



**CANDIDATE 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) and candidate.

3. This Statement covers From: 01/01/14 to 12/31/14

1. Committee I.D. Number
C-2012-027

2. Committee Name
Committee to Elect Sally Hart Petersen to City Council

4. Candidate Last Name First Name M.I.
Petersen Sarah H

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**2976 Hickory Lane
Ann Arbor, MI 48105**

Area Code and Phone (734) 996-5869
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.

6. Treasurer's Name & Residential Address
**Jane Miller
760 Watershed Drive
Ann Arbor, MI 48105**

Area Code & Phone (313) 330-6403

7. Treasurer's Business Address
none

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
None

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2014) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item, I/we certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Current Treasurer or Designated Record keeper Jane A. Miller Signature [Signature] Date 1/11/15

Candidate Sarah H. Petersen Signature [Signature] Date 1/29/15

FILED
 WASHTENAW COUNTY, MI
 2015 JAN 30 A
 AURENCE KESTER
 COUNTY CLERK/REGISTRAR



1. Committee I.D. Number

C-2012-027

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name

Committee to Elect Sally Hart Petersen to City Council

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|--|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>0.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>\$0.00</u> | (18.) \$ <u>\$0.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>\$0.00</u> | (19.) \$ <u>\$0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>\$0.00</u> | (20.) \$ <u>\$0.00</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>\$0.00</u> | (21.) \$ <u>\$0.00</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>\$0.00</u> | (22.) \$ <u>\$0.00</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>\$0.00</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>\$0.00</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>\$0.00</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>\$0.00</u> | (23.) \$ <u>\$0.00</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>\$0.00</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>\$0.00</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>\$0.00</u> | (24.) \$ <u>\$0.00</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>\$0.00</u> | |
| b. Owed to the Committee (Schedule 1E) | (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>\$1,523.12</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>\$0.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>\$1,523.12</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>\$0.00</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>\$1,523.12</u> | * |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027
2. Committee Name Committee to Elect Sally Hart Petersen to City Council

| | | |
|---|-----------|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------|---|

3. Contribution # 1 PAC Receipt? YES 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

3. Contribution #2 PAC Receipt? YES 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

3. Contribution # 3 PAC Receipt? YES 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

3. Contribution # 4 PAC Receipt? YES 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 | \$0.00 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | \$0.00 |

Enter this total on line 3a of Summary Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

C-2012-027

1. Committee I.D. Number _____

2. Committee Name Committee to Elect Sally Hart Petersen to City Council

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5. Type of Receipt | 6. Amount |
|--------------------------------------|--------------------------------------|---|-----------|
| Receipt #1 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |
| Receipt #2 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |
| Receipt #3 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |
| Receipt #4 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |
| Receipt #5 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |
| Receipt #6 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |
| Receipt #7 Name & Address: | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| | <input type="checkbox"/> Fund Raiser | | |

Page Subtotal **\$0.00**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$0.00**

Enter this total on
line 4 of Summary
Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027

2. Committee Name Committee to Elect Sally Hart Petersen to City Council

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|-------------------------------------|--|----------------------------------|--|
| 3. Date Event Was Held _____ | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (if any) of the place where the activity was held. <input type="checkbox"/> Private Residence |
|-------------------------------------|--|----------------------------------|--|

7. Total Contributions _____

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event _____
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK**

1. Committee I. D. Number C-2012-021
2. Committee Name Committee to Elect Sally Hart Petersen to City Council

CANDIDATE COMMITTEE

| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions. | 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 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: | \$ _____ \$ _____ | |
| Click Here for Memo Itemization | | | |
| <input type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: | \$ _____ \$ _____ | |
| Click Here for Memo Itemization | | | |
| <input type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: | \$ _____ \$ _____ | |
| Click Here for Memo Itemization | | | |
| <input type="checkbox"/> Fund Raiser Contribution | | | |

Page Subtotal **\$0.00** **\$0.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$0.00**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2012-027
2. Committee Name Committee to Elect Sally Hart Petersen to City Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|---------------|-----------|
| Expenditure #1 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | _____ Date | \$ _____ |

Subtotal this page **\$0.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$0.00**

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND EXPENDITURES

**SCHEDULE 1B – IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2012-027
2. Committee Name Committee to Elect Sally Hart Petersen to City Council

| 3. Name and Address of person to whom goods or services were donated or transferred. | 4. Type of In-Kind Expenditure (Check appropriate box and fill in description) | 5. Date: | 6. Fair Market Value |
|--|--|---------------|----------------------|
| Expenditure #1 Name & Address: | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____ | _____ Date | \$ _____ |
| Expenditure #2 Name & Address: | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____ | _____ Date | \$ _____ |
| Expenditure #3 Name & Address: | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____ | _____ Date | \$ _____ |
| Expenditure #4 Name & Address: | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____ | _____ Date | \$ _____ |
| Expenditure #5 Name & Address: | 4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____ | _____ Date | \$ _____ |

Page Subtotal **\$0.00**
Grand Total of all Schedules 1B-1K (Complete on last page of Schedule) **\$0.00**

Enter this total on line 7 of the Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 1 B - G
CANDIDATE COMMITTEE

1. Committee I.D. Number 6-2012-029

2. Committee Name Committee to Elect Sally Hart Paterson to City Council

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 |
|--|--|---|-----------|
| <p>Expenditure #1 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p> | <p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p>_____ \$ _____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p> | |
| <p>Expenditure #2 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p> | <p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p>_____ \$ _____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p> | |
| <p>Expenditure #3 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p> | <p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p> | <p>_____ \$ _____</p> <p>Date</p> <p>Click Here for Memo Itemization Type</p> | |

Subtotal this page **\$0.00**

Grand Total of all Schedules 1B-G) (Complete on last page of Schedule **\$0.00**

Enter total on Line 8b Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number C-2012-027
2. Committee Name Committee to Elect Sally Hart Petersen to City Council

| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
|--|---|---|---------------------------|
| Disbursement # 1 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Date _____ \$ _____ Click for Memo Itemization Type | |
| Disbursement # 2 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Date _____ \$ _____ Click for Memo Itemization Type | |
| Disbursement # 3 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Date _____ \$ _____ Click for Memo Itemization Type | |
| Disbursement # 4 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser | Date _____ \$ _____ Click for Memo Itemization Type | |

| | |
|--|---------------|
| Subtotal this page | \$0.00 |
| Grand Total of all Schedules 1C (Complete on last page of Schedule) | \$0.00 |

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY