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: DEC 9, 2014 To FEB 13, 2015

1. Committee I.D. Number: 150708

2. Committee Name: Friends of Essexville-Hampton Public Schools

4. Committee's Mailing Address: 1353 N. Jonas Rd Essexville, MI 48732

Area Code and Phone: 989-322-0916

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: Rodrigo P. Barassi, 23 Burrell Ct., Midland, MI 48640

Area Code and Phone: 989 430-9987

6. Treasurer's Business Address: 23 BURRELL CT MIDLAND, MI 48640

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

8a. [X] PRE- ELECTION
OR
[ ] POST- ELECTION

Pre-Election or Post-Election Statement relates to:

[ ] PRIMARY
[ ] GENERAL
[ ] SCHOOL
[X] SPECIAL
[ ] OTHER: _____

Date of Election: _____

8b.
[X] 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 B and the Summary Page.

FILED CO CLERK
18TH JUDICIAL
CIRCUIT COURT
2015 FEB 12 P 3:
BAY COUNTY CLERK
CYNTHIA A. LUCZAK

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: RODRIGO P. BARASSI

Type or Print Name — Signature

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

SUMMARY PAGE
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) $ 5144.00	
b. Unitemized Contributions (less than $20.01 - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of Contributions	(3c.) $ 5144.00	(18.) $
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) $ 0	(19.) $
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (Add Line 3 c + Line 4)	(5.) $ 5144.00	(20.) $
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) $ $312.96	
b. Unitemized (less than $20.01 each - no Schedule)	(6b.) $ NOT APPLICABLE	
7. **TOTAL IN-KIND CONTRIBUTIONS** (Add Line 6a + Line 6b)	(7.) $ $312.96	(21.) $
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) $ 2,746.21	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) $ 0	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) $ 0	
d. Unitemized Expenditures ($50.00 or less-no Schedule)	(8d.) $ 0	
e. Subtotal of Expenditures	(8e.) $ 2,746.21	(22.) $
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) $ 0	(23.) $
10. **TOTAL EXPENDITURES** (Add Line 8e + Line 9)	(10.) $ 2,746.21	(24.) $
IN-KIND EXPENDITURES 11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) $ 0	(25.) $
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)$ 0	
b. Owed to the Committee (Schedule 4E)	(12b.) $ 0	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $ 0
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + 5144.00
15. SUBTOTAL Add lines 13 and 14	(15.) = 5144.00
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - 2,746.21
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 2,397.79 *

*If your ending balance is negative, please attach an explanation

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150708
2. Committee Name Friends of Essexville-Hampton Public Schools

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 12-10-2014
Name & Address:
Charlie Rochow
1545 Primrose. Essexville, MI 48732
$ 100.00 — $ 100.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation ____ Employer ____
Business Address ____
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 12-10-2014
Name & Address:
Lori Flippin
1035 E. Nebobish. Essexville, MI 48732
$ 200.00 — $ 240.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Administrator Employer Essexville-Hampton Schools
Business Address 303 Pine St Essexville, Mich 48732
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 12-10-2014
Name & Address:
Magen Samyn
1267 Jodie Lynn Ln, Essexville, MI 48732
$ 100.00 — $ 100.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation ____ Employer ____
Business Address ____
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 12-10-2014
Name & Address:
Jill Urban
1252 W. Nebobish. Essexville, MI 48732
$ 50.00 — $ 70.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation ____ Employer ____
Business Address ____
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 450.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 12-10-14

Name & Address:
Amber Davis-Johnson
1353 N. Jones Rd. Essexville, MI 48732

$ 50.00 — $ 50.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt _____

Name & Address:

$ _____ — $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [ ] Direct [ ] Loan from a person [X] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 12-11-2014

Name & Address:
Jill Urban
11252 Nebobish
Essexville, MI 48732

$ 20 — $ 70

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 12-15-2014

Name & Address:
Renee Arnold
1152 Orchard Rd. Essexville, MI 48732

$ 100.00 — $ 150.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation N/A Employer N/A

Business Address N/A

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 170.00

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

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 150708

2. Committee Name Friends of Essexville Hampton Public Schools

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 12-22-2014 Name & Address: Lions Club Essexville-Hampton 5. If over $100.00 cumulative, please provide: Occupation Non Profit Employer Lions Club Business Address Essexville - MI 48732 Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 500.—	$ 500.00 Click Here for Memo Itemization
3. Contribution # 2 4. Date of Receipt 12-22-2014 Name & Address: Michael/Barbara Kelly 392 Hotchkiss Rd Freeland MI 48623 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 50.00	$ 50.00 Click Here for Memo Itemization
3. Contribution # 3 4. Date of Receipt 1-21-2015 Name & Address: Todd Rathke 2272 21st St. Bay City, MI 48708 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 100.00	$ 100.00 Click Here for Memo Itemization
3. Contribution # 4 4. Date of Receipt 1-21-2015 Name & Address: U.A. Local #85 P.O. Box 6547 Saginaw, MI 48608 5. If over $100.00 cumulative, please provide: Occupation Non Profit Employer U.A. Local 85 Business Address P.O. Box 6547 Saginaw MI 48608 Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 1,000.00	$ 1,000.00 Click Here for Memo Itemization

Page Subtotal 1,650.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 1-21-2015 Name & Address: Dale/Jean Asel, 1217 Harding Rd Essexville, MI 48732 5. If over $100.00 cumulative, please provide: Occupation N/A Employer N/A Business Address N/A Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 100.00 Click Here for Memo Itemization	$ 150.00
3. Contribution # 2 4. Date of Receipt 1-21-2015 Name & Address: Joan Sabourin, 335 Sheridan Court, Bay City MI 48708 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 15.00 Click Here for Memo Itemization	$ 15.00
3. Contribution # 3 4. Date of Receipt 1-21-2015 Name & Address: Historical Press, 4659 Dale St, Bay City MI 48706 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 100.00 Click Here for Memo Itemization	$ 100.00
3. Contribution # 4 4. Date of Receipt 1-21-2015 Name & Address: Shawna/Brett Walraven, 2105 Garside Dr Essexville, MI 48732 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 50.00 Click Here for Memo Itemization	$ 70.00

Page Subtotal 265.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 1-21-2015

Name & Address:
Kathy / John Kinkema
3598 N. Sadler Dr., Sanford MI 48657

$ 75.00 — $ 125.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Counselor — Employer N/A Retired

Business Address 3598 N. Sadler Dr. Sanford MI 48657

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 2-2-2015

Name & Address:
Lois Walraven
1908 Woodside Ave, Essexville MI 48732

$ 20.00 — $ 20.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation ____ Employer ____

Business Address ____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 2-2-2015

Name & Address:
Debra Russell
1574 St. Mary's CT, Essexville MI 48732

$ 50.00 — $ 50.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation ____ Employer ____

Business Address ____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 2/2/2015

Name & Address:
Liz Tonkelson
6973 N. Swede, Rhodes, MI 48652

$ 4.00 — $ 4.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation ____ Employer ____

Business Address ____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 149.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 2-2-2015 Name & Address: Nathan Cholger, 2323 Garfield Ave. Bay City MI 48708 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization
3. Contribution # 2 4. Date of Receipt ____ Name & Address: Nancy Frye, 312 Oakland Dr. Essexville, MI 48732 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 25.00	$ 25.00 Click Here for Memo Itemization
3. Contribution # 3 4. Date of Receipt 2-2-2015 Name & Address: Judy Thomas, 278 Kilarnee Beach, Bay City, MI 48706 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization
3. Contribution # 4 4. Date of Receipt 2-2-2015 Name & Address: Stacy Maze, 1274 S.E. Boutell Rd. Essexville, MI 48708 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization

Page Subtotal 65.00

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

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 150708
2. Committee Name Friends of Essexville-Hampton Public Schools

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 2-2-2015
Name & Address:
Gretchen Walraven
806 Elm St, Essexville MI 48732
$ 100.00 — $ 140.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Asst. Director Employer Bay Arenac ISD
Business Address 4228 2 mile Rd, Bay City MI 48706
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 2-2-2015
Name & Address:
Tom/Ruth Foret
988 N. Callahan Rd. Essexville, MI 48732
$ 100.00 — $ 100.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 2-10-2015
Name & Address:
Renie Arnold
1152 Orchard Dr. Essexville, MI 48732
$ 50 — $ 150.-
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Stay Home Mother Employer N/A
Business Address N/A
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 2-10-2015
Name & Address:
Russell Tanner
1411 Borton Essexville, MI 48732
$ 25.00 — $ 25.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Employer
Business Address
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 275.00
Grand Total of All Schedules 4A (Complete on last page of Schedule) *
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 150708
2. Committee Name Friends of Essexville Hampton Public Schools

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 2-10-2015
Name & Address:
Tri County Building Construction Trades Council Action Fund
P.O. Box 2067 Bay City MI 48707
$ 1,000.00 — $ 1,000.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation Union Trade — Employer Tri County Building Trades Council
Business Address P.O. Box 2067 Bay City MI 48707
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 2-10-2015
Name & Address:
Amy Kotewa
1437 N. Jones Rd Essexville, MI 48732
$ 25.00 — $ 25.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation ____ Employer ____
Business Address ____
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 2-10-2015
Name & Address:
Mark/Sarah Knapp
1559 St. Mary's CT, Essexville MI 48732
$ 50.00 — $ 50.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation ____ Employer ____
Business Address ____
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 2-10-2015
Name & Address:
Jill Mulders
71 Cass Ave Rd Munger MI 48747
$ 20.00 — $ 20.00
Click Here for Memo Itemization
5. If over $100.00 cumulative, please provide:
Occupation ____ Employer ____
Business Address ____
Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 1,095.00
Grand Total of All Schedules 4A (Complete on last page of Schedule)
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 150708

2. Committee Name Friends of Essexville Hampton Public Schools

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 2-10-2015

Name & Address:
Allen Clemons / Linda Lavigne
1411 Woodside Ave Essexville, MI 48732

$ 50.00 — $ 50.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt _____

Name & Address:
Matt Cortez
1557 S. Creek Dr. Milford MI 48380

$ 50.00 — $ 50.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 2-10-15

Name & Address:
Kathy Kingma
3598 N. Sadler Dr
Sanford MI 48657

$ 50 — $ 125

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Counselor Employer Retired

Business Address 3598 N. Sadler Dr. Sanford MI 48657

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 2-10-2015

Name & Address:
Barry Kenniston
1188 N. Farley Essexville MI 48732

$ 40.00 — $ 40.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 190.00

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

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 150708
2. Committee Name Friends of Essexville-Hampton Public Schools

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 2-10-2015 Name & Address: Nancy Humphries 2149 4th St Bay City MI 48708 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization
3. Contribution # 2 4. Date of Receipt 2-10-2015 Name & Address: Laura Goetz 806 S.E. Boutell Rd, Essexville MI 48732 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization
3. Contribution # 3 4. Date of Receipt 2-10-2015 Name & Address: Amy Kulmacz 105 Pine St Essexville, MI 48732 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization
3. Contribution # 4 4. Date of Receipt 2-10-2015 Name & Address: Chris Shannon 2215 Carroll Rd, Bay City MI 48708 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization

Page Subtotal 80.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 2-10-2015 Name & Address: Nikki Barlett 1540 Wedgewood Place Essexville, MI 48732 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization
3. Contribution # 2 4. Date of Receipt 2-10-2015 Name & Address: Janet Schultz 985 W. Borton Rd Essexville, MI 48732 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization
3. Contribution # 3 4. Date of Receipt 2-10-2015 Name & Address: Tanya Boler 700 W. Ohio Bay City MI 48706 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization
3. Contribution # 4 4. Date of Receipt 2-10-2015 Name & Address: Allison Savage 2004 Brentwood Place Essexville MI 48732 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 20.00 Click Here for Memo Itemization

Page Subtotal 60.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 2-10-2015

Name & Address:
Essexville-Hampton Education Association
Essexville, MI 48732

$ 200.- $ 200.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation labor Organization Employer E-HEA

Business Address 213 Pine Street Essexville MI 48732

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 2-10-2015

Name & Address:
Rodrigo Barassi
23 Burrell Ct Midland MI 48640

$ 10.00 $ 10.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 2-10-2015

Name & Address:
Karla Lebrenz
730 Hamilton Dr. Frankenmuth MI 48734

$ 10.00 $ 10.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 2-10-2015

Name & Address:
Tony Bray
1382 SE Boutell Rd Essexville MI 48732

$ 25.00 $ 25.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 245.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 12-11-2014 Name & Address: Renee Arnold 1152 Orchard Rd Essexville MI 48732 5. If over $100.00 cumulative, please provide: Occupation Stay home mother Employer N/A Business Address N/A Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 20.00	$ 170.00 Click Here for Memo Itemization
3. Contribution # 2 4. Date of Receipt 12-11-2014 Name & Address: Julie MacMillan, 3743 Boy Scout Rd Bay City, MI 48706 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization
3. Contribution # 3 4. Date of Receipt 12-11-2014 Name & Address: Michael Arnold 926 N. Dewitt St. Bay City, MI 48706 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization
3. Contribution # 4 4. Date of Receipt 12-11-2014 Name & Address: Randy Smith 2905 Darby Court Midland MI 48642 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser	$ 10.00	$ 10.00 Click Here for Memo Itemization

Page Subtotal 50.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 12-11-2014

Name & Address:
Lori Flippin
1035 E. Nebobish, Essexville, MI 48732

$ 40.00 $ 240.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Administrator Employer Essexville-Hampton Schools

Business Address 303 Pine St. Essexville MI 48732

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 12-11-2014

Name & Address:
Amber Davis Johnson
1353 N. Jones Rd Essexville, MI 48732

$ 50.00 $ 100.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Lawyer Employer Bay County

Business Address Washington St. Bay City MI 48708

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 12-11-2014

Name & Address:
Shawna Walraven
2105 Garside Dr
Essexville MI 48732

$ 20.00 $ 70.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt 12-11-2014

Name & Address:
Gretchen Walraven
806 Elm St, Essexville, MI 48732

$ 40.00 $ 140.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Asst Director Employer I.S.D Bay Arenac

Business Address 4228 2 Mile Rd Bay City MI 48706

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

Page Subtotal 150.00

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

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 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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 12-11-2014

Name & Address:
Paul Dryzga
806 Thompson St Essexville MI 48732

$ 100.00 $ 100.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 2 — 4. Date of Receipt 12-11-2014

Name & Address:
DAVE ROGERS
4659 Dale St Bay City MI 48708

$ 100.00 $ 100.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 3 — 4. Date of Receipt 12-11-2014

Name & Address:
Dale Asel
1217 Harding Rd
Essexville MI 48732

$ 50.00 $ 150.00

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Retired Employer N/A

Business Address N/A

Type of Contribution: [X] Direct [ ] Loan from a person [ ] Fund Raiser

3. Contribution # 4 — 4. Date of Receipt _____

Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

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)	5144

Enter this total on line 3a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I. D. Number 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

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:
Amber Johnson
1353 N. Jones Rd
Essexville MI 48732

If over $100.00 cumulative, please provide:

Occupation

Employer Name & Address:

☐ Fund Raiser

4. ☐ Loan endorsement or guarantee
☒ Goods Donated or loaned ☐ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others - **LOAN**

$ 10.46 $

Description ENVELOPES

5. DATE OF RECEIPT: 12-09-14 Click Here for Memo Itemization

6. VENDOR NAME & ADDRESS:
MEIJER
595 N. Pine Rd
BAY CITY, MI 48708

Contribution #2

Name & Address:
John Bellsmith
1001 Center Ave # 207
Bay City, MI 48708

If over $100.00 cumulative, please provide:

Occupation

Employer Name & Address:
Bell Smith Designs
1001 Center Ave # 207
Bay City, MI 48708

☐ Fund Raiser

4. ☐ Loan endorsement or guarantee
☐ Goods Donated or loaned ☒ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others - **LOAN**

$ 302.50 $

Description Graphic Design

5. DATE OF RECEIPT: 12-20-2014 Click Here for Memo Itemization

6. VENDOR NAME & ADDRESS:
John Bellsmith
1001 Center Ave # 207
Bay City, MI 48708

Contribution #3

Name & Address:

If over $100.00 cumulative, please provide:

Occupation

Employer Name & Address:

☐ Fund Raiser

4. ☐ Loan endorsement or guarantee
☐ Goods Donated or loaned ☐ Services Donated
☐ Goods or Services Purchased by Others
☐ Goods or Services Purchased by Others - **LOAN**

$ $

Description

5. DATE OF RECEIPT: Click Here for Memo Itemization

6. VENDOR NAME & ADDRESS:

Page Subtotal	312.96
Grand Total of all Schedules 4-IK (Complete on last page of Schedule)	

Enter this total on line 6a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 150708
2. Committee Name Friends of Essexville Hampton Public Schools

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: United States Postal Service Essexville, MI 48732 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: Postage 5. Ballot Proposal: Bond Issue County: Bay County ☒ Support ☐ Oppose ☐ Statewide ☐ Local	12-12-14 Date of Expenditure	$ 362.60	$
Expenditure # 2 Name & Address: Paid via Victory Store. Com Amber Davis Johnson 1353 N. Jones Rd Essexville MI 48732 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: Signs (lawn) advertisement 5. Ballot Proposal: Bond Issue County: Bay County ☒ Support ☐ Oppose ☐ Statewide ☐ Local	1-27-15 Date of Expenditure	$ 810.43	$
Expenditure # 3 Name & Address: F. P. Horak 401 Saginaw St. Bay City, MI 48708 ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: Mailing 5. Ballot Proposal: Bond Issue County: ☒ Support ☐ Oppose ☐ Statewide ☐ Local	2-11-15 Date of Expenditure	$ 1,573.18	$
Expenditure # 4 Name & Address: ☐ Check box if expenditure is payment of debt or obligation reported on previous statement ☐ Fund Raiser	4. Purpose: 5. Ballot Proposal: County: ☐ Support ☐ Oppose ☐ Statewide ☐ Local	Date of Expenditure	$	$

Click for Memo Itemization Type

Subtotal this page 2746.21

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

Enter this total on Line 8a of the Summary

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund\Rebate ☐ Other (Specify) _____ Click Here for Memo Itemization Type	$ _____
Receipt #2 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund\Rebate ☐ Other (Specify) _____ Click Here for Memo Itemization Type	$ _____
Receipt #3 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund\Rebate ☐ Other (Specify) _____ Click Here for Memo Itemization Type	$ _____
Receipt #4 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund\Rebate ☐ Other (Specify) _____ Click Here for Memo Itemization Type	$ _____
Receipt #5 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund\Rebate ☐ Other (Specify) _____ Click Here for Memo Itemization Type	$ _____
Receipt #6 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund\Rebate ☐ Other (Specify) _____ Click Here for Memo Itemization Type	$ _____

Page Subtotal	0
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)	0

Enter this total on line 4 of Summary Page

Page _____ of _____

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 4B-2
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date n Item 5)
Expenditure #1 Name & Address: Ballot Proposal: _____ ☐ Statewide ☐ Local County _____	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased ☐ Goods or Services Purchased - **LOAN** Description _____ 5. **DATE OF EXPENDITURE:** _____ 6. **VENDOR NAME & ADDRESS:**	$ _____	$ _____	$ _____ Click Here for Memo Itemization
Expenditure #2 Name & Address: Ballot Proposal: _____ ☐ Statewide ☐ Local County _____	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased ☐ Goods or Services Purchased - **LOAN** Description _____ 5. **DATE OF EXPENDITURE:** _____ 6. **VENDOR NAME & ADDRESS:**	$ _____	$ _____	$ _____ Click Here for Memo Itemization
Expenditure #3 Name & Address: Ballot Proposal: _____ ☐ Statewide ☐ Local County _____	4. ☐ Loan endorsement or guarantee ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased ☐ Goods or Services Purchased - **LOAN** Description _____ 5. **DATE OF EXPENDITURE:** _____ 6. **VENDOR NAME & ADDRESS:**	$ _____	$ _____	$ _____ Click Here for Memo Itemization

Subtotal this Page	0	0
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)	0	0
	Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Summary Page

Page _____ of _____

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 4 B - G
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150708

2. Committee Name Friends of Essexville-Hampton Public Schools

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made.	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify):	_____ Date	$ _____
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____	Click for Memo Itemization Type _____ Cumulative for Ballot Proposal $ _____ Local Proposal Name _____	Indicate County _____	
Expenditure #2 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify):	_____ Date	$ _____
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____	Click for Memo Itemization Type _____ Cumulative for Ballot Proposal $ _____ Local Proposal Name _____	Indicate County _____	
Expenditure #3 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify):	_____ Date	$ _____
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____	Click for Memo Itemization Type _____ Cumulative for Ballot Proposal $ _____ Local Proposal Name _____	Indicate County _____	

Subtotal this page	0
Grand Total of all Schedules 4B-G (Complete on last page of Schedule)	0

Enter total on Line 8b of the Summary Pg.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 4E
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150708
2. Committee Name Friends of Essexville-Hampton Public Schools

This Schedule itemizes:
(Check either a or b. Use only for the purpose checked.)
a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:	4. Type: ____ 5. Date Debt Was Incurred ____ 6. Original Amount of Debt $ ____	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ ____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Owed to or by:	4. Type: ____ 5. Date Debt Was Incurred ____ 6. Original Amount of Debt $ ____	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ ____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Owed to or by:	4. Type: ____ 5. Date Debt Was Incurred ____ 6. Original Amount of Debt $ ____	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ ____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 4E 0
(Complete on last page of Schedule showing amounts owed by or to the committee.)

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.