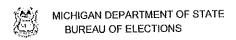


CANDIDATE COMMITTEE COVER PAGE

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	3. This Statement covers From:	07/19/20 to 08/24/20	
Committee I.D. Number		4. Candidate Last Name	First Name M.I.	
		Shink, Susan E.		
C-2018-004		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 Mailing 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		
(242) 540 2275				
Area Code and Phone (313) 510-2375 If the address in this box is different from the commit	tee			
mailing address on the Statement of Organization, mobe sent to this address by the filing official.	iail may	Area Code & Phone (313) 510		
7. Treasurer's Business Address		8. Designated Record keeper's	Name and Mailing Address (If the committee has a	
660 West Joy Road, Ann Arbor, MI	48105	Designated Record keeper) Thomas F. Hatch		
doo vycar ooy rtodd, amer wa ar,		600 West Joy Road	Ann Arbor, MI 48105	
		000 West boy Road,	, , , , , , , , , , , , , , , , , , , ,	
Area Code and Phone (313) 510-2375		Area Code and Phone (313)) 510-2375	
9. TYPE OF STATEMENT	Domisod O	NLY if candidate		
9a. Pre-Election OR 9b. Post-Election		e ballot for the	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:	July Qua		by the committee to the candidate of the control by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, lowes no lates fees or has any oustanding debt.	
⊠Primary	· ·			
General	October	Quarterly	Further, if the dissolution cannot be granted, that this be	
Convention			considered a request for the Apporting Waiver.	
Special	9c	ual Statement ()		
		Coverage Year	Effective date of dissolution	
School	9d. Ame	ndment to Campaign Statement		
Caucus	(Cor	nplete Item 9a, 9b, 9c or 9e to ate which Statement is being	Note: The disposition of residual funds in the reported on Schedule 1B and the Summary Page.	
		nded.)	Schedule is and the sammary	
Date of Election, Convention or Caucus			Schedule 1B and the Summary Page.	
08/04/20			THE TO M	
08/04/20			R	
			I have been discovered to the best of	
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,	ence was use accurate and	d in the preparation of this statem complete.	nent and attached schedules (if any) and to the best of	
Current Treasurer or Thomas F. H.	atch	Mount	Date 9/28/2010	
Oesignated Record keeper Type or Print Name		Signature	Date 9/28/2020	
Susan E. Shink		1 - 1 - 1 - V	V/> 8/28/2020	
Candidate		Signature	Date of October 1	
Type or Print Name	3	/ 0/2011/10110		

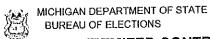


1. Committee I.D. Number C2018004

SUMMARY PAGE

2. Committee Name Vote Sue Shink

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	405.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>125.00</u>	_
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	- 4405.00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$125.00
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	
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.) \$ \$150.00	_
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	<u></u>
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$150.00
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	M-1-1-1
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _\$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$1,649.31	
(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.) = \$_\$0.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	\$0.00	
(Add lines 9 and 11)	(16.) - \$ \$0.00	
17. ENDING BALANCE	(17.) \$ \$1,624.31	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber	
2. Committee Name	Vote Sue Shink	
Z. Committee ivanie		

		T - A - 1.0 (
Enter contributor's name and address. If contribution is from an individual, enter last name, first na 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.	ame, 6. Amount t	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/20				
Adam C. Filar 9322 Timber Lane Whitmore Lake MI 48189	_{\$} 25	_{\$} 25		
5. If over \$100.00 cumulative, please provide: Occupation retired Employer retired	Click Here	Click Here for Memo Itemization		
Business Address				
Type of Contribution:		<u></u>		
Sheila Palkoski 522 N Territorial Rd W Ann Arbor, MI 48105	_{\$} 100	_{\$} 100		
5. If over \$100.00 cumulative, please provide: Cocupation Toolmaker Employer Ford Motor Co	ranta.	for Memo Itemization		
Business Address 36200 Plymouth Rd 36200 Plymouth Rd, MI 48150 United State	<u>s</u>			
Type of Contribution: ✓ Direct Loan from a person Fund Raiser				
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:	\$	\$		
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization		
Occupation Emptoyer				
Business Address	_			
Type of Contribution: Direct Loan from a person Fund Raiser				
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	······································			
	\$	<u> </u>		
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization		
Occupation Employer				
Business Address The of Cartellaulian Tourist Loan from a person Fund Raiser				
Type of Contribution. Direct Contribution a period.	Subtotal \$125.00			
·	***************************************			
Grand Total of All Sche (Complete on last page of S	dules 1A \$125.00 Schedule) Enter this total of			
	roter inis total c	H1		

Page ____ of ___

line 3a of Summary Page.



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

C2049004

1. Committee I. D. Nui	mber	
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		00144100	
Name Washtenaw County Democratic Party		03/11/20	s <u>150</u>
Address	Purpose: Candidate Listing Act Blue	Dale	
418 W Michigan Ave, Ypsilanti, MI	Click	Here for Memo I	lemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
Addroso	Purpose:	Date	
Address .		Here for Memo I	temization Type
	Check box if this expenditure is payment of		
[] c.m.l O-t-c.	debt or obligation reported on previous		
Fund Raiser Expenditure #3	statement		
Name			
напи		Date	\$
Address	Purpose:		
	Click	Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ŗ	
Expenditure #4	Statement		
Name			
		Date	\$
Address .	Purpose:		
	Ċlick	Here for Memo	Itemization Type
	Check box if this expenditure is payment o	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
Address	·	. Hara for Mama	Hemization Tune
	Check box if this expenditure is payment of		Itemization Type
	debt or obligation reported on previous		
Fund Raiser		total this page	\$150.00
			Ψ100.00

Grand Total of all Schedules 1B (Complete on last page of Schedule) \$150.00

Enter this total on line 8a of Summary Page