



**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> 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>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> Click Here for Memo Itemization Type
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> Click Here for Memo Itemization Type
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>\$ 48.29</u> Click Here for Memo Itemization Type
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> Click Here for Memo Itemization Type

Subtotal this page **\$831.22**

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

Enter this total
on line 8a of
Summary Page



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1. Committee I. D. Number C-2018-032
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3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 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>06/27/18</u> Date	<u>\$ 57.38</u> Click Here for Memo Itemization Type
Expenditure #2 Name US POST OFFICE Address 3000 GREEN RD ANN ARBOR, MI 48105-9998 <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> Click Here for Memo Itemization Type
Expenditure #3 Name Heikkinen Productions Address 1410 W MICHIGAN AVE PO BOX 980401 YPSILANTI, MI 48197 <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> Click Here for Memo Itemization Type
Expenditure #4 Name Michigan Chinese American News Address 4979 S RIDGESIDE CIR ANN ARBOR, MI 48105 <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> Click Here for Memo Itemization Type
Expenditure #5 Name KITTYBKAHN CUSTOM BUTTONS Address 515 KRAUSE ST ANN ARBOR, MI 48103 <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> Click Here for Memo Itemization Type
Subtotal this page			<u>\$829.49</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



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1. Committee I. D. Number C-2018-032
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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 Ann Arbor Jaycees Address PO BOX 1866 ANN ARBOR, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/18</u> Date	<u>\$ 50.00</u>
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 **\$3,249.44**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$9,725.03**

Enter this total on line 8a of Summary Page



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: KITTYBKAHN 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: If over \$100.00 cumulative, please provide: Occupation: Employer 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
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