



**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: 04/27/18 to 07/22/18

1. Committee I.D. Number
C-2018-032

2. Committee Name
Friends of Kathy Griswold

4. Candidate Last Name **Griswold** First Name **Katherine** M.I. **J**

4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City Council Ward 2

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**3565 Fox Hunt Dr
Ann Arbor, MI 48105**

Area Code and Phone (734) 657-7900
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
**Joseph A Machak
3565 Fox Hunt Dr
Ann Arbor, MI 48105**

Area Code & Phone (734) 945-7996

7. Treasurer's Business Address
**3565 Fox Hunt Dr
Ann Arbor, MI 48105**

Area Code and Phone (734) 945-7996

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
**Joseph A Machak
3565 Fox Hunt Dr
Ann Arbor, MI 48105**

Area Code and Phone (734) 945-7996

FILED
WASHTENAW COUNTY, MI
2018 JUL 26 P 1:01
LAWRENCE WESTERBAUM
COUNTY CLERK/REGISTRAR

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
08/07/18

Required ONLY if candidate is not on the ballot enqsgd-
bt qptnsxd' q

July Quarterly
 October Quarterly

9c. Annual Statement (_____)
Coverage Year

9c. @ dnc l dncsn B' l o' ff mRs sll dms
'Bnl oldsd hdl 8' +8a+8b nq8d sn
hrcb' sd v gfbg Rs sll dncstr adhrf
amended-)

9d. Dissolution of Candidate Committee

By bgdbj hrf sgr hdl HV d bdcqex' nx nt s's nclmf cdas
ax sgd bnl l htee to the b' ncl' sd nqgr nqgdqront r d fr gdcq
ax discharged and forgiven, and no longeqbnkdbstakd qnl
the committee. Sgd bnl l hsd d' r m nt r's nclmf ' r rds +
nv dr m R sdr eldr nqg' r ' mx nt r's nclmf cdas

Et qgdolsege chl r nlt dnmb' mmsad f q ncl+sq' ssgfr ad
bnm ledqic' qpt dr senqsgd Qdonqhrf V' hddq

Effective date of dissolution

Note: The disposition of residual funds must be reported on
Rbgdct id 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 Joseph A Machak Signature Joseph A Machak Date July 23, 2018

Candidate Katherine J Griswold Signature Katherine J Griswold Date July 23, 2018



1. Committee I.D. Number C-2018-032

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Kathy Griswold

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>12,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$12,300.00</u>	(18.) \$ <u>\$12,300.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	(19.) \$ <u> </u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$12,300.00</u>	(20.) \$ <u>\$12,300.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$168.00</u>	(21.) \$ <u>\$168.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> </u>	(22.) \$ <u> </u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$9,725.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u> </u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$18.34</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$9,743.37</u>	(23.) \$ <u>\$9,743.37</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u> </u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u> </u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u> </u>	(24.) \$ <u> </u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$3,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u> </u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$12,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$12,300.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$9,743.37</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,556.63</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-032

2. Committee Name Friends of Kathy Griswold

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>04/30/18</u> Name & Address: GRISWOLD, KATHERINE J 3565 FOX HUNT DR ANN ARBOR, MI 48105		\$ <u>2,000.00</u>	\$ <u>2,000.00</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 checked="" 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>05/10/18</u> Name & Address: BANNISTER, ANNE L 612 N MAIN ST ANN ARBOR, MI 48104		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial Planner</u> Employer <u>Personal Finance Education Services, Inc.</u> Business Address <u>612 N MAIN 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/16/18</u> Name & Address: GRISWOLD, KATHERINE J 3565 FOX HUNT DR ANN ARBOR, MI 48105		\$ <u>1,000.00</u>	\$ <u>3,000.00</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 checked="" 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>05/23/18</u> Name & Address: LUMM, JANE B 3075 OVERRIDGE DR ANN ARBOR, MI 48104		\$ <u>250.00</u>	\$ <u>250.00</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 **\$3,450.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>05/23/18</u> Name & Address: HUGONOT-HABER, ODILE 531 THIRD ST ANN ARBOR, MI 48103-4956 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>50.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/27/18</u> Name & Address: HATHAWAY, WILLIAM 3424 STOWE ST 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: RAMLAWI, ALI YUSUF-RIBHI 428 S 7TH ST ANN ARBOR, MI 48103-4759 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>50.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: ECKSTEIN, PETER C 2551 LONDONDERRY RD AANN ARBOR, MI 48104-4017 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	\$ <u>140.00</u>	\$ <u>140.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$340.00**
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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>06/01/18</u> Name & Address: SHELDON, INGRID K 1416 FOLKSTONE CT ANN ARBOR, MI 48105 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: SEETOO, AMY D 3111 CEDARBROOK RD ANN ARBOR, MI 48105-3407 5. If over \$100.00 cumulative, please provide: Occupation <u>Landlord</u> Employer <u>Self Employed</u> Business Address <u>3111 CEDARBROOK RD, ANN ARBOR, MI 48105-3407</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: CONNELLAN, S S 3125 GEDDES AVE ANN ARBOR, MI 48104 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>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: HEIKKINEN, PRUDENCE F 1914 WAYNE ST ANN ARBOR, MI 48104-3616 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 \$500.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: REISFIELD, CATHY M 2370 E STADIUM BLVD # 1016 ANN ARBOR, MI 48104 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>	\$ _____
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: CARUSO, VINCENT P 556 GLENDALE CIR ANN ARBOR, MI 48103-4177 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 #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: PRITTS, BRADLEY A 3030 LEXINGTON ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Consultant</u> Employer <u>Self Employed</u> Business Address <u>3030 LEXINGTON, 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	\$ <u>200.00</u>	\$ <u>200.00</u>
Click Here for Memo Itemization		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: LEWIS, CHARLES D 330 S 7TH ST 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>50.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$450.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-032

2. Committee Name Friends of Kathy Griswold

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>06/01/18</u> Name & Address: MORRIS, LESLIE JEAN 1023 YOUNG PL ANN ARBOR, MI 48105 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	\$ <u>125.00</u>	\$ <u>125.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: DASCOLA, ROBERT M 1815 BALDWIN AVE ANN ARBOR, MI 48104-4446 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: LAMB, CECILE 1606 DICKEN DR ANN ARBOR, MI 48103 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	\$ <u>150.00</u>	\$ <u>150.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: SILKWORTH, DAVID A 2048 CHARLTON ST APT 301 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 **\$475.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/01/18
Name & Address:
MITCHELL, RITA L
621 5TH ST
ANN ARBOR, MI 48103
6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00
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

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/01/18
Name & Address:
WALKER, JAMES C
2050 CAMELOT RD
ANN ARBOR, MI 48104
6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00
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

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/01/18
Name & Address:
ELENBOGEN, LINDA P
3950 KIPLING DR
ANN ARBOR, MI 48105-2834
6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00
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

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/01/18
Name & Address:
VINCZE, JAMES P
1335 FAIRLANE DR
ANN ARBOR, MI 48104
6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00
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 Subtotal \$350.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: VISINTAINER, THERESA 2813 RENFREW ST ANN ARBOR, MI 48105 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: KAILASAPATHY, SUMANGALA 2530 MALLARD CT ANN ARBOR, MI 48105 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: BEVERIDGE, ALISSA F 2651 GEDDES AVE ANN ARBOR, MI 48104 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>35.00</u>	\$ <u>35.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: MENEGHINI, LINDA R 1340 FOLKSTONE CT ANN ARBOR, MI 48105 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 **\$335.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-032
2. Committee Name Friends of Kathy Griswold

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>06/01/18</u> Name & Address: GEYER, JULIE 1240 BARDSTOWN TR ANN ARBOR, MI 48105 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/18</u> Name & Address: BHATIA, INDERPAL S 2555 DEVEONSHIRE RD ANN ARBOR, MI 48104-2707 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>50.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/18</u> Name & Address: HOLSINGER, KAY 2300 KENT ST 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>06/11/18</u> Name & Address: CARMEN, WENDY 2340 GEORGETOWN BLVD ANN ARBOR, MI 48105 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 **\$350.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>06/13/18</u> Name & Address: LUND, ANN L 1510 JONES DR ANN ARBOR, MI 48105-1872 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>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/15/18</u> Name & Address: LIBERSON, ALICE 1129 MARTIN PL ANN ARBOR, MI 48104-3512 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>50.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/18</u> Name & Address: SCHRIBER, ANN S 2116 DORSET RD ANN ARBOR, MI 48104-2604 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	\$ <u>150.00</u>	\$ <u>150.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/18</u> Name & Address: READING, AGNES 161 LAURIN CT ANN ARBOR, MI 48105 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	\$ <u>125.00</u>	\$ <u>125.00</u> Click Here for Memo Itemization

Page Subtotal **\$345.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>06/18/18</u>	
Name & Address: STROUD, KATHLEEN F 2271 PLACID WAY ANN ARBOR, MI 48105-1205		\$ <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>06/18/18</u>	
Name & Address: LEE-MILLS, ROWE Y 3027 LAKE HAVEN DR ANN ARBOR, MI 48105-2501		\$ <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>06/23/18</u>	
Name & Address: SEVERENCE, CAMILLE 2010 BELMONT RD ANN ARBOR, MI 48104-2820		\$ <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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/23/18</u>	
Name & Address: GILGENBACH, CATHERINE H 3651 WALDENWOOD DR ANN ARBOR, MI 48105-3042		\$ <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	

Page Subtotal **\$350.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>06/23/18</u> Name & Address: MARUNICK, KATHRYN F 3034 BOLGOS CIR ANN ARBOR, MI 48105 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>50.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/18</u> Name & Address: MONTGOMERY, SUSAN 3291 RUMSEY DR ANN ARBOR, MI 48105-1467 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/24/18</u> Name & Address: SENER, RICHARD H JR 897 GREENHILLS DR ANN ARBOR, MI 48105-2719 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>50.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: WIDZINSKI, DIANNE 3000 GLAZIER WAY # 230 ANN ARBOR, MI 48105 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	\$ <u>250.00</u>	\$ <u>250.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$450.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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 _____	
Name & Address: DOHLER, DALE T 1241 ARLINGTON BLVD ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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 _____	
Name & Address: KMENTA, JOAN H 662 GREENHILLS DR ANN ARBOR, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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 _____	
Name & Address: NEARY, JANET L 845 ARLINGTON ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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 _____	
Name & Address: STEINGOLD, FRED 3410 ANDOVER RD ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$275.00

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>06/25/18</u>	
Name & Address: MAXWELL, DONNA F 3696 MIDDLETON DR ANN ARBOR, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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>06/26/18</u>	
Name & Address: GERBER, FLORENCE 3060 OVERRIDGE DR ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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>06/27/18</u>	
Name & Address: CARRIGAN, NOREEN M 1922 BOULDER DR ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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>06/27/18</u>	
Name & Address: SCHWEER, STEPHEN W 1025 BERKSHIRE ANN ARBOR, MI 48104		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$175.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/29/18

Name & Address:
VALACAK, PAUL A
1815 TIMBER TRL
ANN ARBOR, MI 48103

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 06/29/18

Name & Address:
OSWALD, LYNDA J
1910 CAMBRIDGE RD
ANN ARBOR, MI 48104

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/29/18

Name & Address:
HATHAWAY, MARY A
1407 WAKEFIELD AVE
ANN ARBOR, MI 48103-4630

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/30/18

Name & Address:
RABHI, PEGGY
1991 UPLAND DR
ANN ARBOR, MI 48105

6. Amount \$ 40.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 40.00

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 Subtotal **\$290.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/02/18

Name & Address:
WILLIAMS, WARREN
2708 LOWELL RD
ANN ARBOR, MI 48103

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 07/02/18

Name & Address:
BORIS, KATHERYN A
PO BOX 8117
ANN ARBOR, MI 48105

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/02/18

Name & Address:
REISFIELD, CATHY M
2370 E STADIUM BLVD # 1016
ANN ARBOR, MI 48104

6. Amount \$ 250.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 350.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Educator Employer Self Employed

Business Address 2370 E STADIUM BLVD # 1016, ANN ARBOR, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:
DECKER, JOSEPH C
2980 DEVONSHIRE
ANN ARBOR, MI 48104

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 Subtotal \$450.00

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/05/18

Name & Address:
CEDERQUIST, JACK
2145 ARDENNE DR
ANN ARBOR, MI 48105-1477

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/18

Name & Address:
RANZINI, STEPHEN L
101 N MAIN ST # 1004
ANN ARBOR, MI 48104

6. Amount \$ 500.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Bank President Employer University Bank

Business Address 2015 Washtenaw Ave, Ann Arbor, MI 48104-3656

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/18

Name & Address:
COPI, DAVID M
1601 CAMBRIDGE RD
ANN ARBOR, MI 48104-3520

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/07/18

Name & Address:
HOFFMAN, JUDITH
4433 TESSMER LN
ANN ARBOR, MI 48103

6. Amount \$ 60.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 60.00

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 Subtotal \$760.00

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/08/18

Name & Address:
REISFIELD, CATHY M
2370 E STADIUM BLVD # 1016
ANN ARBOR, MI 48104

5. If over \$100.00 cumulative, please provide:
Occupation Educator Employer Self Employed
Business Address 2370 E STADIUM BLVD # 1016, ANN ARBOR, MI 48104

Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>250.00</u>	\$ <u>600.00</u>
------------------	------------------

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/18

Name & Address:
DAVIS, DALE
4510 WINDEMERE DR
ANN ARBOR, MI 48105

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>25.00</u>	\$ <u>25.00</u>
-----------------	-----------------

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/09/18

Name & Address:
DUNERNOY, CLAIRE S
641 GEDDES RIDGE
ANN ARBOR, MI 48104

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>100.00</u>	\$ <u>100.00</u>
------------------	------------------

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/09/18

Name & Address:
CHARLES, RITA J
1040 FAIRMOUNT DR
ANN ARBOR, MI 48105-2886

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>25.00</u>	\$ <u>25.00</u>
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[Click Here for Memo Itemization](#)

Page Subtotal **\$400.00**

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/18

Name & Address:
GRAY, ROBERT H
2360 LONDONDERRY RD
ANN ARBOR, MI 48104-4014

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/09/18

Name & Address:
LARSON, ROBERT E
911 BERKSHIRE RD
ANN ARBOR, MI 48104

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/09/18

Name & Address:
HOMEL, MICHAEL W
3473 WOODDALE CT
ANN ARBOR, MI 48104-4274

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/18

Name & Address:
NYSTUEN, GWEN L
1016 OLIVIA AVE
ANN ARBOR, MI 48104

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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 Subtotal \$250.00

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>07/11/18</u>	
Name & Address: POWELL, S SUZANNE 8 RUTHVEN PL ANN ARBOR, MI 48104-2612		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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>07/11/18</u>	
Name & Address: VINOVSKIS, MARY D 13 WESTBURT CT ANN ARBOR, MI 48105		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____		Click Here for Memo Itemization	
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>07/11/18</u>	
Name & Address: EGGAN, LINDA K 835 CHERRYSTONE CT ANN ARBOR, MI 48105-3038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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>07/13/18</u>	
Name & Address: WINEBERG, SUSAN C 712 E ANN ST ANN ARBOR, MI 48104-1502		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$400.00

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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: HUGHES, DAVID D 3520 PAISLEY CT ANN ARBOR, MI 48105-2837	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50.00</u>	\$ <u>50.00</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: ALPERN, NADINE P 448 HILLDALE ANN ARBOR, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50.00</u>	\$ <u>50.00</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: POTTS, ETHEL K 1014 ELDER BLVD ANN ARBOR, MI 48103	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/13/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50.00</u>	\$ <u>50.00</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: KILLEY, LOLA 1310 FOLKSTONE CT ANN ARBOR, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>100.00</u>	\$ <u>100.00</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 **\$250.00**
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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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: HAWKINS, JAN 1790 ARLINGTON BLVD ANN ARBOR, MI 48104	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>35.00</u>	\$ <u>35.00</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: BOBROFF, SONDR 2260 PRAIRIE ANN ARBOR, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>25.00</u>	\$ <u>25.00</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: BARNETT, MARY R 1 RUTHVEN PL ANN ARBOR, MI 48104	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>50.00</u>	\$ <u>50.00</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: HOLCOMB, PEGGY S 959 GREENHILLS DR ANN ARBOR, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/18</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>95.00</u>	\$ <u>95.00</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 **\$205.00**
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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/19/18

Name & Address:
LOOMANS, SUSAN A
2666 DANBURY LN
ANN ARBOR, MI 48103-2278

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/18

Name & Address:
SERWER, SHERYL S
2021 WASHTENAW AVE
ANN ARBOR, MI 48104-3656

6. Amount \$ 25.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/18

Name & Address:
BERRY, PHILIP C
3505 STANTON CT
ANN ARBOR, MI 48105

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/21/18

Name & Address:
HEYDON, PETER N
3562 W HURON RIVER DR
ANN ARBOR, MI 48103

6. Amount \$ 250.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$425.00

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 C-2018-032
2. Committee Name Friends of Kathy Griswold

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>07/21/18</u>	
Name & Address: HANWAY, JUDITH 472 CONLIN CIR ANN ARBOR, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
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>07/22/18</u>	
Name & Address: MACHAK, ERIC A G 603 DAVIS APT 1307 AUSTIN, TX 78701		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Machak Consulting LLC</u> Business Address <u>603 DAVIS APT 1307, AUSTIN, TX 78701</u>		Click Here for Memo Itemization	
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>07/22/18</u>	
Name & Address: MACHAK, CHRISTINA G 1496 GUERRERO ST SAN FRANCISCO, CA 94110		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Analyst</u> Employer <u>Lyft</u> Business Address <u>185 BERRY ST, SAN FRANCISCO, CA 94107</u>		Click Here for Memo Itemization	
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 _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal	\$1,025.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$12,300.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2018-032
2. Committee Name Friends of Kathy Griswold

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>City Printing Company, Inc.</u> Address <u>411 W CROSS ST PO BOX 980333</u> <u>YPSILANTI, MI 48198-0333</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Remittance Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/18</u> Date	<u>\$ 202.46</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>City Printing Company, Inc.</u> Address <u>411 W CROSS ST PO BOX 980333</u> <u>YPSILANTI, MI 48198-0333</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/18</u> Date	<u>\$ 262.88</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Heikkinen Productions</u> Address <u>1410 W MICHIGAN AVE PO BOX 980401</u> <u>YPSILANTI, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/18</u> Date	<u>\$ 313.76</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Sawicki & Son</u> Address <u>1521 W LAFAYETTE</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/18</u> Date	<u>\$ 1022.90</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>OfficeMax</u> Address <u>3765 WASHTENAW AVE</u> <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/10/18</u> Date	<u>\$ 21.04</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,823.04**
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-2018-032
2. Committee Name Friends of Kathy Griswold

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>US POST OFFICE</u> Address <u>3000 GREEN RD</u> <u>ANN ARBOR, MI 48105-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/14/18</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>OfficeMax</u> Address <u>3765 WASHTENAW AVE</u> <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/18</u> Date	<u>\$ 39.08</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Ann Arbor Observer</u> Address <u>2390 WINEWOOD AVE</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>1/4 Page Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/18</u> Date	<u>\$ 1448.20</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Davis Rozian</u> Address <u>681 SKYNOB DR</u> <u>ANN ARBOR, MI 48105-2575</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Photographs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/18/18</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>City Printing Company, Inc.</u> Address <u>411 W CROSS ST</u> <u>YPSILANTI, MI 48198-0333</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Letters</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/18</u> Date	<u>\$ 107.33</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,244.61**
 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-2018-032
2. Committee Name Friends of Kathy Griswold

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>OfficeMax</u> Address <u>3765 WASHTENAW AVE</u> <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/18</u> Date	<u>\$ 31.78</u>
Expenditure #2 Name <u>City Printing Company, Inc.</u> Address <u>411 W CROSS ST PO BOX 980333</u> <u>YPSILANTI, MI 48198-0333</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/18</u> Date	<u>\$ 331.67</u>
Expenditure #3 Name <u>US POST OFFICE</u> Address <u>3000 GREEN RD</u> <u>ANN ARBOR, MI 48105-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/18</u> Date	<u>\$ 40.00</u>
Expenditure #4 Name <u>Bulk Foods</u> Address <u>3040 HILL AVE</u> <u>TOLEDO, OH 43607</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/18</u> Date	<u>\$ 98.29</u>
Expenditure #5 Name <u>City Printing Company, Inc.</u> Address <u>411 W CROSS ST PO BOX 980333</u> <u>YPSILANTI, MI 48198-0333</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards & Post Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/18</u> Date	<u>\$ 379.48</u>

Subtotal this page **\$881.22**
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-2018-032
2. Committee Name Friends of Kathy Griswold

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>OfficeMax</u> Address <u>3765 WASHTENAW AVE</u> <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/18</u> Date	<u>\$ 57.38</u>
Expenditure #2 Name <u>US POST OFFICE</u> Address <u>3000 GREEN RD</u> <u>ANN ARBOR, MI 48105-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/18</u> Date	<u>\$ 250.00</u>
Expenditure #3 Name <u>Heikkinen Productions</u> Address <u>1410 W MICHIGAN AVE PO BOX 980401</u> <u>YPSILANTI, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/18</u> Date	<u>\$ 152.11</u>
Expenditure #4 Name <u>Michigan Chinese American News</u> Address <u>4979 S RIDGESIDE CIR</u> <u>ANN ARBOR, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/18</u> Date	<u>\$ 320.00</u>
Expenditure #5 Name <u>KITTYBAHN CUSTOM BUTTONS</u> Address <u>515 KRAUSE ST</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Buttons</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/18</u> Date	<u>\$ 50.00</u>

Subtotal this page **\$829.49**
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-2018-032
2. Committee Name Friends of Kathy Griswold

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki & Son Address 1521 W LAFAYETTE DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/18</u> Date	<u>\$ 394.85</u> Click Here for Memo Itemization Type
Expenditure #2 Name OfficeMax Address 3765 WASHTENAW AVE ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/18</u> Date	<u>\$ 34.02</u> Click Here for Memo Itemization Type
Expenditure #3 Name City Printing Company, Inc. Address 411 W CROSS ST BOX 980333 YPSILANTI, MI 48198-0333 <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/18</u> Date	<u>\$ 207.97</u> Click Here for Memo Itemization Type
Expenditure #4 Name Bram Lesko Address 817 BROOKSIDE DR ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Videos</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/18</u> Date	<u>\$ 75.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name OfficeMax Address 3765 WASHTENAW AVE ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/18</u> Date	<u>\$ 35.39</u> Click Here for Memo Itemization Type

Subtotal this page **\$747.23**
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-2018-032
2. Committee Name Friends of Kathy Griswold

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLICK2MAIL Address 3103 10TH ST N SUITE 201 ARLINGTON, VA, 22201 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcard Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/18</u> Date	<u>\$ 2829.50</u>
Expenditure #2 Name City Printing Company, Inc. Address 411 W CROSS ST PO BOX 980333 YPSILANTI, MI 48198-0333 <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/18</u> Date	<u>\$ 369.94</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$3,199.44**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$9,725.03**

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2018-032

2. Committee Name Friends of Kathy Griswold

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 endorser 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? <input type="checkbox"/> Yes Owed to or by: Griswold, Katherine J 3565 Fox Hunt Dr Ann Arbor, MI 48105	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Griswold, Katherine J 3565 Fox Hunt Dr Ann Arbor, MI 48105	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$3,000.00**

Grand Total of all Schedules 1E **\$3,000.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number C-2018-0

CANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

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 <u>all</u> 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: KITTYBAHN CUSTOM BUTTONS 515 KRAUSE ST ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Campaign Buttons</u> 5. Date Of Receipt: <u>05/24/18</u> 6. Vendor Name & Address:	\$ <u>10.00</u>	\$ <u>10.00</u>
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: WARDNER, MONIQUE C 2921 OVERRIDGE DR ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: <u>Educator</u> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food for Meet and Greet</u> 5. Date Of Receipt: <u>06/01/18</u> 6. Vendor Name & Address:	\$ <u>158.00</u>	\$ <u>158.00</u>
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$168.00** **\$168.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$168.00**

Enter this total
on line 6 of Summary
Page