



**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.

3. This Statement covers From: 10/28/20 to 11/23/20

1. Committee I.D. Number
C-2018-004

2. Committee Name
Vote Sue Shink

4. Candidate Last Name **Shink, Susan E.** First Name **Susan E.** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
Washtenaw County Commissioner District 2

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
660 West Joy Road, Ann Arbor, MI 48105

Area Code and Phone (313) 510-2375
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.

6. Treasurer's Name & Residential Address
Thomas F. Hatch
600 West Joy Road, Ann Arbor, MI 48105

Area Code & Phone (313) 510-2375

7. Treasurer's Business Address
660 West Joy Road, Ann Arbor, MI 48105

Area Code and Phone (313) 510-2375

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 (313) 510-2375

FILED
 WASHTENAW COUNTY, MI
 2020 NOV 30
 11:41
 AMERICA'S MI
 COUNTY CLERK
 RECORDER

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus
11/03/20

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly

October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. 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 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 Thomas F. Hatch Signature [Signature] Date 11/26/2020

Candidate Susan E. Shink Signature [Signature] Date 11/26/20



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$2,250.00</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>\$0.00</u>	(20.) \$ <u>\$2,250.00</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>\$779.53</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>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$779.53</u>	(23.) \$ <u>\$1,749.53</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>\$2,779.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,779.65</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$779.53</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,000.12</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 and mailing materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	<u>\$ 102.16</u> Click Here for Memo Itemization Type
Expenditure #2 Name Paper Source Address 3070 Washtenaw Ave Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing and mailing materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/20</u> Date	<u>\$ 22.74</u> Click Here for Memo Itemization Type
Expenditure #3 Name USPS Address 300 Green Rd, Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/20</u> Date	<u>\$ 110</u> Click Here for Memo Itemization Type
Expenditure #4 Name Facebook Address 1 Hacker Way, Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>advertisements</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/20</u> Date	<u>\$ 500</u> Click Here for Memo Itemization Type
Expenditure #5 Name Meijer Address 3825 Carpenter Rd Ypsilanti MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>poll snacks and hand outs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/20</u> Date	<u>\$ 29.94</u> Click Here for Memo Itemization Type

Subtotal this page **\$764.84**
Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**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 <u>Actblue</u> Address <u>366 Summer St, Somerville, MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>contribution processing fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/20</u> Date	<u>\$ 4.28</u>
Expenditure #2 Name <u>Actblue</u> Address <u>366 Summer St, Somerville, MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>contribution processing fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/20</u> Date	<u>\$ 10.41</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$14.69
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$779.53

Enter this total on line 8a of Summary Page