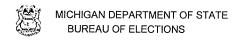


CANDIDATE COMMITTEE COVER PAGE

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		July 20, 2019	
Committee I.D. Number	andidate.	Candidate Last Name	First Name		M.I.
		SLAY	ARIANNE	е	IVI.I.
C-2019-007		70 DOM (1900)		ed (If applicable)	
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable) Prosecuting Attorney			
Committe to Elect Ariann	e Slay	4b. County of Residence WAS	SHTENAW		
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address		
P.O. BOX 97243 YPSILANTI, MI 48197		YASMINE TUCKER			
		237 DEPUY AVE #3			
		JACKSON, MI 49203			
Area Code and Phone (734) 717-0293 If the address in this box is different from the comm mailing address on the Statement of Organization, is be sent to this address by the filing official.		Area Code & Phone (954) 86	60-1755	AWRENCE OUNTY CLE	WASHTENAN
7. Treasurer's Business Address	,	Designated Record Keeper's Designated Record Keeper)	's Name and Address (If th	ne committee has a	me of the same of
P.O. BOX 97243	X - F 	Designated Record Reeper)		STE	ED WILL WI
YPSILANTI, MI 48197		,	· Ž		
		177 000	. , 😉	NBAI	X
				型量 と	3
				20	
Area Code and Phone (954) 860-1755		Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Cand	didate Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:		By checking this item by the committee to the c	candidate or his or h	er spouse is here
Pre-Election or Post-Election Statement relates to:			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.		
☐Primary	X July Quarte				
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be		
Convention			considered a request for t		
Special	9c. 🗖 .				
	Annua Annua	al Statement () Coverage Year	Effective date of dissolution		
School	Δmen	•			
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
Date of Election, Convention or Caucus					
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used i accurate and co	in the preparation of this stateme implete.	ent and attached schedules	s (if any) and to the	best of
Current Treasurer or	Timble	1		1/02/1	
Designated Record keeper Type or Print Name	lucier	Signature	Date	e the	9
Type of Fillit Name		Signature		7.22.	
Candidate Arianne Slay		, Chiane Eslay	Dat	7.22.	19
Type or Print Name		Signature			,

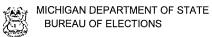


1. Committee I.D. Number c-2019-007

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Arianne Slay

CANDIDATE CONTINITIES		
RECEIPTS	Column ! This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,200.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$2,200.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$2,200.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$279.64	(21.) \$
7. In-Kind Expenditures (Schedule 1B-lK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$42.40	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$42.40	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(40-) 6	
. , ,	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ _\$0.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$2,200.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$2,200.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$42.40	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,157.60 *	

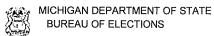


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Arianne Slay

Enter contributor's name and address. If c middle initial. Check box to indicate if cont			6. Amount	7. Cumulative for Election Cycle for Each
Committee (PAC) Report <u>all</u> contributions i		intee or an independent		Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date of Rece	ipt 6/24/2019		
KENDRA K. SHIH				
216 PINERIDGE ST ANN ARBOR, MI 48103			_{\$} 500.00	_{\$} 500.00
5. If over \$100.00 cumulative, please pro	ovide:		Click Here fo	r Memo Itemization
Occupation SELF-EMPLOYED	_ Employer	40404		. Wome Remideler
Business Address 101 W. LIBERTY		1		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Recei	pt <u>6/24/2019</u>		
ELIZABETH C. JOLLIFFE			_s 100.00	. 100.00
543 FIFTH ST ANN ARBOR, MI 48103			\$	\$
5. If over \$100.00 cumulative, please pro-	vide:		Click Here for	r Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser	•	
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Rece	o6/25/19		
BETH A. SILLER			_s 1,000.00	, 1,000.00
2324 TESSMER ROAD ANN ARBOR, MI 48103			\$ 1,000.00	\$
5. If over \$100.00 cumulative, please pro-	vide:		Click Here for	Memo Itemization
Occupation DENTAL HYGIENTIST	Employer WALCOTT DE	NTAL		
Business Address 1910 PACKARD ST.,	ANN ARBOR, MI 48104			
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Rec	eipt <u>07/01/19</u>		
MARK KNEISEL			500.00	500.00
434 S. MAIN ST. ANN ARBOR, MI 48104			_{\$} 500.00	_{\$_} 500.00
5. If over \$100.00 cumulative, please pro	vide:		Click Horo for	Memo Itemization
Occupation ATTORNEY	_ Employer WASHTEN	AW COUNTY GOV'T	Click Here for	Memo itemization
Business Address 200 N. MAIN ST.,	ANN ARBOR, MI 4810	7		
Type of Contribution: 🚺 Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$2,100.00	
		and Total of All Schedules 1A plete on last page of Schedule)	\$2,200.00	
Page1 of2	(Som)	2 page 3. outloadio)	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Arianne Slay

middle initial. Check t	oox to indicate if con	contribution is from an individua tribution is from a Political Com regardless of amount.	al, enter last name, first name, imittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of Re	ceipt 06/12/19	_	
Arianne Slay					
6092 Aspen Wa	ıy			100.00	<u>.</u> 145.32
Ypsilanti, MI 48	197			_{\$} 100.00	\$ 1 4 3.32
5. If over \$100.00 cur				Click Here f	or Memo Itemization
Occupation ATTOR		Employer CITY OF AN	IN ARBOR		
Business Address 30	1 E. Huron, Anr	n Arbor, MI 48104			
Type of Contribution:	✓ Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Rec	eeipt		
				\$. \$
5. If over \$100.00 cum	ulative nlease nro	ovide:	•	Click Here fo	or Memo Itemization
	•			Click Here it	or Memo Remization
Occupation					
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	ceipt	_	
				\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of Re	ceipt		
				\$	\$
5. If over \$100.00 cum	ulative nlesso pro	ovide:			
				Click Here for	r Memo Itemization
Occupation		Employer			
Business Address					į
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtota	\$100.00	
			Grand Total of All Schedules 1A		
			plete on last page of Schedule		J

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS **SCHEDULE 1-IK**

1. Committee I. D. Number <u>20</u>19-007

Committee to Flect Arianne Slav

CANDIDATE COMM	AITTEE 2. Committee Name Committee to Li		Clay
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Arianne Slay 6092 Aspen Way Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description COM Domain Registration 5. Date Of Receipt: June 8, 2019 6. Vendor Name & Address:	45.32	\$ 45.32
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address Sean Eiler 48922 Woodson Way Canton, MI 48187	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN	234.00 \$	234.00
If over \$100.00 cumulative, please provide: Occupation: Technical Recruiter Employer Name & Address: Impact Technology Recruiting 18325 North Allied Way Suite 210 Phoenix, AZ 85054	Description Clubhouse Rental 5. Date Of Receipt: 07/01/19 6. Vendor Name & Address: Georgetown Clubhouse Cli 1365 King George Blvd Ann Arbor, MI 4810837	ick Here for Memo It	emization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated \$ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN	\$,	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ick Here for Memo It	emization
	B - 21111	10070 0 1	
	Page Subtotal	\$279.64	
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	1 % / / U M/I	

Enter this total on line 6 of Summary Page

Page 1 of 1