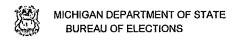


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed be the treasurer (or designated record keeper) and candidate.	3. This Statement covers Fro	^{om:} 11/26/18 _{to} 07/20/19			
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.			
C-2018-004	Shink, Susan E.	Shink, Susan E. 4a. Office Sought Including District # or Community Served (If applicable) Washtenaw County Commissioner 4b. County of Residence WASHTENAW 6. Treasurer's Name & Residential Address			
2. Committee Name					
Vote Sue Shink	4b. County of Residence W				
5. Committee's Mailing Address					
660 West Joy Road, Ann Arbor, MI 4810		i, Ann Arbor, MI 48105			
Area Code and Phone (734) 665-6464 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.	Area Code & Phone (734) 6	665-6464			
7. Treasurer's Business Address		or's Name and Mailing Address (If the committee has a			
660 West Joy Road, Ann Arbor, MI 4810	Designated Record keeper) Thomas F. Hatch	I, Ann Arbor, MI 48105			
	X2.00 0 (40)				
	1157 1 (49)				
Area Code and Phone (734) 665-6464	Area Code and Phone (73	4) 665-6464			
	ed ONLY if candidate in the ballot for the vear:	Pe. 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			
Pre-Election or Post-Election Statement relates to: Statement Primary	Quarterly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.			
-	per Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
The state of the s	CO 32 1 (A)	A SECTION OF THE PROPERTY OF T			
Special 9c	nnual Statement () Coverage Year	Effective date of dissolution			
	Amendment to Campalgn Statement Complete Item 9a, 9b, 9c or 9e to adicate which Statement Is being mended.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus	nactice a	NAW ERK			
11/06/18	00.03	D 9			
10. Verification: IVWe certify that all reasonable diligence was in my/our knowledge and belief the contents are true, accurate a Current Treasurer or Designated Record keeper Thomas F. Hatch Type or Print Name Susan E. Shink Type or Print Name	sed in the preparation on his statement complete. Signature Signature				



1. Committee I.D.: Number C2018004

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Vote Sue Shink

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Outhurative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$12,885.00
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.) \$ \$0.00	(20.) \$ \$12,885.00
IN-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.) \$ \$1,833.66	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$3.12	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,863.78	(23.) \$ \$1,836.78
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	(11)	(-1./ 4
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$_\$3,336.09	-
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ \$3,336.09	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$1,836.78	_
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,499.31	•
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
•		



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

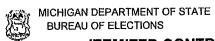
Committee LD Number C2018004

1. Committee I. D. N.	umber
2. Committee Name	Vote Sue Shink

			The second secon
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Paper Source		12/13/18	\$ 53.96
Address	Purpose: materials for corresponded	Date	<u> </u>
3070 Washtenaw Ave Ann Arbor MI 48104	Click H	lere for Mem	o Itemization Type
	l promus	OLC TOT MICH!	o itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Facebook		12/01/18	\$ 50
Address	Purpose: advertising internet	Date	
Palo Alto CA	Click H	ere for Mem	Itemization Type
		STO TOT MICHIE	ACTIECTION TYPE
Fund Ralser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Whitmer Inaugural Event		01/01/19	A 489 00
Address	Purpose: event fee	Date	\$ <u>482.28</u>
P.O. Box 15282, Lansing MI 48901	Fulpose.		
and the state of t	Click He	re for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
4			
Keystone Millbrook	0	2/01/19	
Address	Purpose: Printing and mailing	Date	\$ <u>1247.42</u>
3540 W Jefferson Hwy, Grand Ledge, MI	Purpose: Frinting and mailing		•
48837	Click Her	re for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
xpenditure #5			
Name			
Address	Purpose:	Date	Φ
	Olista Lisa	o for Name - 1	
,	Check box if this expenditure is payment of	e tot Metho i	temization Type
Fund Raiser	debt or obligation reported on previous		
Total Control of the	statement		
	Subtotal	this page	\$1,833.66
·	Grand Total of all Sch	edules 1B	\$1,833.66
	(Complete on last page of	Schedule)	Ψ1,000.00

Enter this total on line 8a of Summary Page

Page _____ of ____



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Vote Sue Shink

Enter contributor's name middle initial. Check box Committee (PAC) Report	to indicate if conti	ribution is from a Political C	dual, enter last name, first nam Committee or an Independent	e, 6. Amount	Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of	Receipt		1 Sale or recorpt)
				\$. \$
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 person	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Receipt		
				\$	 \$
5. If over \$100.00 cum	ılative, please pro	vide:		Click Here f	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date o	f Receipt	<u>.</u>	
				\$	_ \$
				Click Horo f	or Memo Itemization
5. If over \$100.00 cum	ulative, please pro	ovide:		Click riele i	or wemo itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4 Name & Address	PAC. Recelpt?	YES 4. Date	of Recelpt	•	
				\$	\$
5. If over \$100.00 cum	ulative, please pr			Click Here t	for Memo Itemization
Occupation		Employer		··········	
Business Address		The state of the s		_	
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Si	ubtotal \$0.00	
. •			Grand Total of All Schedul (Complete on last page of Sch		
			Courbiate ou tast hade of ocu	Enter this total or line 3a of Summa	
Page of	-	•		Page.	··· ş