

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and sithe treasurer (or designated record keeper) and car	signed by ndidate.	3. This Statement covers From:	08/27/20 to 10/18/20		
1, Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
C-2018-004		Shink, Susan E.			
	:		ict # or Community Served (If applicable)		
2. Committee Name		Washtenaw County Co	nmissioner		
Vote Sue Shink	:		4b. County of Residence WASHTENAW		
5. Committee's Mailing Address		6. Treasurer's Name & Residen	tial Address		
660 West Joy Road, Ann Arbor, MI	48105	Thomas F. Hatch			
		600 West Joy Road,	Ann Arbor, MI 48105		
Area Code and Phone (313) 510-2375 If the address in this box is different from the commit	ltee .				
Impliing address on the Statement of Organization, II	nail may	Area Code & Phone (313) 510	0-2375		
be sent to this address by the filing official.			Name and Mailing Address (If the comm	iltee has a	
7. Treasurer's Business Address	1 4040E	Designated Record keeper)		:	
660 West Joy Road, Ann Arbor, Mi	148105	Thomas F. Hatch			
		600 West Joy Road,	Ann Arbor, MI 48105		
(242) 540 2275		(313)	510-2375		
Area Code and Phone (313) 510-2375		Area Code and Phone (313)	9e. Dissolution of Candidate Commit	tee	
9. TYPE OF STATEMENT	Required Ol	NLY if candidate	By checking this item I/We certify ar		
9a. X Pre-Election OR 9b. Post-Election	is not on the current year	ballot for the	but he committee to the candidate or his	or her spouse is here.	
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no long the committee. The committee has no o	er collectible from ustanding assets,	
	July Quar	terly	owes no lates fees or has any oustanding	g debt.	
[]Primary	October 0	Quarterly	Further, if the dissolution cannot be gran	ted that this be	
X General			considered a request for the Reporting V	Valver.	
Convention			· ()	****	
Special	9c. Annu	al Statement ()	Effective date of dissolution	WASHTE	
School		Coverage Year	1	SH.	
Caucus	9d. Amer	ndment to Campaign Statement opiete Item 9a, 9b, 9c or 9e to	8	<u></u>	
	indica	ate which Statement is being	Note: The disposition of residual funds of Schedule 1B and the Summary Page.	nust be reppited on	
	amen	ded.)	翠 质 一	om om	
Date of Election, Convention or Caucus				ED TY	
11/03/20				- J.	
		,	AST AST SAU	. ≺ ! <u>≖</u>	
	<u> </u>		m =		
10. Verification: I\We certify that all reasonable dilig my\tour knowledge and belief the contents are true,	ence was used accurate and d	I in the preparation of this statem complete.	Λ		
Current Treasurer or Thomas F. H	atch	- Vinnes XT	NA - 18 b	1/2020	
Designated Record keeper Type or Print Name		Signature (Date 10 B	i i	
,			11/2/	7/2020	
Candidate Susan E. Shink		1 XISWY	ψ Date $\psi \omega^{c}$	110000	
Type or Print Name	•	Signature C	'		

1. Committee I.D. Number C2018004

SUMMARY PAGE

2. Committee Name Vote Sue Shink

CANDIDATE COMMITTEE		Column II
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	4.975.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,875.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	#0.0F0.00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$2,250.00
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.) \$ \$1,875.00	(20.) \$ \$2,250.00
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.) \$ \$719.68	
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.) \$ \$719.66	(23.) \$ \$969.66
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	(24.) \$ \$0.00
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.) \$ \$0.00	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	### BALANCE STATEMENT (13.) \$ \$1,624.31 (14.) + \$ \$1,875.00 (15.) = \$ \$3,509.31 (16.) - \$ \$719.66 (17.) \$ \$2,779.65	· · · · · · · · · · · · · · · · · · ·



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C2018004

1. Committee I. D. Nun	nber	
2 Commillee Name	/ote Sue Shink	

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		09/03/20	
Name Act Blue		Date	\$ <u>8.64</u>
Address	Purpose: Collection Charge	Date	
366 Summer St, Somerville, MA 02144	Click	Here for Memo	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		09/09/20	
Name Act Blue		Date	\$ <u>16.92</u>
Address	Purpose: collection fee	Duic	
366 Summer St, Somerville, MA 02144	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		•
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Stanley Sawicki & Son, Inc.		09/05/20	s 355.10
Address	Purpose: signs	Date	
1521 W. Lafayette		Here for Memo	Itemization Type
Detroit, MI 48216	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Staples		10/04/20	s 49.93
•	Purpose: mailing latter	Date	* 43.30
Address OFO4 Jackson Board App Arbor MI 48103	Purpose:		
2501 Jackson Road Ann Arbor MI 48103			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #5			
Name Staples		10/06/20	\$ 130.78
Address	Purpose: printing and lit	Date	* 130.70
2501 Jackson Rd Ann Arbor MI 48103	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment o debt or obligation reported on previous statement	f	
I unu ivaisci		4 - 4 - 5 - 5 - 1 - 1	ΔE04.07
	Sub	total this page	\$561.37

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

\$719.66

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C2018004

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

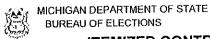
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name USPS		10/06/20	s 125
0010	Purpose: Postage	Date	
Address		11 (\$4	Hamirolian Tuna
2075 W Stadium Ann Arbor Ml 48103	Click	Here for Memo	itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	of	
Expenditure #2	Statement		
		10/05/20	- 14 62
Name Act Blue		Date	\$ <u>14.63</u>
Address	Purpose: processing fee		
366 Summer St, Somerville, MA 02144	Clic	k Here for Memo	Itemization Type
ooo cannot on contorvino, in the contorvino			
	Check box if this expenditure is payment of debt or obligation reported on previous)I	
Fund Raiser	statement		
Expenditure #3			
Name Act Blue		10/09/20	s 18.66
* 10 mm	Purpose: processing fee	Date	
Address 366 Summer St, Somerville, MA 02144	1	t. 11 5 14	Hamilton Tunn
300 Sulfiller St, Somervine, WA 02 1-4-4			Itemization Type
	Check box if this expenditure is payment debt or obligation reported on previous	of	
Fund Raiser	statement		
Expenditure #4			
Name			e
		Date	\$
Address	Purpose:		
	Clic	k 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			\$
Address	Purpose:	Date	
		ck Here for Mem	o Itemization Type
	Check box if this expenditure is payment		
	debt or obligation reported on previous		
Fund Raiser	statement		0450.00
	Si	ubtotal this page	\$158.29
	O 17:1-1-4	Tall Oaksalulan 4f	

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

\$719.68

Enter this total on line 8a of Summary Page

Page _____ of ____



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

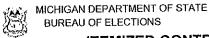
CANDIDATE COMMITTEE

1. Committee I.D. Number C2018

2. Committee Name Vote Sue Shink

Page.

CANDIDATE COMMITTEE 2. COMMITTEE		
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.		Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/28/20 lame & Address:		
2426 WHITMORE LAKE RD ANN ARBOR, MI 48105-1157	_{\$} 75	_{\$} 75
5. If over \$100.00 cumulative, please provide: Occupation retired Employer retired	Click Here for	Memo Itemization
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/28/20		
Erin Spanier 4868 N Maple Rd Ann Arbor, MI 48105	_{\$} 100	_{\$} 100
5. If over \$100.00 cumulative, please provide: Occupation Communications Manager Employer CHRT	Click Here for	Memo Itemization
Business Address 2929 Plymouth Rd Ann Arbor, MI 48109 United States		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/28/20 Name & Address:		
John Allison 4215 Shetland Dr Ann Arbor, MI 48105	\$ 50	\$ 50 Memo Itemization
5. If over \$100.00 cumulative, please provide:	Onon Flore 107	William Korrina and I
Occupation Professor Employer U of M		
Business Address 2300 Hayward Ann Arbor, MI 48109 United States		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/28/20 Name & Address		
trudy hughes 616 oswego ann arbor, MI 48104	<u>§ 25</u>	_{s_} 25
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Not Employed Employer Not Employed		
Business Address Loan from a person Fund Raiser		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser Page Subtotal	\$250.00	
Grand Total of All Schedules 1A	\$1,875.00	•
(Complete on last page of Schedule)	Enter this total on	J
A E	line 3a of Summary	



1: Committee I.D. Number	C2018	
1; Complettee 1.D. Number		

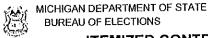
Vote Sue Shink CANDIDATE COMMITTEE 2. Committee Name 7. Cumulalive for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? **√** YES 4. Date of Receipt 08/28/20 3. Contribution #1 Name & Address: Matthew Miller _s 50 _{\$} 50 5950 Plumb Hollow Drive 11, Ypsilanti MI 48197 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization _{Employer} Cosma Occupation rAssembly Worker Business Address 54725 Grand River Ave,. New Hudson MI 48165 Fund Raiser Loan from a person Type of Contribution: Direct 4. Date of Receipt 08/28/20 3. Contribution #2 PAC Receipt? YES Name & Address **Tania Ganguly** ູ 25 47286 North Pointe Drive Canton MI 48187 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_VCA America Occupation Finance Business Address 17484 N. Laurel Park Drive Livonia MI 48152 Fund Raiser Type of Contribution: Direct Loan from a person PAC Receipt? 4. Date of Receipt 08/28/20 YES 3. Contribution #3 Name & Address: $_{\rm s} 100$ **David Gordon** 100 5558 Hellner Rd. Ann Arbor, MI 48105 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: **Employer** Not employed Occupation Not employed Business Address Loan from a person Fund Raiser Direct Type of Contribution: 🗸 4. Date of Receipt 08/31/20 3. Contribution #4 PAC Receipt? YES Name & Address Travis Radina 50 2060 Champagne Dr. Ann Arbor, MI 48108 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Alumni Association of the University of Michigan Director of Global Alumni Communities Occupation_ Business Address __200 Fletcher St. Ann Arbor, MI 48109 Fund Raiser Loan from a person Type of Contribution: ✓ Direct Page Subtotal \$225.00

Page 2 of 5

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

\$1,875.00

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number C2018

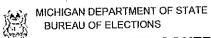
Vote Sue Shink CANDIDATE COMMITTEE 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt 09/01/20 PAC Receipt? YES 3. Contribution #1 Name & Address: **Brenda Warburton** 450 W Joy Road 250 ູ 250 Ann Arbor MI 48105 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_Self Occupation Jeweler 2335 W Stadium Blvd Ann ARbor MI 48103 **Business Address** Fund Raiser Type of Contribution: Direct Loan from a person YES 4. Date of Receipt 09/02/20 PAC Receipt? 3. Contribution #2 Name & Address Julia Caroff _s 100 100 345 Orchard Hills Drive Ann Arbor, MI 48104 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Not employed Employer **Business Address** Type of Contribution: ✓ Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 09/03/20 Name & Address: Crystal Campbell <u>,</u> 25 7715 Bay Tree Dr Ypsilanti MI 48197 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Communications Manager Employer Washtenaw County Business Address 220 N Main St Ann Arbor MI 48104 Fund Raiser Loan from a person Type of Contribution: Direct 4. Date of Receipt 09/08/20 3. Contribution # 4 PAC Receipt? Name & Address Mary Nicholson 1672 N Renaud Rd 500 .500 Grosse Pointe Woods MI 48236 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Not Employed Not Employed Business Address Fund Raiser Loan from a person Page Subtotal \$875.00

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

\$1,875.00

Enter this total on line 3a of Summary Page.

Page 3_of 5



CANDIDATE COMMITTEE

1. Committee I.D. Number	C2018
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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? YES 4. Date of Receipt 09/10/20 lame & Address: Carolyle J. Towers 560 Little Lake Drive Unit 34 Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Not employed Employer not employed	_{\$} 150 Click Here	\$ 150 se for Memo Itemization
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/11/20 Name & Address		
Janis Bobin 3465 Vintage Valley Ann Arbor MI 48105	_{\$} _100	_{\$} 100
5. If over \$100.00 cumulative, please provide: Occupation Water Resource Commissioner Employer Washtenaw County	Click Here	e for Memo Itemization
Business Address PO Box 8645 Ann Arbor MI 48107 Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/05/20 Name & Address: Becky Shink	_{\$} 50	_{\$} 50
2885 Sanford Ave. SW #39616 Grandville MI 49818 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Not employed Employer Not employed		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/05/20 Name & Address	-	
Donna Kaplowitz 2000 Hill St Ann Arbor MI 48104	_{\$} 100	_{\$} 100
If over \$100.00 cumulative, please provide: Occupation Professor Employer University of Michigan	Click Here	e for Memo Itemization
Business Address 1214 S University Ann Arbor MI 48104		
Type of Contribution: V Direct Loan from a person Page Subtot	tal \$400.00	
Grand Total of All Schedules 1 (Complete on last page of Schedul	A \$1,875.00	

Page 4 of 5

f Schedule) Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE 2. Committee Name Vote Sue Shink

1. Committee I.D. Number	C2018	
n committee no, realise		······································

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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/05/20 Name & Address:	-	
Mary Robinson 8276 Earhart South Lyon MI 48178	_{\$} 25	_{\$} 25
5. If over \$100.00 cumulative, please provide:	Click Hora	for Momo Itamization
Occupation Librarian Employer Novi Public Schools	Click nere	for Memo Itemization
Business Address 45255 Ten Mile Road Novi, MI 48375		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address		
Rita Mitchell		
621 Fifth St. Ann Arbor, MI 48103	<u>\$ 100 </u>	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Not employed Employer Not employed		
Business Address Not employed		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
Name & Address.	-	
	\$	_ \$
	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Olick Field I	or westo termzanon
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		-
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
	\$	s .
5. If over \$100.00 cumulative, please provide:		- Y
,	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
Page Subtota	\$135.00	
Grand Total of All Schedules †A (Complete on last page of Schedule) [41,010.00	
Page 5 of 5	Enter this total on line 3a of Summal Page.	

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