

CANDIDATE COMMITTEE COVER PAGE

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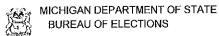
the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers Fron	0.4127139	to 07/22/18	
1. Committee I.D. Number		4. Candidate Last Name	First Nan	ne	M.I.
C-2018-032		Griswold	Katherine		J
O Committee Name		4a. Office Sought Including Dis	•	ved (If applicabl	e)
2. Committee Name		Ann Arbor City Counc	il Ward 2		
Friends of Kathy Griswol	ld.	4b. County of Residence WA	SHTENAW		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
3565 Fox Hunt Dr		Joseph A Machak			
Ann Arbor, MI 48105		3565 Fox Hunt Dr			
		Ann Arbor, MI 48105	Ō		
Area Code and Phone (734) 657-7900 If the address in this box is different from the commit mailing address on the Statement of Organization, no be sent to this address by the filing official.		Area Code & Phone (734) 94			WASHTEN
7. Treasurer's Business Address		Designated Record Keeper Designated Record Keeper)	's Name and Address (If t	he committee h	as a ===
3565 Fox Hunt Dr		Joseph A Machak		異版 ず	EDUHTY, M
Ann Arbor, MI 48105		3565 Fox Hunt Dr		D E	Ē
		Ann Arbor, MI 48105	5		7
				HÉ C	3
(70.4) 0.45 7000		(70.4	-	70	
Area Code and Phone (734) 945-7996		Area Code and Phone (734) 945-7996		
9. TYPE OF STATEMENT	Required ON	LY if candidate	9d. Dissolution of Can	ididate Commit	itee
9a. X Pre-Election OR 9b. Post-Election		ballot enqsgd	By bgdbj hnf sghr had ax sgd bnl I hitee to the	⊢HVdbdqafex`ı h`anche`sdnaahı	mxntsrsimolomiodas
Pre-Election or Post-Election Statement relates to:	t dhuasa d		ax discharged and forgive the committee. Sgd bnl	<i>r</i> en, and no long	egbn#kdbshakdeml
⊠ Primary	July Quart	erly	nv dr mn R sdr eddr nqg`ı		
General	October Q	uarterly			
			Et agdarhesge chrrnit sinn bnmrhedade och rnit sinn	nb`nπnsadfq`m ∣sgdQdonophnfV	edc+sg`ssghrad /`hudq
Convention					
Special	^{9c.} □ Annua	l Statement ((Effective date	of dissolution	
School		Coverage Year	Endouvo dato	or alocolation	
Caucus	9c. ∭ @edm 'BnId	cldnsan B`lo`ffmRs`sdldms bldsdHsdl8`+8a+8b.nq8dan			
	hmchb` s arnend	edvighog Rs`edl dmshradhmf ledu	Note: The disposition of Rbgdct id 1B and the Su		nust be reported on
Date of Election, Convention or Caucus	arreno	icuy	•	, ,	
08/07/18				-	
10. Verification: I/We certify that all reasonable diliger my\our knowledge and belief the contents are true, a			ent and attached schedule	s (if any) and to	the best of
Current Treasurer or Joseph A Mac	hak	Mosenh a	Machel	Julv 2	3, 2018
Designated Record keeper Type or Print Name		Signature	Dat	e	
Candidate Katherine J Griswold	,	Hatherine	Thioust	July 2	3, 2018
Type or Print Name		Signature	P	.~(———	

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

*--*2018-032

SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Juniora in Species System
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 12,300.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$12,300.00	(18.) \$ \$12,300.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$_\$12,300.00	(20.) \$ \$12,300.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$168.00	(21.) \$ \$168.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$9,725.03	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$18.34	
3. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$9,743.37	(23.) \$ \$9,743.37
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.) 0	
,	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$3,000.00	
b. Owed to the Committee (Schedule 1E)	(40h.) @	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$0.00	_
(Enter zero if no previous reports have been filed.) 4. Amount received during reporting period	(14.) + \$ \$12,300.00	777 4
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$12,300.00	_
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$9,743.37	-
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,556.63	• •
. (Saphractille to nout line 19)	(···) Ψ	



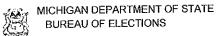
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report all contributions regardless of amount.	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 04/30/18	****	
Name & Address: GRISWOLD, KATHERINE J			
3565 FOX HUNT DR		_{\$} 2,000.00	_{\$} 2,000.00
ANN ARBOR, MI 48105		\$ 2,000.00	§ 2,000.00
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		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Address	pt 05/10/18		
BANNISTER, ANNE L		200.00	200.00
612 N MAIN ST		_{\$} 200.00	_{\$} 200.00
ANN ARBOR, MI 48104			
5. If over \$100.00 cumulative, please provide:	iducation Sarvices, Inc.	Click Here for	r Memo Itemization
Occupation Financial Planner Employer Personal Finance E			
Business Address 612 N MAIN ST, ANN ARBOR, MI 48104			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Dat	^{ipt} 05/16/18		
GRISWOLD, KATHERINE J		_s 1,000.00	2 000 00
3565 FOX HUNT DR		§ 1,000.00	_{\$} 3,000.00
ANN ARBOR, MI 48105		Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Retired Employer			
Business Address	<u> </u>		
Type of Contribution:	Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES Address	eipt 05/23/18		
LUMM, JANE B		250.00	250.00
3075 OVERRIDGE DR ANN ARBOR, MI 48104		_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:			
Retired		Click Here for	Memo Itemization
Occupation Employer	·············		
Business Address	<u>, </u>		
Type of Contribution: Virect Loan from a person	Fund Raiser		
	Page Subtotal	\$3,450.00	,
	and Total of All Schedules 1A		
(Comp	lete on last page of Schedule)	Enter this total on	J
Page 1 of 23		line 3a of Summary Page.	



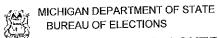
CANDIDATE COMMITTEE

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 05/23/18 Name & Address: HUGONOT-HABER, ODILE 531 THIRD ST ANN ARBOR, MI 48103-4956 5. If over \$100.00 cumulative, please provide:	\$ 50.00 Click Here fo	\$ 50.00 er 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 05/27/18 Name & Address		
HATHAWAY, WILLIAM 3424 STOWE ST ANN ARBOR, MI 48103	<u>\$ 100.00</u>	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r 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:		
RAMLAWI, ALI YUSUF-RIBHI 428 S 7TH ST ANN ARBOR, MI 48103-4759 5. If over \$100.00 cumulative, please provide:	\$50.00 Click Here for	\$50.00 Memo Itemization
Employor		
Occupation Employer Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/01/18 Name & Address		
ECKSTEIN, PETER C 2551 LONDONDERRY RD AANN ARBOR, MI 48104-4017 5. If over \$100.00 cumulative, please provide:	\$ 140.00	\$_140.00
Occupation Retired Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	-



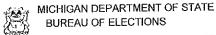
CANDIDATE COMMITTEE

Enter contributor's name and address. If contribution is from an individual, enter last name, first namiddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	ame, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/01/18 Name & Address:	
SHELDON, INGRID K 1416 FOLKSTONE CT ANN ARBOR, MI 48105	_{\$} 100.00 _{\$} 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	
SEETOO, AMY D 3111 CEDARBROOK RD ANN ARBOR, MI 48105-3407	\$ 250.00 \$ 250.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Landlord Employer Self Employed	_
Business Address 3111 CEDARBROOK RD, ANN ARBOR, MI 48105-3407	
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/01/18 Name & Address:	
CONNELLAN, S S 3125 GEDDES AVE	\$ 50.00 \$ 50.00
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	_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/01/18 Name & Address	
HEIKKINEN, PRUDENCE F 1914 WAYNE ST ANN ARBOR, MI 48104-3616	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	Click fiere to Memo Remization
Business Address	_
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser	
Page	Subtotal \$500.00
Grand Total of All Sched (Complete on last page of Sc	chedule) Enter this total on
Page 3 of 23	line 3a of Summary Page.



CANDIDATE COMMITTEE

07		-					
Enter contributor's name a middle initial. Check box to Committee (PAC) Report a	n indicate if contri	bution	is from a Political Con	al, en nmitte	ter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: REISFIELD, CATH 2370 E STADIUM ANN ARBOR, MI 4	BLVD # 101 8104		S 4. Date of Re	ceipt	06/01/18	_{\$} 100.00	\$
5. If over \$100.00 cumula			,			Click Here for	or Memo Itemization
Occupation		. Em	ployer				
Business Address Type of Contribution:	Direct	Lo	an from a person		Fund Raiser		· ·
3. Contribution #2 Name & Address	PAC Receipt?	YE	S 4. Date of Re	ceipt	06/01/18		
CARUSO, VINCEN 556 GLENDALE C ANN ARBOR, MI	:IR					\$ 100.00	§ 100.00
5. If over \$100.00 cumula	tive, please prov	ride:				Click Here fo	or Memo Itemization
Occupation		Empl	oyer		<u> </u>		
Business Address							
Type of Contribution:	Direct	Lo	an from a person		Fund Raiser	<u> </u>	
3. Contribution # 3 Name & Address:	PAC Receipt?	Y	ES 4. Date of R	eceip	06/01/18		
PRITTS, BRADLE 3030 LEXINGTON ANN ARBOR, MI	1					\$ 200.00	\$ 200.00 or Memo Itemization
5. If over \$100.00 cumula	tive, please pro		i			Onor Horo to	, momo nomena
Occupation Business C	onsultant		_{ployer} Self Employ	ed			
Business Address 3030 L	EXINGTON, AN	N AF	RBOR, MI 48105				
Type of Contribution:	Direct	L	oan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of F	Recei	pt <u>06/01/18</u>		
LEWIS, CHARLES 330 S 7TH ST ANN ARBOR, MI						_{\$} 50.00	\$ 50.00
5. If over \$100.00 cumula		vide:				Click Here fo	or Memo Itemization
Occupation	·	_	Employer				
Business Address					<u> </u>		
Type of Contribution:	Direct	L	oan from a person		Fund Raiser		
			(C		Page Subtotal and Total of All Schedules 1A ete on last page of Schedule)	\$450.00 Enter this total on	
Page 4 of 23						line 3a of Summar Page.	y



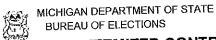
CANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? 4. Date of Receipt 06/01/18 3. Contribution # 1 Name & Address: MORRIS, LESLIE JEAN _s 125.00 125.00 1023 YOUNG PL ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Retired Employer_ Business Address Fund Raiser Type of Contribution: Direct Loan from a person 4. Date of Receipt 06/01/18 YES 3. Contribution #2 PAC Receipt? Name & Address DASCOLA, ROBERT M _s 100.00 100.00 1815 BALDWIN AVE ANN ARBOR, MI 48104-4446 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address Fund Raiser Type of Contribution: ✓ Direct Loan from a person 4. Date of Receipt 06/01/18 3. Contribution #3 PAC Receipt? Name & Address: _s 150.00 LAMB, CECILE 150.00 1606 DICKEN DR ANN ARBOR, MI 48103 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation_Retired Employer_ **Business Address** Loan from a person Fund Raiser Type of Contribution: 📝 Direct 4. Date of Receipt 06/01/18 PAC Receipt? 3. Contribution # 4 YES Name & Address SILKWORTH, DAVID A 100.00 100.00 2048 CHARLTON ST APT 301 ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address Fund Raiser Loan from a person Page Subtotal \$475.00 Grand Total of All Schedules 1A (Complete on last page of Schedule)

_{Page} 5 of 23

Enter this total on line 3a of Summary Page.



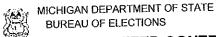
CANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

	DIDATE CO		2. Committee Name		7. Completive for
Enter contributor's name and middle initial. Check box to i Committee (PAC) Report <u>all</u>	ndicate it contilibl	TOUR IS LEGITE A LOUGGE COM	il, enter last name, first name, imittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 F Name & Address: MITCHELL, RITA L 621 5TH ST ANN ARBOR, MI 48 5. If over \$100.00 cumulativ		7	ceipt <u>06/01/18</u>	\$ 100.00	\$_100.00
		Employer		Click Here is	of Monto Homezano.
Occupation	· · · · · · · · · · · · · · · · · · ·				
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
	AC Receipt?	YES 4. Date of Re	ceipt 06/01/18		
WALKER, JAMES (2050 CAMELOT RI)			_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48 5. If over \$100.00 cumulati		de:		Click Here for	or Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution: 🗸	irect	Loan from a person	Fund Raiser		
3. Contribution # 3 F Name & Address: ELENBOGEN, LIN	PAC Receipt? 【	YES 4. Date of R	eceipt <u>06/01/18</u>	_s 100.00	_s 100.00
3950 KIPLING DR ANN ARBOR, MI 4	8105-2834			T	or Memo Itemization
5. If over \$100.00 cumulat	ive, please prov				
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		Receipt 06/01/18		
VINCZE, JAMES F 1335 FAIRLANE D ANN ARBOR, MI 4	R			_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumula	tive, please pro	vide;		Click Here f	or Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	1 4040.00	
		(0	Page Subtota Grand Total of All Schedules 1/ Complete on last page of Schedule	1	

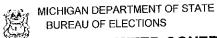
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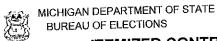
CANDIDATE COMMITTEE

CANDIDATE CO		2. Committee Name		7 Cumulative for
Enter contributor's name and address. If con middle initial. Check box to indicate if contrib Committee (PAC) Report all contributions reg	ution is from a Political Collin	enter last name, first name, ittee or 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 Recei	pt 06/01/18		
VISINTAINER, THERESA 2813 RENFREW ST ANN ARBOR, MI 48105			_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provi	de:		Click Here fo	r Memo Itemization
Occupation	Employer			
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>06/01/18</u>		
KAILASAPATHY, SUMANGAL 2530 MALLARD CT ANN ARBOR, MI 48105	A		_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provi	de:		Click Here fo	r Memo Itemization
	Employer			
Business Address				
Type of Contribution:	Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Rec	eipt 06/01/18		
BEVERIDGE, ALISSA F 2651 GEDDES AVE ANN ARBOR, MI 48104			\$ 35.00	\$ 35.00 r Memo Itemization
5. If over \$100.00 cumulative, please prov	ide:		Click Here to	Memo Remization
Occupation	Employer			
Business Address				
Type of Contribution: V Direct	Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of Re	ceipt <u>06/01/18</u>		
MENEGHINI, LINDA R 1340 FOLKSTONE CT ANN ARBOR, MI 48105			_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please prov	vide:		Click Here fo	or Memo Itemization
Occupation	_ Employer			
Business Address				
Type of Contribution: 🚺 Direct	Loan from a person	Fund Raiser		
7 of 23	(Cor	Page Subtota Grand Total of All Schedules 1A nplete on last page of Schedule	V	y
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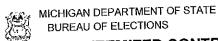
CANDIDATE COMMITTEE

ONIDIALE COMMITTEE	O Americal	7 Cumulative for
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 06/01/18 Name & Address:		
GEYER, JULIE 1240 BARDSTOWN TR ANN ARBOR, MI 48105	_{\$} _100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		;
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/01/18 Name & Address		
BHATIA, INDERPAL S 2555 DEVEONSHIRE RD	_{\$} 50.00	_{\$} 50.00
ANN ARBOR, MI 48104-2707	Click Hara fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here to	I IVIOLITO REGINZATION
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/08/18 Name & Address:		
HOLSINGER, KAY 2300 KENT ST	_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48103	Click Here for	r Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Joan from a person		
Type of Contribution. V 511000		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/11/18 Name & Address		
CARMEN, WENDY 2340 GEORGETOWN BLVD	_{\$} 100.00	_{\$_} 100.00
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	Clink Have fo	r Memo Itemization
	Click Here to	I METHO RETHIZATION
Occupation Employer		
Business Address Fund Raiser		
Type of Contribution:	\$350.00	
	\$350.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
	line 3a of Summar	<i>f</i>
Page of	Page.	



CANDIDATE COMMITTEE

The state of the s	6. Amount	7. Cumulative for
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. Alliouni	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/13/18 Name & Address: LUND, ANN L.		
1510 JONES DR	_{\$} 20.00	_{\$} 20.00
ANN ARBOR, MI 48105-1872		
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 06/15/18 Name & Address		
LIBERSON, ALICE 1129 MARTIN PL	_{\$} 50.00	_{\$} 50.00
ANN ARBOR, MI 48104-3512	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Onon Horo I	
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 06/17/18 Name & Address:		
SCHRIBER, ANN S	_{\$} 150.00	_{\$} 150.00
2116 DORSET RD ANN ARBOR, MI 48104-2604	Click Here for	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Retired Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		<u> </u>
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/17/18 Name & Address		
READING, AGNES 161 LAURIN CT	_{\$} 125.00	_{\$_} 125.00
ANN ARBOR, MI 48105	و المعالم المالية	e ga de como desa
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Retired Employer		
Business Address Fund Raiser		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser Page Subtota	\$345.00	
Grand Total of All Schedules 1A	+	
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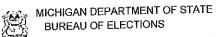


CANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

CANDIDATE COMMITTEE		F = 6
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 06/18/18 Name & Address:		
STROUD, KATHLEEN F 2271 PLACID WAY ANN ARBOR, MI 48105-1205	_{\$_} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/18/18 Name & Address		
LEE-MILLS, ROWE Y 3027 LAKE HAVEN DR ANN ARBOR, MI 48105-2501	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here f	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 06/23/18 Name & Address:		
SEVERENCE, CAMILLE 2010 BELMONT RD ANN ARBOR, MI 48104-2820	\$ 100.00	<u>\$_100.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here i	or Mono Romasson
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/23/18 Name & Address	-	
GILGENBACH, CATHERINE H 3651 WALDENWOOD DR	_{\$} 50.00	_{\$} _50.00
ANN ARBOR, MI 48105-3042 5. If over \$100.00 cumulative, please provide:	Click Here f	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	101 0050 00	
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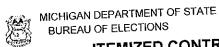


CANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

OANDIDATE COMMISSION	1 0 0	7. Cumulative for
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	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/23/18 Name & Address:		
MARUNICK, KATHRYN F 3034 BOLGOS CIR	_{\$} 50.00	_s 50.00
ANN ARBOR, MI 48105	\$_00.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	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 06/24/18 Name & Address		
MONTGOMERY, SUSAN 3291 RUMSEY DR	_{\$} 100.00	_{\$} 100.00
ANN ARBOR, MI 48105-1467	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/24/18 Name & Address:	-	
SENTER, RICHARD H JR 897 GREENHILLS DR ANN ARBOR, MI 48105-2719	\$ 50.00	\$ 50.00 or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here is	of Metho Refinzation
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
WIDZINSKI, DIANNE 3000 GLAZIER WAY # 230 ANN ARBOR, MI 48105	_{\$} 250.00	\$ 250.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Retired Employer	3.10 ,7.7.5.5.1	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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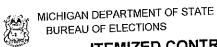
Page _____of ____



2. Committee Name Friends of Kathy Griswold

CANDIDATE COMMITTEE 2, Committee Name 111	ends of really e	
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)
Committee (PAC) Report all contributions regulated 4. Date of Receipt 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt		
ame & Address:		
OOHLER, DALE T 241 ARLINGTON BLVD	_{\$} 100.00	_{\$} 100.00
NN ARBOR, MI 48104		
. If over \$100.00 cumulative, please provide:	Click Here t	or Memo Itemization
eccupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Lie Lyce 4 Date of Receipt	_	
. Contribution #2 PAC Receipt? Tes 4. Buts stress		
KMENTA, JOAN H	_{\$} 50.00	_{\$} 50.00
662 GREENHILLS DR	·	
ANN ARBOR, MI 48105	Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt		
Name & Address:	400.00	400.00
NEARY, JANET L	_{\$} 100.00	
845 ARLINGTON	Click Here	for Memo Itemization
ANN ARBOR, MI 48104	Click Here	IOI WOMO ROME
If over \$100.00 cumulative, please provide:		
Occupation		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address		00
STEINGOLD, FRED	_s 25.00	_ \$ 25.00
3410 ANDOVER RD	¥	
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	Click Here	o for Memo Itemization
Occupation Employer	_	
Occupation		
Business Address Loan from a person Fund Raiser		
Type of Contribution: ✓ Direct Loan from a person Page Su	btotal \$275.00	
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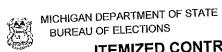
C-2018-032 1. Committee I.D. Number

 Committee I.D. Numb 	er
,. F	riends of Kathy Griswold
2. Committee Name	
2. Committee Name	

CANDIDATE COMMITTEE 2. Committee Name 1110	enus or reacty	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle 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 06/25/18 ame & Address:		
MAXWELL, DONNA F 3696 MIDDLETON DR ANN ARBOR, MI 48105	_{\$} 25.00	_{\$} 25.00
∴ If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/18 Name & Address		
GERBER, FLORENCE 3060 OVERRIDGE DR	_{\$} _50.00	§ 50.00
ANN ARBOR, MI 48104	Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:	·	
OccupationEmployer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/27/18 Name & Address:		
CARRIGAN, NOREEN M 1922 BOULDER DR ANN ARBOR, MI 48104	\$ 50.00	\$ 50.00 for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/27/18 Name & Address		
SCHWEER, STEPHEN W	_{\$} 50.00	_{\$} 50.00
ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	Click Her	e for Memo Itemization
Occupation Employer	_	
Business Address		
Type of Contribution:	total #475 00	
	total \$175.00	
Grand Total of All Schedules	s 1A	

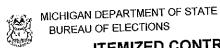
Grand Total of All Schedules 1A (Complete on last page of Schedule)

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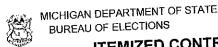
	C-2018-03
Committee I.D. Number	

	me and address. If co pox to indicate if contri port all contributions re	ntribution is from an individual	2. Committee Name	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 lame & Address: VALACAK, PAI 1815 TIMBER ANN ARBOR, I 5. If over \$100.00 cu	PAC Receipt? JL A TRL MI 48103 mulative, please pro	YES 4. Date of Rec	peipt 06/29/18	\$ 50.00 Click Here	§ 50.00 for Memo Itemization
Business Address Type of Contribution:		Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address OSWALD, LYI 1910 CAMBRI ANN ARBOR,	PAC Receipt? NDA J IDGE RD MI 48104		oceipt <u>06/29/18</u>	\$ 100.00 Click Here	\$_100.00
5. If over \$100.00 c Occupation Business Address _ Type of Contribution		Employer	Fund Raiser		
3. Contribution # 3 Name & Address: HATHAWAY, 1407 WAKEF ANN ARBOR 5. If over \$100.00	PAC Receipt? MARY A FIELD AVE 1, MI 48103-463 cumulative, please p	30 rovide:	Receipt 06/29/18	\$ 100.00 Click Here	\$ 100.00 for Memo Itemization
3. Contribution # 4 Name & Address RABHI, PEG 1991 UPLAN ANN ARBOR 5. If over \$100.00 Occupation Business Address	PAC Receip GY ND DR R, MI 48105 O cumulative, please	? YES 4. Date of	of Receipt <u>06/30/18</u>	\$ 40.00 Click Her	\$\\\ \text{40.00} e for Memo Itemization
Type of Contrib	ution: 🗹 Direct	Loan nom a person	Page Sub Grand Total of All Schedule: (Complete on last page of Sche	s 1A	l on nmary



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	Friends of Kathy Griswold
Committee Name	

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 07/02/18 Jame & Address: WILLIAMS, WARREN 2708 LOWELL RD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 100.00 Click Here	\$\frac{100.00}{\text{for Memo Itemization}}
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
R. Contribution #2 Name & Address BORIS, KATHERYN A PO BOX 8117	_{\$} _50.00	_{\$} 50.00
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer Business Address Type of Contribution:		
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 5. If over \$100.00 cumulative, please provide: Occupation Educator Employer Self Employed Business Address 2370 E STADIUM BLVD # 1016, ANN ARBOR, MI 48104 The of Contribution: Direct Loan from a person Fund Raiser	\$250.00 Click Here	\$ 350.00 for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 Name & Address DECKER, JOSEPH C 2980 DEVONSHIRE ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	_{\$} 50.00	\$ 50.00 s for Memo Itemization
Occupation Employer Business Address	1A	
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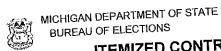
C-2018-032 1. Committee I.D. Number

Friends of Kathy Griswold

2. Committee Name CANDIDATE COMMITTEE 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt 07/05/18 PAC Receipt? lyes 3. Contribution # 1 Name & Address: CEDERQUIST, JACK _s 100.00 100.00 2145 ARDENNE DR ANN ARBOR, MI 48105-1477 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer _ Occupation _ Business Address Fund Raiser Loan from a person Direct Type of Contribution: 4. Date of Receipt 07/05/18 YES PAC Receipt? 3. Contribution #2 Name & Address _{\$} 500.00 _s 500.00 RANZINI, STEPHEN L 101 N MAIN ST # 1004 ANN ARBOR, MI 48104 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer _____ Bank Occupation Bank President Business Address 2015 Washtenaw Ave, Ann Arbor, MI 48104-3656 Fund Raiser Loan from a person Type of Contribution: V Direct 4. Date of Receipt 07/05/18 PAC Receipt? YES Contribution # 3 Name & Address: _s 100.00 100.00 COPI, DAVID M 1601 CAMBRIDGE RD Click Here for Memo Itemization ANN ARBOR, MI 48104-3520 5. If over \$100.00 cumulative, please provide: Employer_ Occupation_ Business Address _ Fund Raiser Loan from a person ✓ Direct Type of Contribution: 4. Date of Receipt 07/07/18 PAC Receipt? YES 3. Contribution # 4 Name & Address 60.00 ¢60.00 HOFFMAN, JUDITH 4433 TESSMER LN ANN ARBOR, MI 48103 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer _ Occupation_ Business Address Fund Raiser Loan from a person Type of Contribution: | I Direct Page Subtotal \$760.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on

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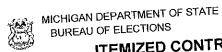
C-2018-032

	ITEMIZED CONT SCHEDUL	RIBUTIONS E 1A	1. Committee I.D. Numb	riends of Kathy G	riswold
	CANDIDATE C	OMMITTEE	2. Committee Name		7. Cumulative for
nter contribu iddle initial. ommittee (F	utor's name and address. If co Check box to indicate if contri PAC) Report <u>all</u> contributions re	ntribution is from an individua bution is from a Political Con egardless of amount.	al, enter last name, hist name nmittee or an Independent	,	Election Cycle for Each Contributor (Through date of receipt)
Contributi me & Addre	on #1 PAC Receipt?		eceipt 07/08/18		000.00
370 F S	LD, CATHY M TADIUM BLVD # 101	16		_{\$} 250.00	_{\$} 600.00
NN ARI	3OR, MI 481U4 00.00 cumulative, please pro	vide: Self Emplo	oyed	Click Here f	or Memo Itemization
occupation .	Educator dress 2370 E STADIUM	Employer BLVD # 1016, ANN AF	RBOR, MI 48104		
usiness Ad	dress Z370 C O Direct	Loan from a person	Fund Raiser		
Type of Cor . Contributi lame & Add	on #2 PAC Receipt?		Receipt <u>07/09/18</u>		
DAVIS	DALE			_{\$} 25.00	\$ 25.00
ANN AF	INDEMERE DR RBOR, MI 48105	Mari		Click Here	for Memo Itemization
5. If over \$	100.00 cumulative, please pr	ovide: Employer			
Occupation	l			_	
Business A		Loan from a person	Fund Raiser		
	ontribution: Direct PAC Receipt?		f Receipt 07/09/18		
3. Contribu Name & Ac	ddress:			_{\$} 100.00	_s 100.00
641 GE	RNOY, CLAIRE S EDDES RIDGE RBOR, MI 48104				for Memo Itemization
5. If over	\$100.00 cumulative, please	provide:			
Occupation	on	Employer		-	
Business Type of	Address Direct	Loan from a person		·	
3. Contril Name & /	bution # 4 PAC Receit	pt? YES 4. Date	e of Receipt <u>07/09/18</u>		25.00
14040	RLES, RITA J FAIRMOUNT DR	_		_{\$} 25.00	
ANN	ARBOR, MI 48105-28 or \$100.00 cumulative, please	386 _{e provide:}		Click Her	e for Memo Itemization
	ation	Employer			
Busine	ss Address	Loan from a perso	n Fund Raiser	·	
Туре	of Contribution: 🗸 Direct	Loan from a perso	Paç	ge Subtotal \$400.00	

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

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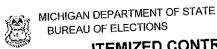


I. Committee I.D. Nu	mber
I, Commission III	Friends of Kathy Griswold
2. Committee Name	Theras of teams

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2. Committee Name	31100 01111	
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idle initial. Check box to indicate if contribution is from a subject of amount. mmittee (PAC) Report <u>all</u> contributions regardless of amount.		date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/09/18 ne & Address:	-	1
RAY, ROBERT H	_{\$} _50.00	_{\$} 50.00
NN ARBOR, MI 48104-4014	Click Here	for Memo Itemization
If over \$100.00 cumulative, please provide: EmployerEmployer		
reiness Address		
ype of Contribution. V Iblicot		
Contribution #2 PAC Receipt:	_	
ARSON, ROBERT E	_{\$} 50.00	_{\$} 50.00
ANN ARBOR, MI 48104	Click Here	for Memo Itemization
. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raise.		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/09/18 Name & Address:		_s 50.00
HOMEL, MICHAEL W	_{\$} 50.00	<u>\$</u>
3473 WOODDALE CT ANN ARBOR, MI 48104-4274	Click Here	e for Memo Itemization
A400 00 cumulative, please provide:		
Occupation Employer	•	
Business Address Fund Raiser		
Type of Contributation Viscon 4 Date of Receipt 07/11/18		
3. Contribution # 4 PAC Receipt? 1E3		
NYSTUEN, GWEN L	_{\$} 100.00	0 \$ 100.00
1016 OLIVIA AVE ANN ARBOR, MI 48104	Click He	re for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Loan from a person Fund Raiser Type of Contribution: Direct Page S	Subtotal \$250.00	
Grand Total of All Schedt (Complete on last page of Sc	ules 1A chedule) Enter this to	l tal on
Compact	line 3a of St	immary

18 of 23



1. C	ommittee I.D. Number _		
SCHEDULE 1A	ommittee Name Frie	nds of Kathy G	riswold
Enter contributor's name and address. If contribution is from an individual, enter la middle initial. Check box to indicate if contribution is from a Political Committee or Committee (PAC) Report all contributions regardless of amount.	ast name, first name,	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 Name & Address: POWELL, S SUZANNE 8 RUTHVEN PL ANN ARBOR, MI 48104-2612 5. If over \$100.00 cumulative, please provide: Occupation		\$_50.00 Click Here fo	\$ 50.00 or Memo Itemization
Business Address The of Contribution: V Direct	nd Raiser		
Type of Contribution: V Direct Loan from a person 1. Some 2. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07. Name & Address	7/11/18		
VINOVSKIS, MARY D 13 WESTBURT CT ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:		\$200.00 Click Here f	\$ 200.00 for Memo Itemization
Occupation Employer	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt of Name & Address: EGGAN, LINDA K 835 CHERRYSTONE CT ANN ARBOR, MI 48105-3038 5. If over \$100.00 cumulative, please provide: Occupation Employer		\$ 100.00 Click Here to	\$ 100.00 for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person 3. Contribution # 4 Name & Address PAC Receipt? YES 4. Date of Receipt	Fund Raiser 07/13/18	50.00	50.00
WINEBERG, SUSAN C 712 E ANN ST ANN ARBOR, MI 48104-1502 5. If over \$100.00 cumulative, please provide:		_{\$} 50.00	\$ 50.00 for Memo Itemization
Occupation Employer		_	

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

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Fund Raiser

Loan from a person

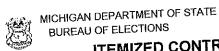
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19 of 23

Business Address _

Type of Contribution: Direct

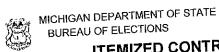


 Committee I.D. Nur 	nber
	Friends of Kathy Griswold
a Committee Name	

ter contributor's name and address. If contribution is from an individual, enter last name, first name, ddle initial. Check box to indicate if contribution is from a Political Committee or an Independent ommittee (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 Receipt 07/13/18 me & Address: UGHES, DAVID D 520 PAISLEY CT NN ARBOR, MI 48105-2837 If over \$100.00 cumulative, please provide:	\$ 50.00 Click Here	\$50.00 for Memo Itemization
ype of Contribution: ✓ Direct Loan from a person Fund Raiser A Date of Receipt 07/13/18		
ALPERN, NADINE P	_{\$} _50.00	§ 50.00
H48 HILLDALE ANN ARBOR, MI 48105 If over \$100.00 cumulative, please provide: Employer Business Address	Click Here	for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/13/18 Name & Address: POTTS, ETHEL K 1014 ELDER BLVD ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50.00 Click Here	\$50.00 e for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/15/18 Name & Address KILLEY, LOLA 1310 FOLKSTONE CT ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	_{\$} 100.00) \$\\sum_100.00 re for Memo Itemization
Occupation Employer Business Address Loan from a person	es 1A	

Page _____of _____

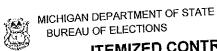
Enter this total on line 3a of Summary Page.



C-2018-032

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

CANDIDATE COMMITTEE 2. Committee Name 3. Committee Name 4. Committee Name 4. Committee Name 4. Committee Name 4. Committee Name 5. Committee Name 6. Commit	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
niddle initial. Check box to indicate if contribution is refined. Committee (PAC) Report <u>all</u> contributions regardless of amount.		date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/16/18	•	•
ame & Address:		
AWKINS, JAN	_s 35.00	_{\$} 35.00
790 ARLINGTON BLVD NN ARBOR, MI 48104		
a consulative please provide:	Click Here	for Memo Itemization
Employer		
Occupation		
Business Address Loan from a person Fund Raiser		
Type of Contribution: V Direct 4 Date of Receipt 07/16/18	_	
. Contribution #2 PAC Receipt:		
Name & Address	_s 25.00	_{\$} 25.00
BOBROFF, SONDRA	\$	
2260 PRAIRIE ANN ARBOR, MI 48105	Click Here	e for Memo Itemization
· · · · · · · · · · · · · · · · · · ·	Ollottions	
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Occupation		
Business Address Loan from a person Fund Raiser		
Type of Contribution. A Date of Receipt 07/16/18		
3. Contribution #3		
Name & Address:	_{\$} 50.00	_{\$} 50.00
BARNETT, MARY R 1 RUTHVEN PL	<u></u>	
ANN ARBOR, MI 48104	Click Her	e for Memo Itemization
The state \$400.00 cumulative, please provide:		
Occupation Employer		
Business Address Fund Raiser		
Type of Contribution: Direct Edan Holling post		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/19/18		
Name & Address		05.00
HOLCOMB, PEGGY S	_{\$} 95.00	\$ 95.00
959 GREENHILLS DR		
ANN ARBOR, MI 48105 5. If over \$100.00 cumulative, please provide:	Click He	ere for Memo Itemization
Employer		
OccupationEmployer		
Business Address Fund Raiser	_	
Type of Contribution:	ubtotal \$205.00	
Grand Total of All Schedu (Complete on last page of Sch	les 1A nedule)	tol on
(Complete of last page of ost	Enter this to line 3a of St	ımmary
21 23	Page.	
Pageof		

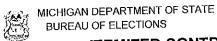


BUREAU OF ELECTIONS ITEMIZED CONTRIB	UTIONS		C-2018-032	
SCHEDULE 14	4	1. Committee I.D. Number	riends of Kathy C	Griswold
nter contributor's name and address. If contribution iddle initial. Check box to indicate if contribution iddle initial.	ion is from an individual, e	2, Committee Name .		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
iddle initial. Check box to indicate if contribution ommittee (PAC) Report <u>all</u> contributions regardle . Contribution # 1 PAC Receipt? YE me & Address: OOMANS, SUSAN A			_s 50.00	_s 50.00
666 DANBURY LN NN ARBOR, MI 48103-2278 If over \$100.00 cumulative, please provide:				for Memo Itemization
occupationEn	nployer		_	
Business Address Type of Contribution: V Direct	oan from a person	Fund Raiser		
Type of Contribution: V Bitco.	ES 4. Date of Rece	ipt 07/20/18		00
SERWER, SHERYL S 2021 WASHTENAW AVE ANN ARBOR, MI 48104-3656			\$ 25.00 Click Here	\$ 25.00 for Memo Itemization
5. If over \$100.00 cumulative, please provide:	: ployer			
Business Address	Loan from a person	Fund Raiser		
Type of Contribution: ✓ Direct 3. Contribution # 3 Name & Address: PAC Receipt?		ceipt 07/20/18	_s 100.00	_s 100.00
BERRY, PHILIP C 3505 STANTON CT ANN ARBOR, MI 48105			' <u></u>	for Memo Itemization
5. If over \$100.00 cumulative, please provid	e: Employer		_	
Business Address	Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? Name & Address	YES 4. Date of F	Receipt <u>07/21/18</u>		
HEYDON, PETER N 3562 W HURON RIVER DR			_{\$} 250.00	250.00
ANN ARBOR, MI 48103 5. If over \$100.00 cumulative, please provi	ide: Employer		Click He	re for Memo Itemization
Occupation Retired	Employof			
Business Address	Loan from a person	Fund Raiser	Subtotal \$425.00	
		Grand Total of All Sche		

Page ____of __23

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

Enter this total on line 3a of Summary Page.



OANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

CANDIDATE COMMITTEE 2. Committee value		7 Completive for
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 07/21/18 Name & Address:		
HANWAY, JUDITH 472 CONLIN CIR ANN ARBOR, MI 48103	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution:		
1 Date of Bosolist 07/22/19		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 0/1/22/10		
MACHAK, ERIC A G 603 DAVIS APT 1307	_{\$} _500.00	_{\$} 500.00
AUSTIN, TX 78701	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide: Consultant Employer Machak Consulting LLC		
Occupation Consultant Employer Machak Consulting LLC		
Business Address 603 DAVIS APT 1307, AUSTIN, TX 78701		
Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/22/18 Name & Address:		
MACHAK, CHRISTINA G	_{\$} 500.00	_{\$} 500.00
1496 GUERRERO ST SAN FRANCISCO, CA 94110	Click Here f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Analyst Employer Lyft		
Business Address 185 BERRY ST, SAN FRANCISCO, CA 94 107		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
·	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	\$1,025.00	
Grand Total of All Schedules 1A	\$12,300.00	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



	C-2018-03
Committee I. D. Number	

1. Committee I. D. Number		
2. Committee Name Friends of Kathy Gr	iswold	
A Purpose (Required Information)	5. Date	6. Amount

O/MD12711 = 1 = 1	Committee traine	5, Date	6. Amount
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	J. Date	
Expenditure #1 Name City Printing Company, Inc. Address 411 W CROSS ST PO BOX 980333 YPSILANTI, MI 48198-0333	Purpose: Remittance Envelopes	Date Date Date Date	\$ 202.46 emization Type
Fund Raiser	statement		
Expenditure #2 Name City Printing Company, Inc.	Purpose: Palm Cards	05/22/18 Date	\$ <u>262.88</u>
Address 411 W CROSS ST PO BOX 980333 YPSILANTI, MI 48198-0333		lere for Memo It	emization Type
Fund Raiser	Statement		
Expenditure #3 Name Heikkinen Productions	Purpose: Shirts	05/25/18 Date	\$ 313.76
Address 1410 W MICHIGAN AVE PO BOX 980401 YPSILANTI, MI 48197 Fund Raiser		lere for Memo I	temization Type
Expenditure #4 Name Sawicki & Son Address	Purpose: Yard Signs	05/29/18 Date	\$ <u>1022.90</u>
1521 W LAFAYETTE DETROIT, MI 48216	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
Expenditure #5 Name OfficeMax Address	Purpose: Office Supplies	06/10/18 Date	\$ <u>21.04</u>
3765 WASHTENAW AVE ANN ARBOR, MI 48104	Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
1 and reason	Sub	total this page	\$1,823.04
•	Grand Total of al (Complete on last pag	l Schedules 1B ge of Schedule)	
	·		Enter this total

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES

2

ITEMIZED EXPENDITURES	1. Committee I. D. Number				
SCHEDULE 1B CANDIDATE COMMITTEE	2. Committee Name Friends of Kathy Griswold				
	4. Purpose (Required Information)	5. Date 6	i. Amount		
Name and address of person or vendor to whom paid					
Expenditure #1		06/14/18	\$ 500.00		
Name US POST OFFICE	Purpose: Stamps	Date	\$ 000.00		
Address		ck Here for Memo Ite	mization Type		
3000 GREEN RD			•		
ANN ARBOR, MI 48105-9998	Check box if this expenditure is payment debt or obligation reported on previous	; of			
Fund Raiser	statement				
Expenditure #2		06/16/18	\$ 39.08		
Name OfficeMax	0 15	Date	33.00		
	Purpose: Office Supplies				
Address	1	lick Here for Memo Ite	emization Type		
3765 WASHTENAW AVE					
ANN ARBOR, MI 48104	Check box if this expenditure is paymen debt or obligation reported on previous	it of	•		
Fund Raiser	statement provided on provided				
Expenditure #3					
•		06/18/18	\$ 1448.20		
Name Ann Arbor Observer	Purpose: 1/4 Page Ad	Date			
Address			San Kina Tampa		
2390 WINEWOOD AVE	C	lick Here for Memo It	emization Type		
ANN ARBOR, MI 48103	Check box if this expenditure is payment debt or obligation reported on previous	nt of			
Fund Raiser	statement				
Expenditure #4		00/40/40			
Name Davis Rozian		06/18/18	\$ 150.00		
	Purpose: Photographs	Date —	_		
Address			Hamization Tuna		
681 SKYNOB DR		Click Here for Memo I	itemizanon i ype		
ANN ARBOR, MI 48105-2575	Check box if this expenditure is payme	ent of			
Fund Raiser	debt or obligation reported on previous statement				
Expenditure #5					
Name City Printing Company, Inc.		06/19/18	\$ 107.33		
Oily 1 minutes of 1 and 1	Purpose: Election Letters	Date —			
Address	•	Click Here for Memo	Itemization Type		
411 W CROSS ST	Check box if this expenditure is paym				
YPSILANTI, MI 48198-0333	debt or obligation reported on previous				
Fund Raiser	statement	Subtotal this page	\$2,244.61		
			<u> </u>		
	Grand Total	il of all Schedules 1B ast page of Schedule)			
	(Complete of La	ist page of ochedulo)			

Enter this total on line 8a of Summary Page



Lootling	D	Number	C-	-20)1	8-	0	3	•
millool		MURRIER							

1. Committee I. D. N.	moer
2 Committee Name	Friends of Kathy Griswold

O/ HIBIDA	4. Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person or vendor to whom paid	4. Fulpose (required monitory)		
Expenditure #1		06/24/18	24.70
Name OfficeMax	orr o alles	 Date	\$ 31.78
Address	Purpose: Office Supplies	-	
Address 3765 WASHTENAW AVE		lick Here for Memo II	temization Type
ANN ARBOR, MI 48104		ut of	
WINIA WILDOW, MILLIOTOT	Check box if this expenditure is paymen debt or obligation reported on previous	it Oi	Į
Fund Raiser	statement		
Expenditure #2		00105140	
Name City Printing Company, Inc.		06/25/18	\$ 331.67
Oity Filling Company,	Purpose: Post Cards	Date	
Address		-	
411 W CROSS ST PO BOX 980333	C	lick Here for Memo I	temization Type
YPSILANTI, MI 48198-0333	Check box if this expenditure is payment	nt of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name US POST OFFICE		06/26/18	\$ 40.00
0010010110	Purpose: Stamps	Date	
Address	•	_	teinalian Tena
3000 GREEN RD	\	Click Here for Memo	temization Type
ANN ARBOR, MI 48105-9998	Check box if this expenditure is payme debt or obligation reported on previous	nt of	
Fund Raiser	statement		
Expenditure #4			
Name Bulk Foods		06/26/18	\$ 98.29
	Purpose: Parade Candy	Date	
Address		<u> </u>	
3040 HILL AVE		Click Here for Memo	Itemization Type
TOLEDO, OH 43607	Check box if this expenditure is payme	ent of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name City Printing Company, Inc.		06/27/18	\$ 379.48
Address	Purpose: Palm Cards & Post Card	S Date	¥ <u>01 0.70</u>
411 W CROSS ST PO BOX 980333		Click Here for Memo	Itemization Type
YPSILANTI, MI 48198-0333	Check box if this expenditure is paym debt or obligation reported on previous	ent of	
Fund Raiser	statement	Subtotal this page	\$881.22
	Grand Tota (Complete on la	l of all Schedules 1B st page of Schedule)	
	(2		Enter this total

Enter this total on line 8a of Summary Page

Page _______6___



	C-2018-03
1. Committee I. D. Number	

1. Committee I. D. N	umber
2. Committee Name	Friends of Kathy Griswold

VA(15)11 = 1	(Demised Information)	5. Date	6. Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	0. 500	
Expenditure #1		06/27/18	
Name OfficeMax			\$ <u>57.38</u>
Gillouriax	Purpose: Office Supplies	Date	
Address		(. I laar for Momo i	tomization Type
3765 WASHTENAW AVE	Clic	k Here for Memo I	ternization Type
ANN ARBOR, MI 48104	Check box if this expenditure is payment	of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		06/20/19	
Name US POST OFFICE		06/28/18	\$ 250.00
	Purpose: Stamps	Date	
Address	.		
3000 GREEN RD	Clic	k Here for Memo	temization Type
ANN ARBOR, MI 48105-9998	The state of the same of the same of	of	
Marin Cord in 12172	Check box if this expenditure is payment debt or obligation reported on previous	Oi.	
Fund Raiser	statement		
Expenditure #3			
		06/28/18	. 450 44
Name Heikkinen Productions	0134	Date	\$ <u>152.11</u>
Address	Purpose: Shirts	Date	
1410 W MICHIGAN AVE PO BOX 980401	•	k Here for Memo	Itemization Type
YPSILANTI, MI 48197	\ <u>,</u>		• •
TESILANTI, WIL 40 107	Check box if this expenditure is payment debt or obligation reported on previous	or.	
Fund Raiser	statement		
Expenditure #4			
1 .		06/30/18	222.25
Name Michigan Chinese American News		Date	\$ 320.00
Addross	Purpose: Ads		
Address			
4979 S RIDGESIDE CIR	Cli	ck Here for Memo	Itemization Type
ANN ARBOR, MI 48105	Check box if this expenditure is paymen	t of	
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name KITTYBAHN CUSTOM BUTTONS		07/02/18	* EO OO
MITTERING COOLONIES	Purpose: Campaign Buttons	Date	\$ 50.00
Address		•	
515 KRAUSE ST	CI	ick Here for Memo	Itemization Type
ANN ARBOR, MI 48103	Check box if this expenditure is paymen	it of	
	debt or obligation reported on previous		
Fund Raiser	statement	subtotal this page	\$829.49
		f all Schedules 1B	
	(Complete on last	page of Schedule	
			Enter this total

Enter this total on line 8a of Summary Page

4 of 6



1. Committee I. D. Nu

	C-2018-032							
umber								
	لمانت في من منت							

SCHEDULE 1B	Friends of Kathy G	riswold	
CANDIDATE COMMITTEE	Z. Continuos ranis	. Amount	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6	
xpenditure #1		07/06/18	\$ 394.85
Name Sawicki & Son	Purpose: Yard Signs	Date	
Address	Puipose.	 Click Here for Memo Ite	mization Type
1521 W LAFAYETTE			
DETROIT, MI 48216	Check box if this expenditure is payme debt or obligation reported on previous	nt of	
Fund Raiser	statement		
expenditure #2		07/10/18	\$ 34.02
Name OfficeMax	Purpose: Office Supplies	Date	3 34.02
Address		au titi - farthama lik	mization Type
3765 WASHTENAW AVE		Click Here for Memo Ite	SHIIZAUGH 1 JPC
ANN ARBOR, MI 48104	Check box if this expenditure is paymed debt or obligation reported on previous	ent of	
Fund Raiser	statement		
Expenditure #3		074040	
Name City Printing Company, Inc.		07/12/18	\$ 207.97
Oily () insured	Purpose: Palm Cards	Date ——	
Address		Click Here for Memo It	emization Type
411 W CROSS ST BOX 980333 YPSILANTI, MI 48198-0333	Check box if this expenditure is paym debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4		07/45/49	
Name Bram Lesko		07/15/18 Date	\$ <u>75.00</u>
	Purpose: Videos		
Address		Click Here for Memo	temization Type
817 BROOKSIDE DR			
ANN ARBOR, MI 48105	Check box if this expenditure is payl debt or obligation reported on previous	ment of	
Fund Raiser	statement		
Expenditure #5			
Name OfficeMax		07/17/18	\$ 35.39
Address	Purpose: Office Supplies	Date	Hamilton Tim
3765 WASHTENAW AVE		Click Here for Memo	Remization Typ
ANN ARBOR, MI 48104	Check box if this expenditure is pay debt or obligation reported on previous statement	MIGHT OF	
Fund Raiser	Statement	Subtotal this page	\$747.23
	Grand To	otal of all Schedules 1B last page of Schedule)	
	(Сотрете оп	last page of conteduto,	Enter this tot

Enter this total on line 8a of Summary Page

5 of 6



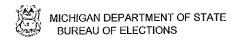
1. Committee I. D. Num	pei		
2 Committee Name	riends of Kathy	Griswold	

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		07/40/40	
Name CLICK2MAIL		07/18/18	\$ <u>2829.50</u>
Address	Purpose: Postcard Mailing	Date	
3103 10TH ST N SUITE 201		Here for Memo I	temization Type
ARLINGTON, VA, 22201	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		07/20/18	\$ 369.94
Name City Printing Company, Inc.	Palm Cards	Date	\$ JUJ.34
Address	Purpose: Palm Cards		
411 W CROSS ST PO BOX 980333	Click	Here for Memo l	temization Type
YPSILANTI, MI 48198-0333	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name	,		•
		Date	\$
Address	Purpose:		
			temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			\$
Addross	Purpose:	Date	·
Address	•		w / e . -
			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous	f	
Fund Raiser	statement		
Expenditure #5			
Name			\$
Address	Purpose:	Date	Ψ
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
		total this page	\$3,199.44

(Complete on last page of Schedule)

\$9,725.03 _____

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS

Page 1 of 1

1. Committee I.D. Number	C-2018-032	
1, Committee 1,D, Namber	A	

SCHEDULE 1E	Friends of	Kathy Griswold				
CANDIDATE COMMITTEE 2. C	ommittee Name	Trainy Onsword				
This Schedule Itemizes:						
a Debts and obligations owed by or forgiven the com (Cher	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> eurpose checked.)	or forgiven <u>by</u> the cor	nmittee.		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period		
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.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)		
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$				
Griswold, Katherine J	5. Date Debt Was Incurred:	\$				
3565 Fox Hunt Dr	04/30/18	\$		2 000 00		
Ann Arbor, MI 48105	6. Original Amount of Debt	\$	\$	\$_2,000.00		
	\$ <u>2,000.00</u>			FORGIVEN		
If bank loan, name of endorser or guarantor:		` \$	ount Endorsed: \$ _			
			iodit Litabisea. \$ =	<u> </u>		
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	\$				
Griswold, Katherine J	5. Date Debt Was Incurred:	\$				
3565 Fox Hunt Dr	05/16/18	\$		4 000 00		
Ann Arbor, MI 48105	6. Original Amount of Debt		\$	\$_1,000.00_		
1	\$1,000.00	<u> </u>		FORGIVEN		
		\$				
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_			
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$				
,	5. Date Debt Was Incurred:	\$				
		\$				
	6. Original Amount of Debt:	•	_{\$}	\$		
	\$	Ψ		FORGIVEN		
		\$				
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_			
		Page Subtota	l (Outstanding debt)	\$3,000.00		
(C)	omplete on last page of Schedule s	Grand Total	of all Schedules 1E or to the committee)	\$3,000.00		
(complete of reast page of correction another 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



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

C	Α	N	D	IC	Α	T۱	Έ	С	0	M	١	A	I	Т	Т	Ε	E
---	---	---	---	----	---	----	---	---	---	---	---	---	---	---	---	---	---

2. Committee Name Friends of Kathy Griswold

CANDIDATE COMIN			
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: KITTYBAHN CUSTOM BUTTONS 515 KRAUSE ST ANN ARBOR, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Campaign Buttons 5. Date Of Receipt: 05/24/18 6. Vendor Name & Address:	10.00	\$ 10.00 temization
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address WARDNER, MONIQUE C 2921 OVERRIDGE DR ANN ARBOR, MI 48104 If over \$100.00 cumulative, please provide: Occupation: Educator Employer Name & Address: CLAGUE MIDDLE SCHOOL 2616 NIXON RD	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Food for Meet and Greet 5. Date Of Receipt: 06/01/18 6. Vendor Name & Address: WHOLE FOODS MARKET	58.00 s	158.00
ANN ARBOR, MI 48105 Fund Raiser Contribution	3135 WASHTENAW AVE ANN ARBOR, MI 48104		·
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Click	ck Here for Memo II	temization
Fund Raiser Contribution		<u> </u>	***
•	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