



**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: 10/20/19 to 12/31/19

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

2. Committee Name
Committee to Elect Arianne Slay

4. Candidate Last Name **SLAY** First Name **ARIANNE** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
PROSECUTING ATTORNEY

4b. County of Residence Washtenaw

5. Committee's Mailing Address
**P.O. BOX 972743
YPSILANTI, MI 48197**

Area Code and Phone (734) 717-0293
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
**YASMINE TUCKER
237 DEPUY AVE #3
JACKSON, MI 49203**

Area Code & Phone (954) 860-1755

7. Treasurer's Business Address
**P.O. BOX 972743
YPSILANTI, MI 48197**

Area Code and Phone (954) 860-1755

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

FILED
WASHTENAW COUNTY, MI
2020 JAN 28 PM 12:02
LAWRENCE KESTER BAUM
COUNTY CLERK / REGISTER

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

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

July Quarterly
 October Quarterly

9c. Annual Statement (2019) 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 lates 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 Yasmine Tucker Signature [Signature] Date 1/27/2020

Candidate Arianne Slay Signature [Signature] Date 1-27-2020



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Arianne Slay

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,486.69</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,486.69</u>	(18.) \$ <u>39,871.69</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7,486.69</u>	(20.) \$ <u>39,871.69</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>589.97</u>	(21.) \$ <u>1,091.63</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,981.88</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>15.81</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,997.69</u>	(23.) \$ <u>16,290.28</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>21,092.41</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,486.69</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>28,579.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,997.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>23,581.41</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-007
2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/19</u> Name & Address: Brant Funkhouser 2160 Overlook Ct Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>100.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/26/19</u> Name & Address: Matt Thomas 257 Brookridge Ct Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E Huron St., Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/19</u> Name & Address: Elizabeth Jolliffe 543 5th St. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>51.83</u>	\$ <u>151.83</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/19</u> Name & Address: Monica Ross-Williams 2150 Chevrolet St. Ypsilanti, MI 48198 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>51.83</u>	\$ <u>51.83</u>
Click Here for Memo Itemization		

Page Subtotal **\$353.66**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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 Name & Address: Matthew McManus 2500 Packard St. Ann Arbor, MI 48104	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/19</u>	\$ <u>150.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Ann Arbor Legal PLLC</u> Business Address <u>2500 Packard St., Suite 106, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Bonnie Theil 8103 Kearney Rd. Whitmore Lake, MI 48189	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/19</u>	\$ <u>25.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Law Enforcement</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E. Huron St., Ann Arbor, MI 48105</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Stacy Kearney 46532 Registry Dr. Canton, MI 48187	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/04/19</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Karen Field 9492 Spring Hollow Ct Dexter, MI 48130	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/04/19</u>	\$ <u>26.01</u>	\$ <u>76.01</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$226.01**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>11/06/19</u> Name & Address: Alon Kaufman 3170 Walnut Lake Court, Suite 20 Commerce Township, MI 48390		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Homedics.com</u> Business Address <u>3000 N. Pontiac Trl., Commerce Township, MI 48390</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/06/19</u> Name & Address: Alon Kaufman 3170 Walnut Lake Court, Suite 20 Commerce Township, MI 48390		\$ <u>500.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Homedics.com</u> Business Address <u>3000 N. Pontiac Trl., Commerce Township, MI 48390</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/12/19</u> Name & Address: Lore Rogers 7044 Whitmore Lake Rd Whitmore Lake MI 48189		\$ <u>25.00</u>	\$ <u>275.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/13/19</u> Name & Address: Stacie Shaw 6503 Woodvine Dr. Chelsea MI 48118		\$ <u>26.01</u>	\$ <u>151.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Washtenaw County</u> Business Address <u>200 N. Main St., Ste 300, Ann Arbor, MI 48107</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,051.01**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007

2. Committee Name Committee to Elect Arianne Slay

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Aimee Martinez 39320 Huron Pkwy Westland MI 48185	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: LeAnn Belkonen 17800 W Old US Highway 12 Chelsea MI 48118	\$ <u>25.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Legal Assistant</u> Employer <u>Washtenaw County</u> Business Address <u>200 N. Main St., Ann Arbor, MI 48107</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Nicole Hughes 594 Ramsey Lane Pleasant Lake MI 49272	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: John Vella 1117 Fountain View Cir South Lyon MI 48178	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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3. Contribution # 1 Name & Address: Renee Bondy 23003 Leslie St Taylor MI 48180	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u>	\$ <u>26.01</u>	\$ <u>651.01</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Detective</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E Huron St., Ann Arbor, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Kevin Bailey 3760 Oak Drive Ypsilanti MI 48197	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Ashley Londy 2515 Miller Avenue Ann Arbor MI 48103	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Lisa Farst 7713 Henley Drive Ypsilanti MI 48197	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$126.01**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
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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? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Trudy Sahr 41085 Northwind Dr Canton MI 48188		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: William Malcolm 3838 Century Ct Ypsilanti MI 48197		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Wiliam C. Amadeo 4158 Persimmon Dr. Ypsilanti, MI 48197		\$ <u>150.00</u>	\$ <u>425.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Ann Arbor Legal PLLC</u> Business Address <u>2500 Packard St., Suite 106, Ann Arbor, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Joseph A. Simon 4170 Littledown Rd. Ann Arbor, MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Law Offices of Joseph A. Simon PLLC</u> Business Address <u>1310 S. Main St., Suite 11, Ann Arbor, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$750.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: C. Andrew Childers 877 Columbia Road Berkley, MI 48072	\$ <u>35.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Washtenaw County</u> Business Address <u>200 N. Main St., Ann Arbor, MI 48107</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Brian L. Mackie 2401 Meadowridge Ct. Ann Arbor, MI 48105	\$ <u>200.00</u>	\$ <u>3450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Washtenaw County</u> Business Address <u>200 N. Main St., Ann Arbor, MI 48107</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Amy Reiser 6260 Sterling Trl Dexter, MI 48130	\$ <u>35.00</u>	\$ <u>210.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Washtenaw County</u> Business Address <u>200 N. Main St., Ann Arbor, MI 48107</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Nik Lulgjuraj 204 Jefferson Chelsea, MI 48118	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	

Page Subtotal **\$370.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
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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 Name & Address: Harvey A. Somers 2129 Autumn Hill Dr. Ann Arbor, MI 48103	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Stephen Postema 1017 Woodbridge Ann Arbor MI 48103	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/23/19</u>	\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E Huron St., Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Brant Funkhouser 2160 Overlook Ct Ann Arbor MI 48103	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/24/19</u>	\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Kevin McDonald 2830 Ember Way Ann Arbor MI 48104	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/24/19</u>	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E Huron St., Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$500.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> YES 4. Date of Receipt <u>11/24/19</u> Name & Address: Deborah Paul-McDonald 2830 Ember Way Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>None</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/25/19</u> Name & Address: Michael A. Cox 49 Circuit Road Dedham, MA 02026 5. If over \$100.00 cumulative, please provide: Occupation <u>Police Chief</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E. Huron, Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>625.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/27/19</u> Name & Address: Jen Eyer 1831 Covington Drive Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Margaret Long 1513 Martha Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal **\$850.00**

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> YES	4. Date of Receipt <u>12/05/19</u>	
Name & Address: Kana Osaki 960 Newport Rd Ann Arbor MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Student</u> Employer _____		Click Here for Memo Itemization	
Business Address <u>960 Newport Rd., Ann Arbor MI 48103</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/05/19</u>	
Name & Address: Andrew McGuinness 4935 W Liberty Rd Ann Arbor MI 48103		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u>		Click Here for Memo Itemization	
Business Address <u>P.O.BOX 7711, Ann Arbor, MI 48107</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/05/19</u>	
Name & Address: John Dickey 4608 Cottonwood Dr Ann Arbor MI 48108		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/05/19</u>	
Name & Address: Jonathan Reasor 4688 Pearl St Ypsilanti MI 48197		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Concordia University</u>		Click Here for Memo Itemization	
Business Address <u>4090 Geddes Rd., Ann Arbor, MI 48105</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$1,300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007

2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Mark W. Nelson 7981 Mallard Way Ypsilanti, MI 48197	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Julie Ann Ritter 920 Catherine St. Ann Arbor, MI 48104	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Catherine Louise Glorie 827 Brooks Ann Arbor, MI 48103	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Veronique M. Liem 2751 Byington Blvd. Ann Arbor, MI 48105	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	

Page Subtotal **\$500.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Madeline L. Micou 8036 Creek Bend Dr. Ypsilanti, MI 48197		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Eileen M. Spring 361 Lakepark Lane Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/05/19</u> Name & Address: Maria Sheler-Edwards 51 Colony Ct. Ypsilanti, MI 48197		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/14/19</u> Name & Address: Basil A. Baker 2671 Laurentide Ann Arbor, MI 48103		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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 Name & Address: Anne Lerini 17633 Annapolis Dearborn Heights, MI 48125	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/16/19</u>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: PAMELA C HOFFER JT TENS 1217 BROOKLYN ANN ARBOR, MI 48104	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/16/19</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Pamela Jones-Sexton 130 Greenside St. Ypsilanti, MI 48197	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/16/19</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Commercial Loan Officer</u> Employer <u>Old National Bank</u> Business Address <u>2723 S. State St., Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Janis Bobrin 3465 Vintage Valley Rd. Ann Arbor MI 48105	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/18/19</u>	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,000.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2019-007
2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> YES 4. Date of Receipt <u>12/24/19</u> Name & Address: Brant Funkhouser 2160 Overlook Ct Ann Arbor MI 48103		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/26/19</u> Name & Address: Thomas Kent 3087 Cedarbrook Rd Ann Arbor MI 48105		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/31/19</u> Name & Address: Pamela Gesund 2507 Packard St. Apt. G Ann Arbor MI 48104		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$160.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$7,486.69**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2019-007

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Arianne Slay

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? <input type="checkbox"/> Yes Name & Address: William C. Amadeo 4158 Persimmon Dr. Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer Name & Business Address: Ann Arbor Legal PLLC 2500 Packard St. Ann Arbor, MI 48104 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Cheesecake</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: 24thcheesecakeerie 100 Briarwood Cir Ann Arbor, MI 48108 Click Here for Memo Itemization	\$ <u>212.00</u> \$ <u>637.00</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Sarah Rowe 1287 King George Blvd. Ann Arbor, MI 48108 If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Address: <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Misc. Food Items</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: Gordon Food Service Store 3800 Carpenter Rd. Ypsilanti, MI 48197 Click Here for Memo Itemization	\$ <u>177.97</u> \$ <u>263.77</u>	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Lori Saginaw 1205 Olivia Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: <u>Interior Designer</u> Employer Name & Address: Saginaw Design,LLC 1205 Olivia Ave Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Misc. Food Items</u> 5. Date Of Receipt: <u>12/05/19</u> 6. Vendor Name & Address: Zingerman's Deli 422 Detroit St. Ann Arbor, MI 48104 Click Here for Memo Itemization	\$ <u>200.00</u> \$ <u>200.00</u>	

Page Subtotal **\$589.97** \$1,100.77

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$589.97**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2019-007
2. Committee Name Committee to Elect Arianne Slay

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Alex Yerkey Address 261 Victorian Lane Belleville, MI 48111 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consultation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/19</u> Date	<u>\$ 1,000.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name NGP VAN, Inc. Address 1445 New York Ave., NW, Suite 200 Washington DC, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>DMO3</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/19</u> Date	<u>\$ 450.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Blue Parasol Address 285 W. Tabernacle St. Ste 201 Saint George, UT 84770 <input type="checkbox"/> Fund Raiser	Purpose: <u>Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/19</u> Date	<u>\$ 154.57</u> Click Here for Memo Itemization Type
Expenditure #4 Name Starbucks Address 300 South Main St Ann Arbor, MI 48104 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Coffee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/19</u> Date	<u>\$ 19.03</u> Click Here for Memo Itemization Type
Expenditure #5 Name Yasmine Tucker Address 237 Depuy Ave, Apt 3 Jackson, MI 49203 <input type="checkbox"/> Fund Raiser	Purpose: <u>Button Maker Reimbursement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/19/19</u> Date	<u>\$ 320.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,943.60**

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

\$1,943.60

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2019-007
2. Committee Name Committee to Elect Arianne Slay

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Alex Yerkey Address 261 Victorian Lane Belleville, MI 48111 <input type="checkbox"/> Fund Raiser	Purpose: <u>Coat Rack & Printing Reimbursement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/19</u> Date	<u>\$ 19.97</u> Click Here for Memo Itemization Type
Expenditure #2 Name Alex Yerkey Address 261 Victorian Lane Belleville, MI 48111 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consultation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/19</u> Date	<u>\$ 1,000.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Blue Parasol Address 285 W. Tabernacle St. Ste 201 Saint George, UT 84770 <input type="checkbox"/> Fund Raiser	Purpose: <u>Merchant Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/02/19</u> Date	<u>\$ 68.31</u> Click Here for Memo Itemization Type
Expenditure #4 Name Holly Schoenfield Address 604 Ferris St. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/10/19</u> Date	<u>\$ 750.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Alex Yerkey Address 261 Victorian Lane Belleville, MI 48111 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consultation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/17/19</u> Date	<u>\$ 750.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,588.28**

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 C-2019-007
2. Committee Name Committee to Elect Arianne Slay

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NGP VAN, Inc. Address 1445 New York Ave., NW, Suite 200 Washington DC, DC 20005 <input type="checkbox"/> Fund Raiser	Purpose: <u>DMO3</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/28/19</u> Date	<u>\$ 450.00</u> Click Here for Memo Itemization Type
Expenditure #2 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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page

\$450.00

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

\$4,981.88

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2019-007
2. Committee Name Committee to Elect Arianne Slay

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>11/14/19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>41</u>	5. Type of Fund Raising Activity <u>Cheesecake & Conversation</u>	6. Address and Name (if any) of the place where the activity was held. <u>101 West Liberty, Suite 360 Ann Arbor, MI 48104</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$2,751.69

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$2,751.69

10. Total Cost of Event \$419.50
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.