Expenditure	\$ <u>1.75</u>	\$ <u>52.93</u>
Expenditure # 4 Name & Address: We Pay 350 Convention Way, Suite 200 Redwood City, CA 94063 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Online Processing Fee</u> 5. Ballot Proposal: <u>High Point Bond Proposal</u> County: <u>Washtenaw</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	07/16/19 Date of Expenditure	\$ <u>1.75</u>	\$ <u>54.68</u>

Subtotal this page

\$54.68

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(Complete on last page of Schedule)

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