



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: 04/21/19 To 07/21/19

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
**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:
08/06/19

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.

LAWRENCE KESSLER
COUNTY CLERK
2019 JUL 24
1:30
WASHTENAW COUNTY, MI
FILED

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>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 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	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Long, Margaret 1513 Martha Ave Ann Arbor, MI 48103 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	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Hockett, Diane 1037 Shady Oaks Ann Arbor, MI 48103 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	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Garcia, Molly 3541 Terhune Ann Arbor, MI 48104 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	\$ <u>50.00</u>	\$ <u>50.00</u> 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
Summary
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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>06/20/19</u>		
Ellis, Curt 542 Marblewood Lane Saline, MI 48176		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 2 Name & Address:	4. Date of Receipt <u>06/21/19</u>		
Graden, Scot 8150 Waters Rd. Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>100.0</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Superintendent</u> Employer <u>Saline Area Schools</u>		Click Here for Memo Itemization	
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			

3. Contribution # 3 Name & Address:	4. Date of Receipt <u>06/21/19</u>		
Melcher, Carol 3202 Golfview Dr. Saline, MI 48176		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>Saline Area Schools</u>		Click Here for Memo Itemization	
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			

3. Contribution # 4 Name & Address:	4. Date of Receipt _____		
		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal	\$250.00
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 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 05/31/19

Name & Address:
Elyakin, Neal
1300 Red Oak
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 # 2 4. Date of Receipt 06/02/19

Name & Address:
Kryscnski, Ashley
2765 Windwood Dr., Apt 193
Ann Arbor, MI 48105

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Communications Specialist Employer Washtenaw Intermediate School District

Business Address 1819 S. Wagner Rd., Ann Arbor, MI 48103

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 4. Date of Receipt 06/04/19

Name & Address:
Menzel, Scott
9450 Sandalwood
Whitmore Lake, MI 48189

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Superintendent Employer Washtenaw Intermediate School District

Business Address 1819 S. Wagner Rd., Ann Arbor, MI 48103

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 4. Date of Receipt 06/12/19

Name & Address:
Saunders, Theresa
2125 Collegewood St.
Ypsilanti, MI 48197

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Board Member Employer Washtenaw Intermediate School District

Business Address 1819 S. Wagner Rd., Ann Arbor, MI 48103

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal **\$500.00**

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)
3. Contribution # 1 Name & Address: Girbach, Bryan 333 Anne Marie Drive Milan, MI 48160 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: Brousseau, James 13995 Dennison Road Milan, MI 48160 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: Zachary-Ross, Alena 2479 Barnsbury Road East Lansing, MI 48823 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: Marcel, Brian 9735 Horseshoe Bend Dexter, MI 48130 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



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>06/19/19</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	\$ <u>200.00</u>	\$ <u>200.00</u> 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> 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: Jasper, Kimberly 1209 Daisy Lane Milan, MI 48160 4. Date of Receipt <u>06/22/19</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>30.00</u>	\$ <u>30.00</u> 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> 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>100.00</u>	\$ <u>100.00</u> 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)
3. Contribution # 1 Name & Address: <u>Heaviland, Holly</u> <u>230 Crest Ave</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>07/03/19</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>500.00</u>	\$ <u>500.00</u>
Click Here for Memo Itemization		
3. Contribution # 2 Name & Address: <u>Olsen, R. Stephen</u> <u>15 Hickory Drive</u> <u>Chelsea, MI 48118</u> 4. Date of Receipt <u>07/03/19</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	\$ <u>100.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 Name & Address: <u>Washtenaw County Education Association</u> <u>4141 Jackson Road</u> <u>Ann Arbor, MI 48103</u> 4. Date of Receipt <u>07/15/19</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	\$ <u>300.00</u>	\$ <u>300.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 Name & Address: <u>Jackson, Emma</u> <u>105 Edison Ave</u> <u>Ypsilanti, MI 48197</u> 4. Date of Receipt <u>07/15/19</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>50.00</u>	\$ <u>50.00</u>
Click Here for Memo Itemization		

Page Subtotal

\$950.00

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: Federation of Washtenaw Intermediate School Employees Local 3760 AFT, MFT, AFL-CIO 14634 Peckham Rd Albion, MI 49224	4. Date of Receipt <u>07/15/19</u>	\$ <u>5000.00</u> \$ <u>5000.00</u>	Click Here for Memo Itemization
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			

3. Contribution # 2 Name & Address: Tramontin, Mary Jane 3400 Ann Arbor Saline Rd Ann Arbor, MI 48103	4. Date of Receipt <u>07/16/19</u>	\$ <u>100.00</u> \$ <u>100.00</u>	Click Here for Memo Itemization
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			

3. Contribution # 3 Name & Address: Fougere, Nicolas 2765 Windwood Dr., Apt 193 Ann Arbor, MI 48104	4. Date of Receipt <u>07/16/19</u>	\$ <u>50.00</u> \$ <u>50.00</u>	Click Here for Memo Itemization
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			

3. Contribution # 4 Name & Address:	4. Date of Receipt _____	\$ _____ \$ _____	Click Here for Memo Itemization
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			

Page Subtotal **\$5,150.00**

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

Enter this total
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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	<u>02/01/19</u> Date of Expenditure	\$ <u>5.00</u>	\$ <u>5.00</u> Click for Memo Itemization Type
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	<u>03/01/19</u> Date of Expenditure	\$ <u>5.00</u>	\$ <u>10.00</u> Click for Memo Itemization Type
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	<u>04/01/19</u> Date of Expenditure	\$ <u>5.00</u>	\$ <u>15.00</u> Click for Memo Itemization Type
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	<u>06/16/19</u> Date of Expenditure	\$ <u>102.00</u>	\$ <u>117.00</u> Click for Memo Itemization Type

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



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: 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) **\$171.68**

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on Line 8a of
the Summary
Page