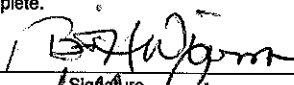
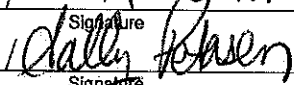


MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**CANDIDATE COMMITTEE  
 COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <p style="font-size: 2em; text-align: center;">C-2012-027</p>		3. This Statement covers From: <u>10/19/2015</u> To: <u>11/23/2015</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name Elect Sally Hart Petersen to City Council		4. Candidate Last Name <u>Petersen</u> First Name <u>Sally</u> M.I. _____ 4a. Office Sought including District # or Community Served (if applicable) <u>Other - City Council</u> 4b. County of Residence <u>MI</u>	
5. Committee's Mailing Address 2976 Hickory Lane Ann Arbor, MI 48104  Area Code and Phone _____ <small>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.</small>		6. Treasurer's Name & Residential Address Brian Weisman 3900 Pemberton Ann Arbor, MI 48105  Area Code & Phone <u>(734) 945-1452</u>	
7. Treasurer's Business Address 3900 Pemberton Ann Arbor, MI 48105  Area Code and Phone _____		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  Area Code & Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Convention <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention, or Caucus <u>11/03/2015</u>		Required ONLY if candidate is not on the ballot for the current year. <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement _____ <small>Coverage Year</small>  9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
		9e. <input type="checkbox"/> 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 <u>Brian Weisman</u> <small>Type or Print Name</small>		 <small>Signature</small> Date <u>12/03/2015</u>	
Candidate <u>Sally Petersen</u> <small>Type or Print Name</small>		 <small>Signature</small> Date <u>12/03/2015</u>	

FILED  
 WASHINGTON COUNTY, MI  
 2015 DEC - 3 P 4:4  
 LAWRENCE RESTENA  
 COUNTY CLERK/REGISTRAR

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

2. Committee Name Elect Sally Hart Petersen to City Council

**SUMMARY PAGE**  
**CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for this Election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$1,335.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$1,335.00	(18.) \$34,475.00
<b>4. Other Receipts (Schedule 1A-1, Column 6)</b>	(4.) \$0.00	(19.) \$0.00
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add line 3c + Line 4)	(5.) \$1,335.00	(20.) \$34,475.00
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$3,162.67	(21.) \$3,162.67
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$0.00	(22.) \$0.00
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$5,695.74	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$78.81	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$5,774.55	(23.) \$33,330.93
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$0.00	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$0.00	(24.) \$0.00
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$5,000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$0.00	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.)	\$7,106.74
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	\$1,335.00
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) =	\$8,441.74
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) -	\$5,774.55
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.)	\$2,667.19 *

\*If your ending balance is negative, please recheck your math.

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2017-027  
 2. Committee Name Elect Sally Hart Petersen to City Council

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

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/20/2015

Name & Address  
 Allen, Sally and Peter  
 2224 APPLEWOOD CT  
 ANN ARBOR, MI 48103

\$100.00      \$100.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/22/2015

Name & Address  
 Bendit, Rachel  
 2002 Scottwood Ave  
 Ann Arbor, MI 48104-4511

\$500.00      \$500.00

5. If over \$100.00 cumulative, please provide:  
 Occupation Occasional Training & Employer Zingermans  
 Business Address 122 Detroit St Ann Arbor, MI 48104-1118  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/30/2015

Name & Address  
 Bund, Ian  
 3215 W Dobson Pl  
 Ann Arbor, MI 48105-2581

\$200.00      \$200.00

5. If over \$100.00 cumulative, please provide:  
 Occupation Venture Capital Employer Plymouth Management  
 Business Address 555 Briarwood Cir Ann Arbor, MI 48108-1686  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/20/2015

Name & Address  
 Hastie, K. Larry  
 3000 Glazier Way  
 Condo 160  
 Ann Arbor, MI 48105

\$250.00      \$250.00

5. If over \$100.00 cumulative, please provide:  
 Occupation Investment Advisor Employer Retirement Income Solutions  
 Business Address 455 E Eisenhower Pkwy Ste 300 Ann Arbor, MI 48108-3324  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal	\$1,050.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$1,335.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

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

2. Committee Name Elect Sally Hart Petersen to City Council

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

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/20/2015

Name & Address  
 Herzig, David  
 3540 windemere dr  
 ann arbor, MI 48105

\$50.00      \$50.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/22/2015

Name & Address  
 Liem, Veronique  
 2751 Byington Blvd  
 Ann Arbor, MI 48105-9683

\$35.00      \$85.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/20/2015

Name & Address  
 Lockwood, William  
 564 Galen Circle  
 Ann Arbor, MI 48103

\$50.00      \$100.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/26/2015

Name & Address  
 Westphal, Kirk  
 3505 Charter Pl  
 Ann Arbor, MI 48105-2822

\$100.00      \$100.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal	\$235.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$1,335.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

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

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

3. PAC Receipt?  YES 4. DATE OF RECEIPT 10/19/2015

Name & Address  
 Wojtkowiak, Audrey  
 523 Longshore  
 Ann Arbor, MI 48105

\$50.00      \$50.00

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct     Loan from a person     Fund Raiser

Page Subtotal	\$50.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$1,335.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

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

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 all 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)
PAC Receipt? <input type="checkbox"/> YES Name & Address Petersen, Sally 2976 Hickory Ln Ann Arbor, MI 48104-2865  If over \$100.00 cumulative, please provide: Occupation None Employer Name and Address None 2989 Hickory Ln Ann Arbor, MI 48104-2840  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others-LOAN Description <u>Direct Mail</u> 5. DATE OF RECEIPT: <u>11/04/2015</u> 6. VENDOR NAME & ADDRESS:	\$1,246.23	\$18,162.67
PAC Receipt? <input type="checkbox"/> YES Name & Address Petersen, Sally 2976 Hickory Ln Ann Arbor, MI 48104-2865  If over \$100.00 cumulative, please provide: Occupation None Employer Name and Address None 2989 Hickory Ln Ann Arbor, MI 48104-2840  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others-LOAN Description <u>Direct Mail</u> 5. DATE OF RECEIPT: <u>11/04/2015</u> 6. VENDOR NAME & ADDRESS:	\$1,316.52	\$18,162.67

Page Subtotal	\$2,562.75
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$3,162.67

Enter this total on line  
6 of Summary Page

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

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

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 all 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)
PAC Receipt? <input type="checkbox"/> YES Name & Address Petersen, Sally 2976 Hickory Ln Ann Arbor, MI 48104-2865  If over \$100.00 cumulative, please provide: Occupation None Employer Name and Address None 2989 Hickory Ln Ann Arbor, MI 48104-2840  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others-LOAN Description <u>Stamps</u> 5. DATE OF RECEIPT: <u>11/04/2015</u> 6. VENDOR NAME & ADDRESS:	\$30.00	\$18,162.67
PAC Receipt? <input type="checkbox"/> YES Name & Address Petersen, Sally 2976 Hickory Ln Ann Arbor, MI 48104-2865  If over \$100.00 cumulative, please provide: Occupation None Employer Name and Address None 2989 Hickory Ln Ann Arbor, MI 48104-2840  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others-LOAN Description <u>Printing of door hangers</u> 5. DATE OF RECEIPT: <u>11/04/2015</u> 6. VENDOR NAME & ADDRESS:	\$491.23	\$18,162.67

Page Subtotal	\$521.23
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$3,162.67

Enter this total on line 6 of Summary Page

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

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

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 all 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)
PAC Receipt? <input type="checkbox"/> YES  Name & Address Petersen, Sally 2976 Hickory Ln Ann Arbor, MI 48104-2865  If over \$100.00 cumulative, please provide: Occupation None Employer Name and Address None 2989 Hickory Ln Ann Arbor, MI 48104-2840  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others-LOAN Description <u>Food for volunteers</u> 5. DATE OF RECEIPT: <u>11/04/2015</u> 6. VENDOR NAME & ADDRESS:	\$78.69	\$18,162.67

Page Subtotal	\$78.69
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$3,162.67

Enter this total on line 6 of Summary Page



MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 0-2012-027  
 2. Committee Name 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
Name Ann Arbor Observer  Address 2390 Winewood Ave Ann Arbor, MI 48103-3841  <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2015</u> Date	<u>\$4,372.00</u>
Name Cottage Inn  Address 546 Packard St Ann Arbor, MI 48104-3005  <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for Volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2015</u> Date	<u>\$77.25</u>
Name Meijer  Address 3145 Ann Arbor Saline Rd Ann Arbor, MI 48103-9711  <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for Volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2015</u> Date	<u>\$41.29</u>
Name Meijer  Address 3145 Ann Arbor Saline Rd Ann Arbor, MI 48103-9711  <input type="checkbox"/> Fund Raiser	Purpose: <u>supplies for GOTV</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2015</u> Date	<u>\$125.00</u>

Subtotal this page \$4,615.54  
 Grand Total of All Schedules 1B  
 (Complete on last page of Schedule) \$5,695.74  
 Enter this total on  
 line 8a of Summary  
 Page

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027  
 2. Committee Name 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
Name Meijer  Address 3145 Ann Arbor Saline Rd Ann Arbor, MI 48103-9711  <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/2015</u> Date	<u>\$77.25</u>
Name Meijer  Address 3145 Ann Arbor Saline Rd Ann Arbor, MI 48103-9711  <input type="checkbox"/> Fund Raiser	Purpose: <u>supplies for GOTV</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/2015</u> Date	<u>\$100.00</u>
Name Meijer  Address 3145 Ann Arbor Saline Rd Ann Arbor, MI 48103-9711  <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/2015</u> Date	<u>\$209.90</u>
Name NGP VAN  Address 1101 15th St NW Ste 500 Washington, DC 20005-5006  <input type="checkbox"/> Fund Raiser	Purpose: <u>voter database</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2015</u> Date	<u>\$100.00</u>

Subtotal this page	\$487.15
Grand Total of All Schedules 1B (Complete on last page of Schedule)	\$5,695.74

Enter this total on  
line 8a of Summary  
Page

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027  
 2. Committee Name 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
Name NGP VAN  Address 1101 15th St NW Ste 500 Washington, DC 20005-5006  <input type="checkbox"/> Fund Raiser	Purpose: <u>voter database</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2015</u> Date	<u>\$7.16</u>
Name NGP VAN  Address 1101 15th St NW Ste 500 Washington, DC 20005-5006  <input type="checkbox"/> Fund Raiser	Purpose: <u>voter database</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2015</u> Date	<u>\$140.00</u>
Name NGP VAN  Address 1101 15th St NW Ste 500 Washington, DC 20005-5006  <input type="checkbox"/> Fund Raiser	Purpose: <u>voter database</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2015</u> Date	<u>\$26.00</u>
Name NGP VAN  Address 1101 15th St NW Ste 500 Washington, DC 20005-5006  <input type="checkbox"/> Fund Raiser	Purpose: <u>voter database</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/2015</u> Date	<u>\$100.00</u>

Subtotal this page	\$273.16
Grand Total of All Schedules 1B (Complete on last page of Schedule)	\$5,695.74

Enter this total on  
 line 8a of Summary  
 Page

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2015-027  
 2. Committee Name 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
Name OfficeMax  Address 2777 Oak Valley Dr Ann Arbor, MI 48103-9244  <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2015</u> Date	<u>\$31.83</u>
Name Sage Payment Solutions  Address 12120 Sunset Hills Rd Ste 500 Reston, VA 20190-5858  <input type="checkbox"/> Fund Raiser	Purpose: <u>online donation fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/2015</u> Date	<u>\$101.28</u>
Name Staples  Address 2601 Jackson Ave Ann Arbor, MI 48103-3820  <input type="checkbox"/> Fund Raiser	Purpose: <u>GOTV supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2015</u> Date	<u>\$180.42</u>
Name Whole Foods  Address 990 W Eisenhower Pkwy Ann Arbor, MI 48103-6448  <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2015</u> Date	<u>\$6.36</u>

Subtotal this page	\$319.89
Grand Total of All Schedules 1B (Complete on last page of Schedule)	\$5,695.74

Enter this total on  
line 8a of Summary  
Page

MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS  
**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-022  
 2. Committee Name Elect Sally Hart Petersen to City Council

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

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. 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)
Corp? <input type="checkbox"/> Yes  Owed to or by: Petersen, Sally 2976 Hickory Ln Ann Arbor, MI 48104-2865	4. Type:  5. Date Debt Was Incurred: <u>10/18/2015</u> 6. Original Amount of Debt: <u>\$5,000.00</u>		\$0.00	\$5,000.00  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: _____		

Page Subtotal (Outstanding debt) \$5,000.00

Grand Total of all Schedules 1E  
 (Complete on last page of Schedule showing amounts owed by or to the committee) \$5,000.00

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.**