

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by Indidate.	3. This Statement covers Fron	07/22/18 to 08/27/18				
1. Committee I.D. Number C-2018-004		4. Candidate Last Name	First Name M.I,				
		Shink, Susan E.					
0.0		4a. Office Sought Including District # or Community Served (If applicable)					
2. Committee Name		Washtenaw County Commissioner					
Vote Sue Shink		4b. County of Residence WA	SHTENAW				
5. Committee's Malling Address		6. Treasurer's Name & Residential Address					
660 West Joy Road, Ann Arbor, MI	48105	Thomas F. Hatch					
		600 West Joy Road, Ann Arbor, MI 48105					
(70.1) 005 0404		•					
Area Code and Phone (734) 665-6464 If the address in this box is different from the commit	llee						
mailing address on the Statement of Organization, no be sent to this address by the filing official.		Area Code & Phone (734) 66	55-6464				
7. Treasurer's Business Address			's Name and Mailing Address (If the committee has a				
660 West Joy Road, Ann Arbor, MI	48105	Designated Record keeper's Name and Walling Address (If the Committee has a					
Opo vest boy Road, Allii Alboi, Wi	-40100		Thomas F. Hatch				
		600 West Joy Road,	Ann Arbor, MI 48105				

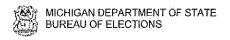
Area Code and Phone (734) 665-6464	•	Area Code and Phone (734) 665-6464				
9. TYPE OF STATEMENT		Area Gode and Fribile	9e. Dissolution of Candidate Committee				
9a. Pre-Election OR 9b. X Post-Election		NLY if candidate ballot for the	By checking this item I/We certify any outstanding debt				
PIE-Election OK an [X] out Election	current year:		by the committee to the candidate or his or her spouse is here				
Pre-Election or Post-Election Statement relates to:	July Quart	erly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,				
Primary		.city .	owes no lates fees or has any oustanding debt.				
General	October C	luarterly	Further, if the dissolution cannot be granted, that this be				
Convention			considered a request for the Reporting Walver.				
	9c. 🗀		₩				
	Annua	l Statement () Coverage Year	Effective date of dissolution				
School	9d. Amen	dment to Campaign Statement					
[]Caucus	(Com	plete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be reported on				
	ameno	te which Statement is being led.)	Schedule 1B and the Summary Page				
Date of Election, Convention or Caucus			20 mg				
			200 5 5 5				
08/07/18			#####################################				
10. Verification: I\We certify that all reasonable dilige	nce was used	in the preparation of this statem	sot and attached schedules (if any) and to the best of				
mylour knowledge and belief the contents are true, a	ccurate and co	omplete.	MM				
Current Treasurer or Thomas F. Ha	tch	XINUM	V XV 2) 9/4/18				
Designated Record keeper Type or Print Name		Synature	Date 110				
		CILLY.	10 alillo				
Candidate Susan E. Shink	<u>.</u>	/ Vary	Date 9/7/18				
Type or Print Name		Signature					

1. Committee I.D. Number C2018004

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Vote Sue Shink

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 300.00	•
b. Unitemized (less than \$20.01 each and Schedule)	(3b.) \$ NOT APPLICABLE	***************************************
c. Subtotal of "Contributions"	(3¢.) \$_\$300.00	(18.) \$ \$300.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4:) \$ <u>\$0.00</u> ·	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
N-KIND CONTRIBUTIONS & EXPENDITURES		·
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
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.) \$ _\$5,251.16	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	-
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$32.77	
9, TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$5,283.95	(23.) \$ \$5,283.93
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.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
 Énding Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ \$6,193.76	
14 Amount received during reporting period	(14.) + \$ \$300.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$6,493.76</u>	gagatal dans remo.
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$5,283.93	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,209.83	*



ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number

C2018004

2. Committee Name Vote Sue Shink **CANDIDATE COMMITTEE** 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 08/01/18 Name Kroger 400 S Maple Ann Arbor MI \$ 117.17 Date Refreshments and snacks Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Groundcover News 08/05/18 \$ 166.95 Purpose: Advertisement Address Bethlehem UCC Click Here for Memo Itemization Type 423 S. Fourth Ave. Ann Arbor, MI 48104 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Hello Faz Pizza 08/07/18 \$85.62 Purpose; Food Address 2259 W Liberty, Ann Arbor MI 48103 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #4 Name Arbor Farms Market 08/07/18 \$ 136.44 Food Address Purpose: 2103 W Stadium Ann Arbor MI 48103 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous ___ Fund Raiser statement Expenditure #5 Name Facebook 07/27/18 \$ 123.94 Purpose: Internet Services Date Address 1 Hacker Way Menlo Park, CA 94025 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Subtotal this page \$630.12

> Enter this total on line 8a of Summary Page

Grand Total of all Schedules 1B (Complete on last page of Schedule)



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C2018004

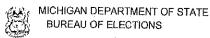
1. Committee f. D. Number

2. Committee Name Vote Sue Shink

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	o. Amount
Expenditure #1			
Name Keystone Millbrok		07/24/18	\$ 2525.63
• • • • • • • • • • • • • • • • • • •	Purpose: Printing and mailing	Date	,
Address			
3540 Jackson Highway, Grand Ledge, MI	Glick I	Here for Memo It	emization Type
48837	Check box if this expenditure is payment of		1
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Thomas F. Hatch		08/08/18	s 1918.17
1110111033 7 1 1 103.017	Sawicki & sons Signs and Flyers	Date	\$ 101Q,17
Address	Purpose: Sawicki & sons Signs and Flyers		
600 West Joy Road	Click	Here for Memo It	emization Type
Ann Arbor, MI 48105	Check box if this expenditure is payment of		
· · · · · · · · · · · · · · · · · · ·	debt or obligation reported on previous	•	
Fund Raiser	statement		
Expenditure #3			
Name USPS		08/09/18	s 35
Address	Purpose: stamps	Date	
2075 W Stadium Ann Arbor MI 48103		Here for Memo It	emization Type
			Sinzador Typo
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Facebook		08/27/18	s 142.24
	Purpose: Internet Services	Date	9 1 TE. 22 T
Address	Purpose:		
1 Hacker Way Menlo Park, CA 94025	Click	Here for Memo I	temization Type
	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
	Statotant		, in the second
Expenditure #5			
Name			\$
Address	Purpose:	Date :	,
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of	f	-
Fund Raiser	debt or obligation reported on previous statement		
i nin i vaisei		total this page	\$4,621.04
	Grand Total of a	II Schedules 1B	\$5,251.16

Enter this total on line 8a of Summary Page

2 2 Page 2 of 2



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number __C2018

2. Committee Name Vote Sue Shink

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 all contributions regardless of amount.					6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 Name & Address:	PAC Receipt	YES 4. Da	ate of Rec	elpt 07/30/18		. date of receipt)	
Sierra Clubb Mi 109 E Grand Ri	chigan Chap ver Ave Lan	iter Political Co sing MI 48906	mmitte	ee	_{\$} 100	_{\$} 100	
5. If over \$100.00 cum	_				Olimba I I a co	£- 84	
Occupation		Employer			Click Here	for Memo Itemization	
Business Address Type of Contribution:	√ Direct	Loan from a pers	son	Fund Raiser	Military selections		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Da	te of Rece	elpt 07/30/18			
ŧ	ion 2105 \A6	illingford Dd A-	ماسا∧ مرس	- M. AOAO #		· .	
Thomas C. O'Br	IGH Z TOO VVa	iiingioia Ka An	ш Агрс	JE IVII 46704	_{\$} 100	_{\$} 100	
5. If over \$100.00 cum	ılative, please pro	vide:			Click Here	for Memo Itemization	
Occupation		_ Employer		-			
Business Address							
Type of Contribution:	/ Direct	Loan from a perso	on [Fund Raiser			
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Da	te of Rece	eipt 08/01/18			
Jennifer DeLisle 7441 Spencer Ro	oad South Ly	on, MI 48178			_{\$} 100	_{\$} 100	
5. If over \$100.00 cumu	ılative, please pro	vide:			Click Here fo	or Memo Itemization	
Occupation		Employer					
Business Address Type of Contribution:	7 Direct	Loan from a perso	on [Fund Reiser			
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Da	ite of Rec	elpt			
	-				\$	S.	
5. If over \$100.00 cumu	lative, please pro	vide:					
Occupation		Employer			Click Here fo	r Memo Itemization	
Business Address							
Type of Contribution:	Direct	Loan from a perso	n _	Fund Raiser			
				Page Subtotal	\$300.00		
			Gr	and Total of All Schedules 1A	\$300.00		
Pageof			(Comp	lete on läst page of Schedule)	Enter this total on line 3a of Summary Page.		

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