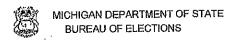


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car	igned by ididate.	3. This Statement covers From:	01/01/19	to 12/31/19	
1. Committee I.D. Number		4. Candidate Last Name	Fire	st Name	M.1.
C-2018-004		Shink, Susan E.			
		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		Washtenaw County Commissioner			
Vote Sue Shink		4b. County of Residence WASHTENAW			
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, I	WI 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 (313) 510-2375			
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
660 West Joy Road, Ann Arbor, MI 48105		Thomas F. Hatch			
		600 West Joy Road, Ann Arbor, MI 48105			
			•		
(704) 005 0404		Area Code and Phone (734) 665-6464			
Area Code and Phone (734) 665-6464		Area Code and Phone 1734,		of Candidate Commi	
9, TYPE OF STATEMENT		ILY if candidate			
9a. Pre-Election OR 9b. Post-Election is not on the current year:			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		
Pre-Election or Post-Election Statement relates to:	المسارك بياديا المست		the committee. T	n torgiven, and no tong the committee has no	oustanding assets,
Primary .	July Quart	eny	owes no lates tee	s or has any oustandir	ig debt.
General	October C	tuarterly	Further, if the diss	solution cannot be gra	nled, that this be
Convention			considered a requ	the committee has no one of the committee has no one of the control of the contro	/vaiver
 	9c. 🔽	al Statement (2019)			HS
	LZSI Annue	Coverage Year	Effectiv	e date of dissolution	TE .
School	9d. Amer	idment to Campaign Statement			- > -
Caucus (Com		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The dispos	ition of restore funde	Must be reputed on
·	amen		Schedule 18 and	the Summary Rage.	A DO HO
Date of Election, Convention or Caucus					5 5
				AL	# ? = ~
		,	,	32	o =
10. Verification: IWe certify that all reasonable diliger mylour knowledge and belief the contents are true, a	nce was used ccurate and c	In the preparation of this statemomplete,	ent and attached s	chedules (If any) and 1	to the best of
		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	1	./,,	don't
Designated Record keeper	(CH	J MWay NVIII	1	— Date	72010
Type or Print Name		Signatura	11		1/225
Susan E. Shink		1 Sward	H.	Date ///	12020
Candidate					



1. Committee I.D. Number C2018004

SUMMARY PAGE

2. Committee Name Vote Sue Shink

CANDIDATE COMMITTEE	Z. Committee (value	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	. #40 005 00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	\$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
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.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	-
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	•	
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	\$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	
13. Ending Balance of last report filed	(13.) \$ <u>\$1,499.31</u>	·
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	annover
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add Ilnes 13 and 14	(15.) = \$_\$0.00	
16. Amount expended during reporting period	(16.) - \$ \$0.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,499.31	*