



**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 C-2018-004		3. This Statement covers From: <u>10/22/18</u> to <u>11/26/18</u>	
2. Committee Name Vote Sue Shink		4. Candidate Last Name <u>Shink, Susan E.</u> First Name <u>Susan E.</u> M.I. <u></u> 4a. Office Sought Including District # or Community Served (If applicable) Washtenaw County Commissioner 4b. County of Residence WASHTENAW	
5. Committee's Mailing Address 660 West Joy Road, Ann Arbor, MI 48105 Area Code and Phone <u>(734) 665-6464</u> <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 Thomas F. Hatch 600 West Joy Road, Ann Arbor, MI 48105 Area Code & Phone <u>(734) 665-6464</u>	
7. Treasurer's Business Address 660 West Joy Road, Ann Arbor, MI 48105 Area Code and Phone <u>(734) 665-6464</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Thomas F. Hatch 600 West Joy Road, Ann Arbor, MI 48105 Area Code and Phone <u>(734) 665-6464</u>	
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 checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/06/18</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 () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> 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>Thomas F. Hatch</u> Type or Print Name		<u>Thomas F. Hatch</u> Signature Date <u>11/28/18</u>	
Candidate <u>Susan E. Shink</u> Type or Print Name		<u>Susan E. Shink</u> Signature Date <u>11/28/18</u>	

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 WASHTENAW COUNTY, MI
 2018 NOV 30 A 9:22
 AMERICAN REGISTER
 COUNTY CLERK



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.) \$ <u>450.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$450.00</u>	(18.) \$ <u>\$12,885.00</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>\$450.00</u>	(20.) \$ <u>\$12,885.00</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>\$1,618.83</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>\$54.48</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,673.31</u>	(23.) \$ <u>\$9,548.91</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>\$4,559.40</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$450.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$5,009.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,673.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$3,336.09</u>	



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2018004
2. Committee Name Vote Sue Shink

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Staples Address 2601 Jackson Road, Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing matierals</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/18</u> Date	<u>\$ 21.19</u>
Expenditure #2 Name Staples Address 2601 Jackson Road, Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/18</u> Date	<u>\$ 70.24</u>
Expenditure #3 Name Emily Honka-Kolvunen Address 3730 Miller Road, Ann Arbor MI 40104 <input type="checkbox"/> Fund Raiser	Purpose: <u>clerical suport</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/18</u> Date	<u>\$ 90</u>
Expenditure #4 Name Keystone Millbrook Address 3540 W Jefferson Hwy Grand Ledge, MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/18</u> Date	<u>\$ 1437.40</u>
Expenditure #5 Name Facebook Address Palo Alto CA <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising internet</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/18</u> Date	<u>\$ 211.67</u>

Subtotal this page **\$1,618.83**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,618.83**

Enter this total
on line 8a of
Summary Page



**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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/18</u> Name & Address: <u>Ian Robinson</u> <u>3435 Brentwood Court</u> <u>Ann Arbor, MI 48108</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Faculty</u> Employer <u>U of M</u> Business Address <u>500 S. State St Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/18</u> Name & Address: <u>Bob King</u> <u>300 S Revena Blvd</u> <u>Ann Arbor, MI 48103</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/18</u> Name & Address: <u>Travis Radina</u> <u>2060 Champagne Dr.</u> <u>Ann Arbor, MI 48108</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Sr. Global Engagement Manager</u> Employer <u>U of M alumni association</u> Business Address <u>200 Fletcher St, Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/18</u> Name & Address: <u>Katherine Griswold</u> <u>3565 Fox Hunt Dr</u> <u>Ann Arbpr, MI 48105</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$225.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**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 <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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/18</u>	
Name & Address: Lawrence Perlman 2339 Tall Oaks Drive Ann Arbor, MI 48103		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Clinical psychologist</u> Employer <u>self</u> Business Address <u>623 W. Huron St. Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/01/18</u>	
Name & Address: Linda Etter 2426 Whitmore Lake Rd. Ann Arbor MI 48105		\$ <u>75</u>	\$ <u>175</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>violinist</u> Employer <u>Ann Arbor Symphony</u> Business Address <u>35 Research Drive, Ste 100 Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/05/18</u>	
Name & Address: Susan Bradley 4075 Joanne Ct. Ann Arbor, MI 48103		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/05/18</u>	
Name & Address: Kenneth Dignan 9210 Hillcrest Drive Whitmore Lake, MI 48189		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Technology and Digital</u> Employer <u>Matt & Dave LLC</u> Business Address <u>4706 Ann Arbor Rd Dundee, MI 48131 United States</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$225.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) **\$450.00**

Enter this total on line 3a of Summary Page.

