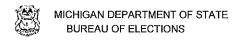


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

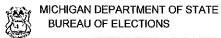
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and designated record keeper).	d signed by andidate.	3. This Statement covers From	^{n:} 07/19/20	to 08/24/20	
1. Committee I.D. Number		4. Candidate Last Name	First Na	me	M.I.
C-2019-007		SLAY	ARIANNE		
O O O O O O O O O O O O O O O O O O O		4a. Office Sought Including Dis	strict # or Community Se	rved (If applicable)	
2. Committee Name		PROSECUTING ATTO	RNEY		
Committe to Elect Ariann	e Slay	4b. County of Residence 🗸	ashtenaw		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	وسندو	
1287 King George Blvd.		YASMINE TUCKER			-
Ann Arbor, MI 48108		237 DEPUY AVE #3			\$
		JACKSON, MI 4920	3		Ħ
Area Code and Phone (734) 717-0293					ž T
If the address in this box is different from the comm				⊈in ⊑	Z.
mailing address on the Statement of Organization, be sent to this address by the filing official.	maii may	Area Code & Phone (954) 80			
7. Treasurer's Business Address		8. Designated Record Keeper	's Name and Address (It	f the committée has a.	WASHIENAW COUNTY MI
237 Depuy Ave Apt 3		Designated Record Keeper)			τ< ι —γ-
Jackson, MI 49203				男団 ゴ	· ==
Area Code and Phone (954) 860-1755		Area Code and Phone			
9. TYPE OF STATEMENT	Boquired Ob	ILY if candidate	9e. Dissolution of Ca	ındidate Committee	
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking this it	tem I/We certify any ou	
Pre-Election or Post-Election Statement relates to:	canoni year.		by discharged and forg the committee. The co	iven, and no longer co	ollectible from
⊠ Primary	July Quart	erly	owes no lates fees or h		
General	October Q	uarterly	Further, if the dissolution	on cannot be granted,	that this be
Convention			considered a request fo	or the Reporting Walve	ır.
Special	9c. 🗀 🗸	d Chatamank (
School	Annua	l Statement () Coverage Year	Effective date	e of dissolution	
Caucus		dment to Campaign Statement			
	(Comp indica	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of		be reported on
	ameno		Schedule 1B and the S	lummary Page.	
Date of Election, Convention or Caucus					
08/04/20					
-					
 Verification: I\We certify that all reasonable diligingly. Mylour knowledge and belief the contents are true, 	ence was used accurate and co	In the preparation of this statement of the preparation of this statement of the preparation of the prepara	ent and attached schedu	iles (if any) and to the	best of
Current Treasurer or	gamente t	111		A	
Designated Record keeper 195000	· Jucke	/	D	vate \$5 24 7	600
Type or Print Name		Signature	ı	oate \$ 24 7	
Candidate Arianne Slay		, Arianue ES		Date 8 24 30	20_
Type or Print Name		Signature	\mathcal{O}	· ·	



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

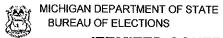
SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,657.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$8,657.00	(18.) \$ \$150,134.19
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$151.71	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$8,808.71	(20.) \$ \$150,285.90
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$2,383.32	(21.) \$ \$13,792.82
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$42,262.29	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ \$149,471.98
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)	(100.), ©	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	rese se	
a. Owed by the Committee (Schedule 1E)	(12a.) \$\$636.26	
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.) \$ \$34,142.50	
(Line 7.240 in the previous reports made been field.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$8,808.71	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$42,951.21	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$42,262.29	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$\frac{\$688.92}{}	•



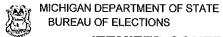
CANDIDATE COMMITTEE

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 all 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 07/20/20		
Name & Address:		
2950 N. Parker Rd.	400.00	100.00
Dexter, MI 48130	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Horo f	or Memo Itemization
Occupation Employer	Click Hele I	or wemo temization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address	_	
John Martin 2572 Walnut Rd	_s 200.00	° 350.00
Ann Arbor, MI 48103	\$	\$ 000.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Not Employed Employer	Ollok Floro Re	N WORLD REISHZUNDIT
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address:		
Daniel Hamalainen	F0 00	
1135 Lincoln Ave	_{\$} 50.00	_{\$} 50.00
Ann Arbor, MI 48104	Olivia Urana Sar	h.f
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	····	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address	<u></u>	
James Wilks		
3593 Northbrooke Dr.	_{\$} 250.00	_s 250.00
Superior Twp, MI 48198 5. If over \$100.00 cumulative, please provide:		
Occupation Journalist Employer Self-Employed	Click Here for	Memo Itemization
Business Address 3593 Northbrooke Dr., Superior Twp, MI 48198		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	al ¢eno oo	
·	Ψ000.00	-
Grand Total of All Schedules 1. (Complete on last page of Schedul	e)	J
Page of	Enter this total on line 3a of Summary Page.	



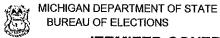
CANDIDATE COMMITTEE

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 all 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 07/20/20 Name & Address: Laura Hill		
1000 Sugarloaf Lake Road Chelsea, MI 48118	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here t	for Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address		
Janet Haynes 1410 S ZEEB RD ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address:		
William Amadeo 4158 Persimmon Dr. Ypsilanti, MI 48197	_{\$} 200.00	_{\$} 2337.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Attorney Employer McManus and Amadeo/Grabel and Associates		
Business Address 2500 Packard Street, Suite 106, Ann Arbor, MI 48104		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address		
Sean Eiler 48922 Woodson Way Canton, MI 48187	_{\$} 500.00	_{\$_} 734.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Technical Recruiter Employer Impact Technology Recruiting		
Business Address _ 18325 N Allied Way #210, Phoenix, AZ 85084		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$775.00	
Grand Total of All Schedules 1A		-
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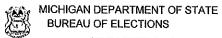
CANDIDATE COMMITTEE

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 all 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 07/20/20 Name & Address:		
Andrew McGuinness		
4935 W Liberty Rd	_{\$} 250.00	ູ 850.00
Ann Arbor, MI 48103	\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Self-Employed	Click Here fo	or Memo Itemization
Business Address P O Box 7711, Ann Arbor, MI 48107		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address		
David Swartz	100.00	200.00
3764 Michael Rd S	_{\$} 100.00	_{\$} 300.00
ANN ARBOR, MI 48103		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Judge Employer Washtenaw County		
Business Address 220 N. Main St., Ann Arbor, MI 48104		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address:		
Glenn Timpe	500.00	E00.00
2547 Hawks Rd	_{\$} 500.00	_{\$} 500.00
Ann Arbor, MI 48108	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	Olick Hele Iol	Memo Remization
Occupation Retired Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/20 Name & Address		
Judy Sauer	0= 00	
1516, Jewett Ave	_§ 25.00	_{\$} 25.00
Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide:		-
	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$875.00	[
Grand Total of All Schedules 1A		
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Page3of18	line 3a of Summary Page.	



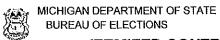
CANDIDATE COMMITTEE

Enter contributor's name and address. If middle initial. Check box to indicate if con Committee (PAC) Report all contributions	tribu	tion is from a Political Committee or	st name, first name, an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? Name & Address:		YES 4. Date of Receipt 07	/21/20		
Nancy McKay					
2426 Mulberry Ct.				_s 25.00	_。 50.00
Ann Arbor, MI 48104				<u>\$ 20.00</u>	<u>\$_00.00</u>
5. If over \$100.00 cumulative, please pro		9:		Click Here fo	or Memo Itemization
Occupation	_	Employer			
Business Address	i				
Type of Contribution:		Loan from a person Fund	Raiser		
Contribution #2 PAC Receipt? Name & Address		YES 4. Date of Receipt 07/2	21/20		
John Dahl 5196 Doral Ct				_{\$} 50.00	_{\$} 50.00
Ann Arbor, MI 48108					
5. If over \$100.00 cumulative, please pro	vid	:		Click Here for	r Memo Itemization
Occupation	Er	nployer			
Business Address					
Type of Contribution: 🗸 Direct		Loan from a person Fun	d Raiser		
Contribution # 3 PAC Receipt? Name & Address:		YES 4. Date of Receipt 07/	21/20		
Amanda Slaybaugh				E0 00	
512 N 7th St. Apt 1				_{\$} 50.00	_{\$} 50.00
Ann Arbor, MI 48103				Click Here for	Memo itemization
5. If over \$100.00 cumulative, please pro	vide	:		Click Hele lot	Memo Remization
Occupation	. E	mployer			
Business Address	_				
Type of Contribution: Vicet	ᆜ		d Raiser		
3. Contribution # 4 PAC Receipt? Name & Address	L	YES 4. Date of Receipt 07/	22/20		
Gregory Dodd 2261 Pittsfield Blvd.				_s 50.00	50.00
Ann Arbor, MI 48104				•	\$
5. If over \$100.00 cumulative, please pro	vide	;		Click Here for	Memo Itemization
Occupation	-	Employer			
Business Address					
Type of Contribution: V Direct		Loan from a person Fund	Raiser		
			Page Subtotal	\$175.00	
		Grand Tota	l of All Schedules 1A	7 - 1 - 1 - 1	
			ast page of Schedule)	Enter this total on	
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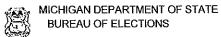
CANDIDATE COMMITTEE

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/20		
Yolanda Whiten 630 Barber Ann Arbor, MI 48103	_{\$} 100.00	_{\$} 600.00
5. If over \$100.00 cumulative, please provide:	Or Late	
Occupation Community Leader Employer Ann Arbor Community Center	Click Here to	or Memo Itemization
Business Address 625 N. Main Street, Ann Arbor, MI 48104		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/20 Name & Address		
Brant Funkhouser 2160 Overlook Ct Ann Arbor, MI 48103	_{\$} 50.00	_{\$} 550.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/26/20 Name & Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Abigail Elias 2248 S 7th St Ann Arbor, MI 48103	_{\$} 50.00	_{\$} 225.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Attorney Employer City of Ann Arbor		
Business Address 301 E. Huron St., Ann Arbor, Mi 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address		
Anne Lerini 17633 Annapolis St Dearborn Heights, MI 48125	_{\$} 100.00	_{\$_} 500.00
5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Washtenaw County	Click Here for	Memo Itemization
Business Address 200 N. Main St., Ann Arbor, Mi 48107		
Type of Contribution:		
Page Subtotal	\$300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Entonibio 4-1-1	
Page_5of	Enter this total on line 3a of Summary Page.	



CANDIDATE 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/20		
Name & Address:		
Nicholas Michael 2515 Miller Ave	25.00	50.00
Ann Arbor, MI 48103	_{\$} 25.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Ollate Have &	or Manna Harringtian
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/20		
Name & Address		
Ashley Londy	E0 00	75.00
2515 Miller Ave	_{\$} 50.00	_{\$} 75.00
Ann Arbor, MI 48103		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address:		The state of the s
Jeff Hauptman	_s 500.00	500.00
611 Stratford Drive	\$ 000.00	_{\$} 500.00
Ann Arbor, MI 48104	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	CHOK THERE IC	I WITHOUTH ILEHIIZAUUN
Occupation Asset Manager Employer MI		
Business Address 777 East Eisenhower, Suite 850,Ann Arbor, Mi 48104		
Type of Contribution: Direct Loan from a person Fund Raiser	a Lauren	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address	_	
Greg Rose	E00.00	E00.00
6680 Crane Road	_{\$} 500.00	_{\$_} 500.00
Yosilanti, MI 48197		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Not Employed Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Page Subtotal	\$1,075.00	
Grand Total of All Schedules 1A		_
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Page 6 of 18	line 3a of Summar Page.	y

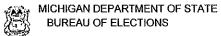


CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Arianne Slay

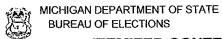
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address:		
Janis Bobrin		
3465 Vintage Valley	_s 250.00	° 750.00
Ann Arbor, MI 48105	_{\$} 230.00	§ 700.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Water Resources Commissioner Employer Washtenaw County	Ollok Flore i	or morns named
Business Address P. O. Box 8645,Ann Arbor, MI 48107		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address		
Brenda Stumbo	100.00	100.00
9622 Endicott Lane	_{\$} 100.00	<u>\$ 100.00</u>
Ypsilanti, MI 48197		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address:		
Soni Mithani	_s 500.00	<u>.</u> 1500.00
1030 Ferdon Road	\$ 000.00	\$_1300.00
Ann Arbor, MI 48104	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Attorney Employer Miller Canfield		
Business Address 101 N. Main Street, 7th Fl,Ann Arbor, MI 48104		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address		
David Barfield	200.00	200.00
5460 Geddes Rd	_{\$} 300.00	_{\$} 300.00
Ann Arbor, MI 48105		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Executive Employer BarPellam, Inc.		
Business Address 27777 Franklin Rd., Southfield, MI 48034		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Page Subtotal	\$1,150.00	
Grand Total of All Schedules 1A		
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7 of 18	line 3a of Summar Page.	y

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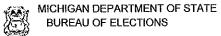
CANDIDATE COMMITTEE

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.	, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/28/20 Name & Address:		
Ron Perry 2300 Melrose Ann Arbor, MI 48104	_s 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:	¥	Version of the second s
Occupation Business Executive Employer Micro-Tech Endoscopy	Click Here fo	r Memo Itemization
Business Address 2855 Boardwalk Dr., Ann Arbor, MI 48104	-	
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/29/20 Name & Address		
Rachel Glick 1663 Snowberry Ridge Road Ann Arbor, MI 48103	_{\$} 250.00	_{\$} _1250.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Physician Employer University of Michigan		
Business Address 1500 E. Medical Center Drive, Ann Arbor, MI 48109		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/29/20 Name & Address:		
Samuel Bernstein 4158 Washtenaw Ave Canton, MI 48187	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/29/20 Name & Address	_	
Erica Melnykowycz 1100 W Liberty St Ann Arbor, MI 48103	_§ 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	_	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	otal \$625.00	
Grand Total of All Schedules	1A	1
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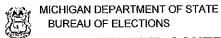
CANDIDATE COMMITTEE

Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions recommittee.	ibution is from a Political Commi	enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: Toby Freund	YES 4. Date of Receip	ot 07/29/20		400.00
2412 Virginia St.			_{\$} 100.00	_{\$} 100.00
Berkeley, CA 94709 5. If over \$100.00 cumulative, please pro-	vide:			
Occupation			Click Here to	or Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Receip	ot 07/30/20		
Melissa Brooks-Yip 3230 Roon The Ben			_{\$} 10.00	§ 30.00
Ann Arbor, MI 48108	vide:		Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please pro	Employer		0	
Occupation		1.000		
Business Address		Fund Paicer		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Rece	1Pt 07/30/20		
Yolanda Whiten			_s 200.00	s 800.00
630 Barber Ave			\$ 200.00	\$ <u>000.00</u>
Ann Arbor, MI 48103			Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please pro		omer mity Contor		
Occupation Community Leader	Employer Ann Arbor Con	munity Center		
Business Address 625 N Main, Ann Arbo		1 =		
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Reco	eipt <u>07/30/20</u>		
Marcus Seiser 4824 N Ashford Way Ypsilanti MI 48197			_{\$} 10.00	_{\$} 20.00
5. If over \$100.00 cumulative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation	Employer		Official force for	I WOMO ROMINEGRA
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$320.00	
	Gi (Com	rand Total of All Schedules 1A olete on last page of Schedule)	Enter this total on	
Page 9 of 18			line 3a of Summary Page.	,



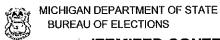
CANDIDATE COMMITTEE

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 all 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 07/30/20 Name & Address:		
Elizabeth Larin 407 Awixa Ann Arbor, MI 48104	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address		
Catherine Cammann 2008 Crestland St Ann Arbor MI 48104	_{\$} 50.00	_{\$} 1850.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address:		
Madeline Micou 8036 Creek Bend Dr Ypsilanti, MI 48197 5. If over \$100.00 cumulative, please provide:	\$ 41.00 Click Here fo	\$ 91.00 r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address		
Ellen Bunting 2474 Hickman Rd Ann Arbor, Ml 48105	_{\$} 41.00	_{\$} _141.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Director Business Dev Employer University of Michigan		
Business Address 777 Eisenhower, Ann Arbor, MI 48108		
Type of Contribution: Direct Loan from a person Fund Raiser		,
Page Subtotal	\$232.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	<u>.</u>
Page 10 of 18	Page.	



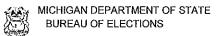
CANDIDATE COMMITTEE

Enter contributor's name and address. If cor middle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions re	oution is from a Political Comm	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt?	YES 4. Date of Rece	ipt 07/30/20		
Name & Address:	_			
John Martin 2572 Walnut Road			44.00	<u>,</u> 191.00
Ann Arbor, MI 48103			§ 41.00	\$ 131.00
5. If over \$100.00 cumulative, please provi	ide:		Clink Horo fo	r Mama Itamization
Occupation Not Employed	Employer		Click Here ic	r Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rece	ipt <u>07/30/20</u>		
Stephen Postema 1017 Woodbridge			<u>\$441.00</u>	_{\$} 2941.00
Ann Arbor, MI 48103			OF -1-15 f-	- Mary - Hamization
5. If over \$100.00 cumulative, please provi	ide: City of App Arb	or	Click Here to	r Memo Itemization
Occupation Attorney	Employer City of Ann Arbo	UI		
Business Address 301 E. Huron St., Ar	nn Arbor, MI 48104			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Reco	eipt 07/30/20		
Lore Rogers			_{\$} 41.00	_s 622.70
7044 Whitmore Lake Rd			\$ 1.00	\$ UZZ.1 U
Whitmore Lake, MI 48189			Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please prov			Short Flore 19	
Occupation Attorney	Employer State of Michig	gan		
Business Address 235 S Grand Ave., Ste	1108, Lansing, MI 48909			
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Rec	ceipt 07/30/20		
Katie Murphy 2210 Wildwood Trail			_{\$} 41.00	_{\$} 41.00
Saline, MI 48176	ido			
5. If over \$100.00 cumulative, please prov	ride.		Click Here fo	r Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser		
		Page Subtotal	\$564.00	_
		Grand Total of All Schedules 1A		
	(Con	nplete on last page of Schedule)	Enter this total on	ı
Page 11 of 18			line 3a of Summary Page.	,



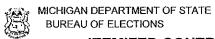
CANDIDATE COMMITTEE

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address: Kevin Bailey 3760 Oak Drive Ypsilanti, MI 48197	_{\$} 100.00	_{\$} 125.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Engineer Employer Source One Solutions		
Business Address 3760 Oak Drive, Ypsilanti, MI 48197		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address		
Shari Kaufman 3000 Pontiac Trail, Commerce Twp, MI 48390	\$_100.00	\$ 200.00
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
Occupation Not Employed Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address:		
Judith Hardin-Bell 274 Kirk Ave. Ypsilanti, MI 48197 5. If over \$100.00 cumulative, please provide:	\$ 41.00 Click Here for	\$ 641.00 r Memo Itemization
Occupation Auto worker Employer Ford Motor Co		
Business Address 37500 Van Born Rd., Wayne, MI 48184		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address		
Yolanda Whiten 630 Barber Avenue Ann Arbor, MI 48103	_{\$} 41.00	_{\$} 841.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Community Leader Employer Ann Arbor Community Center		
Business Address 625 N Main, Ann Arbor, MI 48104		
Type of Contribution: V Direct Loan from a person Fund Raiser		1
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 12 of 18	\$282.00 Enter this total on line 3a of Summary Page.	



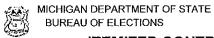
CANDIDATE COMMITTEE

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 all 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 Re	ceipt	07/30/20		
Name & Address: ABIGAIL EILER							
48922 Woodson V	Vav					44.00	10/11 00
Canton, MI 48187	,					_{\$} 41.00	_{\$} 1041.00
5. If over \$100.00 cumula						Click Horo fo	or Memo Itemization
Occupation Clinical Asst. Profes	sor/Clinical Social Works	ır —	_{Employer} <u>Univ. of Mic</u>	higa	ın	Cilck Here it	n Memo Remization
Business Address 1000	S STATE ST	RE	ET, ANN ARBOR, N	/II 48	3109		
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Re	ceipt	07/30/20		
Pamela Bogart						40.00	55.00
1392 Rosewood S	t					_{\$} 10.00	_{\$} 55.00
Ann Arbor, MI 481	04						
5. If over \$100.00 cumula	tive, please pro	/ide) :			Click Here fo	r Memo Itemization
Occupation		Er	nployer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Re	eceipt	07/30/20		
Joan Lowenstein						41.00	0.44.00
502 Burson Pl						<u>\$ 41.00</u>	_{\$} 341.00
Ann Arbor, MI 481	04					Click Here for	Memo Itemization
5. If over \$100.00 cumula		/ide):			Ollok Flore for	Memo Remization
Occupation Not Employ	red	E	Employer				
Business Address	F						
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of R	eceip	07/30/20		
Lisa Saulles						00.00	00.00
1630 Waltham	00					_{\$} 20.00	_{\$} 20.00
Ann Arbor, MI 4810		.: .:					
5. If over \$100.00 cumula	tive, piease pro	via	≯ ;			Click Here for	Memo Itemization
Occupation		-	Employer				
Business Address			.,				
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
					Page Subtotal	\$112.00	
				Gran	d Total of All Schedules 1A		-
			(Co	mple	te on last page of Schedule) [[]	Enter this total on	
Page1318						line 3a of Summary Page.	



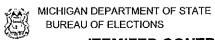
CANDIDATE COMMITTEE

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/30/20	date of receipt)
Name & Address:	
Pam Hoffer 1217 Brooklyn Ann Arbor, MI 48104 \$41.0	00 _{\$} 241.00
5. If over \$100.00 cumulative, please provide:	
Occupation Retired Employer	k Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	and the state of t
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address	
Rena Basch 4260 Shetland Dr Ann-Arbor, MI 48105	00 _{\$} 41.00
	Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution:	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address:	
John Reiser 1562 Abigail Way Ann Arbor, MI 48103	3
5. If over \$100.00 cumulative, please provide:	Here for Memo Itemization
Occupation Attorney Employer Washtenaw County	
Business Address 200 N. Main St., Ann Arbor, MI 48107	
Type of Contribution:	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address	
Nicole Appleberry 3376 Beaumont Rd Ann Arbor, MI 48105	00 \$ 341.00
5. If over \$100.00 cumulative, please provide:	Here for Memo Itemization
Occupation Clinical Professor/Attorney Employer Univ. of Mich. Law School	FIGIE 101 MEHIO REHIZAROH
Business Address 701 S. State St., Ann Arbor, MI 48109	
Type of Contribution: V Direct Loan from a person Fund Raiser	
Page Subtotal \$164.00	
Grand Total of All Schedules 1A	
(Complete on last page of Schedule)	total on



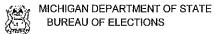
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an indivimiddle initial. Check box to indicate if contribution is from a Political 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 Name & Address:	Rece	ipt 07/30/20		
Soni Mithani				
1030 Ferdon Road			_{\$} 41.00	<u>,</u> 1541.00
Ann Arbor, MI 48104			\$	\$ 10-11.00
5. If over \$100.00 cumulative, please provide:			Click Here fo	or Memo Itemization
Occupation Attorney Employer Miller Car	nfield		Onon Flore	
Business Address 101 N. Main Street, 7th Fl,Ann Arbor, M	11 48	104		
Type of Contribution: ✓ Direct Loan from a person		Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Name & Address	Recei	pt 07/30/20		
Mary Fales 1635 Fredericks Dr			_{\$} 41.00	ş 394.45
Monroe, MI 48162			Oliak Hana fa	or Memo Itemization
5. If over \$100.00 cumulative, please provide:			Click Here it	n Memo Remization
Occupation Retired Employer				
Business Address		-		
Type of Contribution: ✓ Direct Loan from a person		Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Name & Address:	Rece	o7/30/20		
Danielle Hagaman-Clark 5623 Mountain Rd			_{\$} 41.00	_{\$} 391.00
Brighton, MI 48116 5. If over \$100.00 cumulative, please provide:			Click Here for	r Memo Itemization
	ichic	ian		
• • • • • • • • • • • • • • • • • • • •	101119			
Business Address 525 W Ottawa, Lansing, MI 48932 Type of Contribution: Direct Loan from a person		Fund Raiser		
	<u> </u>			
3. Contribution # 4 PAC Receipt? YES 4. Date of Name & Address	т кес	eipt_07/30/20		
Susan Tyson 5540 N Eagle Ct Ypsilanti, MI 48197			_{\$} 41.00	_{\$_} 141.00
5. If over \$100.00 cumulative, please provide:			0,, 111	NA 34 Cattan
Occupation Not Employed Employer			Click Here to	r Memo Itemization
Business Address				
Type of Contribution:	Г	Fund Raiser		
		Page Subtotal	\$164.00	
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(Comp	olete on last page of Schedule)	Enter this total on	J
Page			line 3a of Summary Page.	



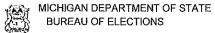
CANDIDATE COMMITTEE

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 all 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 07/30/20 Name & Address:		
Lisa Jackson		
4688 Pearl St	_{\$} 41.00	_a 566.00
Ypsilanti, MI 48197	\$	\$ 555.55
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Professor Employer Schoolcraft College		
Business Address 18600 Haggerty Rd., Livonia, MI 48152		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address		
Deborah Paul-McDonald 2830 Ember Way Ann Arbor, MI 48104	_{\$} _150.00	_{\$} 300.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Not Employed Employer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address:		
ACE WOOLRIDGE 3366 MAPLE DR.	_{\$} 41.00	_{\$} 391.00
YPSILANTI, MI 48197	-	Ψ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Not Employed Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/30/20 Name & Address		
Christine LePottier 3 Jefferson Ct.	_{\$} 400.00	_{\$} 500.00
Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide:		
	Click Here for	Memo Itemization
Business Address 1100 Vermont Ave NW, Washington, DC 20005		
Type of Contribution: ☐ Direct ☐ Loan from a person ✓ Fund Raiser		
Page Subtotal	\$632.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page of18	Enter this total on line 3a of Summary Page.	



CANDIDATE 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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/31/20 Name & Address:		
Pamela Gesund		
2507 Packard St	_s 10.00	. 80.00
Ann Arbor MI 48104	\$_10.00	\$ 00.00
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/20 Name & Address	•	
Toi Dennis	44.00	44.00
427 S ADAMS ST	_{\$} 41.00	_{\$} 41.00
YPSILANTI, MI 48197		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/01/20 Name & Address:		···
Blake Hatlem	44.00	
845 W Willis Rd	_{\$} 41.00	_{\$} 391.00
Saline, MI 48176		
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Attorney Employer Department of Justice		
Business Address 211 W. Fort, Detroit, MI 48226		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/04/20		· · · · · · · · · · · · · · · · · · ·
Name & Address — — — — — — — — — — — — — — — — — —		
Kari Dorr	20.00	400.00
6726 Robison Ln Saline, Ml 48176	_{\$} 20.00	_{\$_} 480.00
5. If over \$100.00 cumulative, please provide:		
Occupation Business Manager Employer Washtenaw County	Click Here for	r Memo Itemization
Business Address 200 N.Main St., Ann Arbor, MI 48107		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Page Subtotal	\$112.00	
	\$112.00	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
· · · · · · · · · · · · · · · · · · ·	Enter this total on line 3a of Summary	
Page 17 of 18	Page.	



CANDIDATE COMMITTEE

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)		
Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Recei	pt 08/04/20		***************************************
Charles Slay						
1112 Hasper Dr.					500.00	¢ 550.00
Ann Arbor, MI 4810	3				_{\$} 500.00	§ 330.00
5. If over \$100.00 cumulati	ive, please pro	vide	:		Click Here fo	or Memo Itemization
Occupation Retired		E	Employer		Ollok Fiore 10	n morno resmization
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
	AC Receipt?		YES 4. Date of Recei	pt		
Name & Address						
					\$	\$
					Ψ	Ψ
5. If over \$100.00 cumulati	ve, please pro	vide	:		Click Here fo	r Memo Itemization
Occupation		Em	ployer			
Business Address						
Type of Contribution:	irect		oan from a person	Fund Raiser		
3. Contribution # 3 P Name & Address:	AC Receipt?		YES 4. Date of Rece	ipt		
					\$	\$
5. If over \$100.00 cumulati	ve, please pro	vide	:		Click Here for	Memo Itemization
Occupation		Е	mployer			
Business Address						
	Pirect		Loan from a person	Fund Raiser		
3. Contribution # 4 F Name & Address	PAC Receipt?		YES 4. Date of Rece	pipt		
					\$	\$
5. If over \$100.00 cumulati	ve, please pro	vide	:		Ollala I I f	. N.A
Occupation		_	Employer		Click Here for	Memo Itemization
Business Address						
	Direct	П	Loan from a person	Fund Raiser		
<u></u>		<u> </u>		Page Subtotal	\$500.00	
			Gr	and Total of All Schedules 1A	\$8,657.00	-
				lete on last page of Schedule)	Enter this total on	
18 18					line 3a of Summary	

Page 10 of 10

Page.



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2019-007</u>

	2	2. Committee Name Committe	e to Elect A	vrianne Siay
3. Name & Address From Whom Received		5. Type of Receipt		6. Amount
Receipt #1 Name & Address:	Date of Receipt 08/19/20	Loan from a Lending Ins		; 151.71
WP Engine, Inc		Interest	1	,
504 Lavaca St., Suite 1000 Austin, TX 78701		✓ Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending In	stitution	
		Interest	\$	
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Ins	stitution	
		Interest	\$.	
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #4	Date of Receipt			····
Name & Address:	. —	- Loan from a Lending Ins	stitution \$;
		Interest		
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #5 Name & Address;	Date of Receipt	Loan from a Lending Ins	titution	
		Interest	5	5
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #6 Da Name & Address:	ate of Receipt	Loan from a Lending Ins	titution	······································
		Interest		\$
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)		
Receipt #7 Da Name & Address:	ate of Receipt	Loan from a Lending In	stitution	\$
		Interest		Ψ
		Refund \Rebate	Click for Memo	Itemization Type
	Fund Raiser	Other (Specify)	······	
			Page Subtotal	\$151.71
		Grand Total of All (Complete on last p		\$ 151.71
				Enter this total on

Enter this total on line 4 of Summary Page

Page 1 of 1



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2019-007

Committee to Elect Arianne Slay

CANDIDATE COMM	IITTEE 2. Committee Name	
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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: Eve Aronoff Fernandez 2756 N. Wagner Rd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Owner/Chef Employer Name & Business Address: Frita Batidos 117 W. Washington St. Ann Arbor, MI 48104 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Food/Catering Services 5. Date Of Receipt: 07/29/20 6. Vendor Name & Address:	2250.00 \$ 2500.00
Contribution # 2 PAC Receipt? Yes Name & Address Caroline Sanders 1216 W Cross St. Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Billboard Ad	33.32
Occupation: Int, Dir, Community Relations Employer Name & Address: Eastern Michigan University 203 Boone Boone Ypsilanti, MI 48197 Fund Raiser Contribution	5. Date Of Receipt: 07/29/20 6. Vendor Name & Address: Adams Outdoor Click 880 James L. Hart Parkway Ann Arbor, MI 48197	ck Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Clie	ck Here for Memo Itemization
Fund Raiser Contribution	Page Subtotal	\$2,383.32
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$2,383.32

Enter this total on line 6 of Summary Page

Page _____ of ____



1. Committee I. D. Number ______

		•
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 Facebook		07/20/20	\$ 200.00
Address	Purpose: Ad	Date	
1 Hacker Way			
Menlo Park, CA 94025	Click F	tere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Facebook		07/21/20	\$ 200.00
Address	Purpose: Ad	Date	
1 Hacker Way	Click H	lere for Memo I	temization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of		·
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Facebook		07/22/20	\$ 200.00
Address	Purpose: Ad	Date	***************************************
1 Hacker Way	Click H	lere for Memo I	temization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Facebook		07/24/20	
		Date	\$ <u>400.00</u>
Address	Purpose: Ad		
1 Hacker Way	Click H	lere for Memo l	temization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		Š
Expenditure #5			
Name Facebook		07/26/20	
	Purpose: Ad	Date	\$ 200.00
Address	Purpose:	Duto	
1 Hacker Way Menlo Park, CA 94025		lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	\$1,200.00
	Grand Total of all S (Complete on last page		
	(complete of last page	/ L	Enter this total

Enter this total on line 8a of Summary Page



1. Committee I. D. Number <u>C-2019-007</u>

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 Facebook		07/27/20	\$ 400.00
Address	Purpose: Ad	Date	
1 Hacker Way			Hamisalian Tuna
Menlo Park, CA 94025	Click	Here for Werno	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Jeremy Glick		07/27/20	\$ 2500.00
Address	Purpose: Monthly Retainer	Date	\$ <u>2000.00</u>
1663 Snowberry Ridge Rd.	Click	Here for Memo	Itemization Type
Ann Arbor, MI 48103			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Hess Printing		07/27/20	\$ 24,581.39
Address	Purpose: Mailers	Date	PARTY.
201 Elm, Suite A		Here for Memo	Itemization Type
Wyandotte, MI 48192	<u> </u>	ioro ior inomo	nomization Type
Fund Raiser	L_Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Facebook		07/29/20	
		Date	\$ <u>200.00</u>
Address	Purpose: Ad		
1 Hacker Way	Click I	Here₋for Memo	Itemization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name Facebook		07/30/20	\$ 200.00
Address	Purpose: Ad	Date	¥ <u>200.00</u>
1 Hacker Way		Here for Memo	Itemization Type
Menlo Park, CA 94025	Check box if this expenditure is payment of		· · · · · · · · · · · · · · · · · · ·
Fund Raiser	debt or obligation reported on previous statement		
	Subto	otal this page	\$27,881.39
	Grand Total of all (Complete on last pag		

Enter this total on line 8a of Summary Page

2 of 6



20	1	9-	OC)
	40	4U I	ZU 13-	2019-00

2. Committee Name Committee to Elect Arianne Slay	1. Committee I. D. N	umber	
	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 USPS		07/30/20	\$ 55.00
Address	Purpose: Postage Stamps	Date	Professional Company of the Company
2075 W Stadium Blvd			
Ann Arbor, MI 48103	Click	Here for Memo	temization Type
Alli Alboi, Wi 40 103	Check box if this expenditure is payment of	•	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2		***	
Name NGP Van, Inc.		07/31/20	\$ 246.00
•	PohoCall	Date	\$ <u>240.00</u>
Address	Purpose: RoboCall		
48 Grove Street, Suite 202	Click I	Here for Memo I	temization Type
Somerville, MA 02144			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		·
Expenditure #3			
Name Facebook		07/31/20	\$ 200.00
A Maria	Purpose: Ad	Date	\$ 200.00
Address	Purpose: / **		
1 Hacker Way	Click H	lere for Memo l	lemization Type
Menlo Park, CA 94025	Check box if this expenditure-is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Facebook		08/03/20	
1 deebook		Date	\$ 1,200.00
Address	Purpose: Ad	Date	
1 Hacker Way			lemization Type
Menlo Park, CA 94025		tere for Metric i	lernization Type
· 	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Google		08/03/20	
-	Purpose: Gsuite	Date	\$ <u>12.00</u>
Address	Purpose:	24.0	
1600 Amphitheatre Pkwy Mountain View, CA 94043	I personal	Here for Memo I	temization Type
Wountain view, CA 94043	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$1,713.00
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	Enter this total

Enter this total on line 8a of Summary Page



	C-2019-007
- A. I.	

1. Committee I. D. Number

2. Committee Name Committee to Elect Arianne Slay

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Blue Parasol		08/03/20	\$ 134.81
Address	Purpose: Merchant Fees	Date	
285 W. Tabernacle St. Ste 201		(Managhar dha an Managh
Saint George, UT 84770	Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Facebook		08/04/20	s 1414.40
,	Ad	Date	\$ <u>1414.40</u>
Address	Purpose: Ad		
1 Hacker Way	Click	Here for Memo	Itemization Type
Menlo Park, CA 94025	Cheek hav if this avacanditure is payment of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Facebook		08/05/20	\$ 245.30
Address	Purpose: Ad	Date	
1 Hacker Way		Hara for Momo	temization Type
Menlo Park, ČA 94025	l 		ternization Type
Fund Raiser	LCheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Casey Frushour		08/05/20	
Cassy : Tashisai	144 h 26 th 1 fe	Date	\$ <u>75.00</u>
Address	Purpose: Website Update	<u> </u>	
5298 Crown Court	Click I	Here for Memo	temization Type
Ann Arbor, MI 48108			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name ACTBLUE		08/05/20	
Address	Purpose: Merchant Fees	Date	\$ <u>350.86</u>
PO Box 441146			–
Somerville, MA 02144-0031	Click Check box if this expenditure is payment of	Here for Memo	Itemization Type
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$2,220.37
	Grand Total of all		
	(Complete on last pag	e of Schedule)	

Enter this total on line 8a of Summary Page

Page _____ 6



1. Committee I. D. Number <u>C-2019-007</u>

2. Committee Name	Committee to	Elect Arianne	Slay

Total E. Michigan Ave. Ypsilanti, MI 48198 Fund Raiser Expenditure #4 Name Hustle, Inc Address 595 Market St., Suite 920 San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address Purpose: Merchant Fees Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous San Francisco Check box if this expenditure is payment of debt or obligation reported on previous Click Here for Memo Itemization Type	Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Address Purpose: DMO3 Date \$450.00	Expenditure #1			
Address 1445 New York Ave, NW, Suite 200 Washington, DC 20005 Fund Raiser Check box if this expenditure is payment of data or obligation reported on previous statement	Name NGPVAN, INC		08/05/20	s 450.00
Text Mess York Ave. NW, Suite 200 Washington, DC 20005 Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement	Address	Purpose: DMO3	Date	
Check box if this expenditure is payment of debt or obligation reported on previous statement	1445 New York Ave. NW, Suite 200		lere for Memo	Itemization Tyne
Fund Ralser Signature #2 Statement	•		ioro for thome	nomization Typo
Name Sam Burnstein Address Purpose: Misc. Tasks Date Click Here for Memo Iternization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #3 Name Glemps Printing & Embroidery Address Purpose: T-Shirts Date Click Here for Memo Iternization Type Address Purpose: T-Shirts Date Click Here for Memo Iternization Type Text Messages Date Click Here for Memo Iternization Type Click	Fund Raiser	debt or obligation reported on previous		
Address Purpose: Misc. Tasks Date \$250.00	Expenditure #2			
Address Purpose: Misc. Tasks Date	Name Sam Burnstein		08/05/20	s 250.00
Ann Arbor, MI 48103 Gheck box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous	Address	Purpose: Misc. Tasks	Date	
Ann Arbor, MI 48103 Gheck box If this expenditure is payment of debt or obligation reported on previous statement Expenditure #3	2505 Geddes Rd.	Click H	ere for Memo	Itemization Type
Fund Raiser Expenditure #3 Name Glemps Printing & Embroidery Address 1770 E. Michigan Ave. Ypsilanti, MI 48198 Fund Raiser Expenditure #4 Name Hustle, Inc Address Purpose: Text Messages Purpose: Text Messages Find Raiser Expenditure #4 Name Hustle, Inc Address Purpose: Text Messages Click Here for Memo Itemization Type San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address Purpose: Merchant Fees Purpose: Merchant Fees Click Here for Memo Itemization Type \$ 527.19 Click Here for Memo Itemization Type \$ 527.19 Click Here for Memo Itemization Type \$ 527.19 Click Here for Memo Itemization Type Click Here for Memo Itemization	Ann Arbor, MI 48103			
Name Glemps Printing & Embroidery Address 1770 E. Michigan Ave. Ypsilanti, MI 48198 Fund Raiser Expenditure #4 Name Hustle, Inc Address 595 Market St., Suite 920 San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address Purpose: Merchant Fees Purpose: Merchant Fees Purpose: Merchant Fees Purpose: Merchant Fees Click Here for Memo Itemization Type \$ 5480.64 Purpose: Text Messages Click Here for Memo Itemization Type Click Hore for Memo Itemization Type Somerville, MA 02144 Click Hore for Memo Itemization Type Somerville, MA 02144 Gebt or obligation reported on previous statement Subtotal this page \$ 7,057.63 Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
Address Purpose: T-Shirts Say 1980 T-Shirts Click Here for Memo Itemization Type T-Shirts T-Shir	Expenditure #3			
T770 E. Michigan Ave. Ypsilanti, MI 48198 Fund Raiser Expenditure #4 Name Hustle, Inc Address 595 Market St., Suite 920 San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address Purpose: Merchant Fees Purpose: Merchant Fees Click Here for Memo Itemization Type S27.19 Click Here for Memo Itemization Type	Name Glemps Printing & Embroidery		08/06/20	\$ 349.80
Ypsilanti, MI 48198 Gheck box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	Address	Purpose: T-Shirts	Date	
Fund Raiser Expenditure #4 Name Hustle, Inc Address 595 Market St., Suite 920 San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address Purpose: Merchant Fees Click Here for Memo Itemization Type \$ 527.19 Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$ 7,057.63 Grand Total of all Schedules 1B	1770 E. Michigan Ave.	Click H	ere for Memo	Itemization Type
Expenditure #4 Name Hustle, Inc Address 595 Market St., Suite 920 San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address Purpose: Merchant Fees Purpose: Merchant Fee	Ypsilanti, MI 48198			
Name Hustle, Inc Address 595 Market St., Suite 920 San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Expenditure MA 02144 Fund Raiser Subtotal this page \$7,057.63 Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
Address Purpose: Text Messages Purpose: Text Messages Click Here for Memo Itemization Type Click Hore for Memo Itemization Type Click Hore for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Click Hore for Memo Itemization Type Merchant Fees O8/11/20 Date \$ 527.19 Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$7,057.63 Grand Total of all Schedules 1B	Expenditure #4			
Address Purpose: Text Messages Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Purpose: Merchant Fees Click Here for Memo Itemization Type \$ 527.19 Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$ 7,057.63 Grand Total of all Schedules 1B	Name Hustle, Inc		08/10/20	
San Francisco, CA 94105 Glick Here for Memo Itemization Type Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Click Here for Memo Itemization Type Subtotal this page \$7,057.63 Grand Total of all Schedules 1B	Addrose	Text Messages		\$ <u>5480.64</u>
San Francisco, CA 94105 Fund Raiser Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Click Here for Memo Itemization Type Merchant Fees O8/11/20 Date \$ 527.19 Click Here for Memo Itemization Type Subtotal this page \$ 7,057.63 Grand Total of all Schedules 1B		Purpose: Text Westages		
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Click Here for Memo Itemization Type of debt or obligation reported on previous statement Subtotal this page \$7,057.63 Grand Total of all Schedules 1B	•	Click He	ere for Memo	temization Type
Expenditure #5 Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Subtotal this page Grand Total of all Schedules 1B Statement Sta				
Name ACTBLUE Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Name ACTBLUE Purpose: Merchant Fees Merchan	Fund Raiser			
Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Purpose: Merchant Fees Date \$527.19	Expenditure #5			
Address P.O. Box 441146 Somerville, MA 02144 Fund Raiser Purpose: Merchant Fees Date \$527.19 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$7,057.63 Grand Total of all Schedules 1B	Name ACTBLUE		N8/11/2N	
P.O. Box 441146 Somerville, MA 02144 Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$7,057.63 Grand Total of all Schedules 1B	Address			\$ <u>527.19</u>
Somerville, MA 02144 Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page \$7,057.63 Grand Total of all Schedules 1B		ruipose.		
Fund Raiser debt or obligation reported on previous statement Subtotal this page \$7,057.63 Grand Total of all Schedules 1B Substitution Subst	Somerville, MA 02144		ere for Memo	Itemization Type
Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
,		Subtot	al this page	\$7,057.63

Enter this total on line 8a of Summary Page



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 Name.Com, Inc.		08/18/20 Date	\$ 89.90
Address 414 14th Street #200 Denver, Colorado 80202 Fund Raiser	Purpose: Domain Click H Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
Expenditure #2 Name Sean Slay Address	_{Purpose:} Repayment of Loan	08/18/20 Date	\$ <u>2000.00</u>
6092 Aspen Way Ypsilanti, MI 48197	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	temization Type
Expenditure #3 Name NGPVAN, INC Address	Purpose: Cancellation Fee	08/22/20 Date	\$ <u>100.00</u>
1445 New York Ave. NW, Suite 200 Washington, DC 20005	Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo I	temization Type
Expenditure #4 Name Address	Purpose:Click He	Date ere for Memo I	\$ temization Type
Fund Raiser Expenditure #5 Name	debt or obligation reported on previous statement		
Address	Purpose:Click H	Date ere for Memo	\$lternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot Grand Total of all S (Complete on last page	1	\$2,189.90 \$42,262.29
	• • •		Cotor this total

Enter this total on line 8a of Summary Page

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FUND RAISER SCHEDULE 1F

	2, Cui	mmittee Name COTTITITUEE TO	Elect Arianne Slay
	- USE A SEPARATE SH	IEET FOR EACH EVENT	
ate Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
29/20	greater)	Dinner	2756 N. Wagner Rd Ann Arbor, MI 48103 Private Residence
tal Contributions	\$2,550.00		I bearing
her Receipts			
oss Receipts (Add lines 7	and 8)		
Total Cost of Event	\$2,250.00 ntributions and All Expenditure	s Made For the Event	
	int fund raiser and complete th		
Co-Sponsor(s)	Contribution (%)		Expenditure Split (%)
			*
Name of Parish Strategy of the			

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.

Page _1 ___ of _1



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

2019-007

CA	NDI	DA'	TE ·	COL	VIV	ITT	EE
•	** 4 1			~~.	****		Davie Minns

³ Committee Name Committee to Elect Arianne Slay

CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule itemizes:				
a ✓ Debts and obligations owed by or forgiven the com (Che	mittee OR b, Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the cor	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Arianne Slay 6092 Aspen Way	5. Date Debt Was Incurred:	\$\$		
Ypsilanti, MI 48197	04/19/20 6. Original Amount of Debt:	\$	\$	\$ <u>158.89</u>
	\$ 158.89	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		\$		
		An	nount Endorsed: \$ —	
Debt #2- Corp? Yes Owed to or by:	4. Type: Loan	\$		
	5. <u>Date Debt Was Incurred</u> : 3/1/20-4/30/20	\$		
	6. Original Amount of Debt:	\$	s	\$ <u>144.00</u>
	<u>\$_144.00</u>	\$	*	FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Loan	06/03/20 \$87.45		
Arianne Slay	5. Date Debt Was Incurred;	06/05/20 \$ 97.52		
6092 Aspen Way	06/03/20 & 06/05/20	\$		40.4.07
Ypsilanti, MI 48197	6. Original Amount of Debt:	•	\$	\$_184.97
	\$ <u>184.97</u>	φ		FORGIVEN
		\$		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtota	al (Outstanding debt)	\$487.86
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
				Enter this total on line 12a "owed

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

by"" or line 12b "owed to" of the Summary Page

Page 1 of 2



DEBTS AND OBLIGATIONS SCHEDULE 1E

CANDIDATE COMMIT	T	EE
------------------	---	----

2. Committee Name Committee to Elect Arianne Slay

This Schedule itemizes: a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors; if any. Debt #1	CANDIDATE COMMITTEE							
(Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to Indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. Debt #1	This Schedule itemizes:							
financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. Debt #1								
Debt #1	financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	(Description) 5. Indicate date debt was incurred 6. Indicate original amount		payment to	Balance at close of this period (Item 6 minus			
6092 Aspen Way	' ! !	_{4. Type:} Loan	\$					
Ypsilanti, MI 48197 6. Original Amount of Debt: \$ 148.40 \$ 148.40 If bank loan, name of endorser or guarantor: Amount Endorsed: \$ 148.40 Debt #2	· · · · · · · · · · · · · · · · · · ·							
\$ 148.40 \$	•		\$	s	_{\$} 148.40			
S	•		\$	Ψ				
Debt #2 Corp? Yes 4. Type: Loan \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ <u>148.40</u>	\$		FORGIVEN			
Owed to or by: Sean Slay 6092 Aspen Way Ypsilanti, MI 48197 4. Type: LOall \$ 5. Date Debt Was Incurred: \$ 07/18/20 6. Original Amount of Debt: \$ 2,000.00 \$ FORGIVEN	If bank loan, name of endorser or guarantor: Amount Endorsed: \$							
6092 Aspen Way Ypsilanti, MI 48197 6. Original Amount of Debt: \$ 2,000.00 \$ 0.00		4. Type: Loan	\$					
Ypsilanti, MI 48197 6. Original Amount of Debt: \$ 2,000.00 \$ 2,000.00 \$ 0.00		5. Date Debt Was Incurred:	\$					
\$\$\$		07/18/20	6					
\$	Ypsilanti, MI 48197	6. Original Amount of Debt:	<u> </u>	\$ 2,000.00	\$_0.00			
		\$2,000.00	\$		FORGIVEN			
			\$		- TOKOWEN			
if bank loan, name of endorser or guarantor: Amount Endorsed: \$								
Debt #3		4. Type:	\$					
5. <u>Date Debt Was Incurred</u> :		5. Date Debt Was Incurred:	\$					
			\$					
6. Original Amount of Debt: \$ \$ \$ \$		6. Original Amount of Debt:	\$	\$	\$			
		\$			FORGIVEN			
<u></u> _			\$					
If bank loan, name of endorser or guarantor: Amount Endorsed: \$	If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_				
Page Subtotal (Outstanding debt) \$148.40			Page Subtotal	(Outstanding debt)	\$148.40			
Grand Total of all Schedules 1E \$636.26 (Complete on last page of Schedule showing amounts owed by or to the committee) Enter this total	Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)							

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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