

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.

3. This Statement covers From: 10/19/2015 To: 11/23/2015
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>C-2012-027</u></p>	<p>4. Candidate Last Name First Name M.I. <u>Petersen Sally</u></p>	
<p>2. Committee Name <u>Elect Sally Hart Petersen to City Council</u></p>	<p>4a. Office Sought including District # or Community Served (If applicable) <u>Other - City Council</u></p> <p>4b. County of Residence <u>MI</u></p>	
<p>5. Committee's Mailing Address <u>2976 Hickory Lane Ann Arbor, MI 48104</u></p> <p>Area Code and Phone _____</p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address <u>Brian Weisman 3900 Pemberton Ann Arbor, MI 48105</u></p> <p>Area Code & Phone <u>(734) 945-1452</u></p>	
<p>7. Treasurer's Business Address <u>3900 Pemberton Ann Arbor, MI 48105</u></p> <p>Area Code and Phone _____</p>	<p>8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) _____</p> <p>Area Code & Phone _____</p>	
<p>9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>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</p> <p>Date of Election, Convention, or Caucus <u>11/03/2015</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement _____ Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p>	<p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective Date of Dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p> <p>Current Treasurer or Designated Record Keeper <u>Brian Weisman</u> Type or Print Name</p> <p>Candidate <u>Sally Petersen</u> Type or Print Name</p> <p><u>Brian Weisman</u> Date <u>12/03/2015</u> Signature</p> <p><u>Sally Petersen</u> Date <u>12/03/2015</u> Signature</p>		

FILED
 WASHINGTON COUNTY, MI
 2016 MAR - 11 P 12:46
 LAWRENCE H. TENDLOUM
 COUNTY CLERK/REGISTER

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

C-2012-027

1. Committee I.D. Number _____

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
3. Contributions		
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
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$0.00	(19.) \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$1,335.00	(20.) \$34,475.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$3,656.10	(21.) \$3,656.10
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$0.00	(22.) \$0.00
EXPENDITURES		
8. Expenditures		
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.) \$191.81	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$5,887.55	(23.) \$33,443.93
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$0.00	(24.) \$0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$5,000.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$0.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)	\$7,106.74
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	\$1,335.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	\$8,441.74
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	\$5,887.55
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	\$2,554.19*

*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-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
 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 & Program Employer Zingermans
 Business Address 422 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)
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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)
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3. Name & Address Wojtkowiak, Audrey 523 Longshore Ann Arbor, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. DATE OF RECEIPT <u>10/19/2015</u>	<u>\$50.00</u>	<u>\$50.00</u>
5. If over \$100.00 cumulative, please provide:				
Occupation _____		Employer _____		
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

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>Door hangers</u> 5. DATE OF RECEIPT: <u>11/02/2015</u> 6. VENDOR NAME & ADDRESS: Messenger Printing 21036 Ecorse Rd. Taylor, MI 48180	\$493.43	\$15,493.43
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>10/29/2015</u> 6. VENDOR NAME & ADDRESS: Messenger Printing 21036 Ecorse Rd. Taylor, MI 48180	\$1,246.23	\$18,656.10

Page Subtotal	\$1,739.66
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$3,656.10

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>Direct Mail</u> 5. DATE OF RECEIPT: <u>10/29/2015</u> 6. VENDOR NAME & ADDRESS: Messenger Printing 21036 Ecourse Rd. Taylor, MI 48180	\$1,316.52	\$18,656.10
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>10/30/2015</u> 6. VENDOR NAME & ADDRESS: US Post Office 3000 Green Road Ann Arbor, MI 48105	\$ 30.00	\$18,656.10

Page Subtotal	\$1,346.52
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$3,656.10

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>Election night party</u> 5. DATE OF RECEIPT: <u>11/03/2015</u> 6. VENDOR NAME & ADDRESS: Guy Hollerin's 3600 Plymouth Rd Ann Arbor, MI 48104	\$491.23	\$18,656.10
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>11/01/2015</u> 6. VENDOR NAME & ADDRESS: Pizza House 618 Church Street Ann Arbor, MI 48104	\$78.69	\$18,656.10

Page Subtotal	\$569.92
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$3,656.10

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 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 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>11/03/2015</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>supplies for GOTV</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>
Name Meijer Address 3145 Ann Arbor Saline Rd Ann Arbor, MI 48103-9711 <input type="checkbox"/> Fund Raiser	Purpose: <u>Gas cards for volunteers</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>\$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
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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>predictive dialer</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>predictive dialer</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>predictive dialer</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>predictive dialer</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
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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 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>11/02/2015</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>11/03/2015</u> Date	<u>\$6.36</u>

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

Enter this total on
line 8a of Summary
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MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027
 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. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.</small>	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 checked="" 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.