

ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

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

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 OfficeMax		06/24/18	\$ 31.78
Address	Purpose: Office Supplies	Date	
3765 WASHTENAW AVE	Click H	್ಷ Here for Menno	≝ ∄temization Type
ANN ARBOR, MI 48104		Carrier in T. 1	5 <u>=</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	25 g	
Expenditure #2			O CO
Name City Printing Company, Inc.		06/25/18	्रि 33 दि67
Address	Purpose: Post Cards	Date	12
411 W CROSS ST PO BOX 980333	Click H	lere for Memo	Itemization Type
YPSILANTI, MI 48198-0333	Check box if this expenditure is payment of	-	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name US POST OFFICE		06/26/18	\$ 40.00
Address	Purpose: Stamps	Date	10.00
3000 GREEN RD		ere for Mamo	Itemization Type
ANN ARBOR, MI 48105-9998	Check box if this expenditure is payment of debt or obligation reported on previous	ore for wighte	icomization Type
Expenditure #4	statement		
Name Bulk Foods		06/06/40	
Buik i dous		06/26/18 Date	\$ 48.29
Address	Purpose: Parade Candy	Date	
3040 HILL AVE	Click H	ere for Memo	temization Type
TOLEDO, OH 43607	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name City Printing Company, Inc.	ļ	06/27/18	
Address	Purpose: Palm Cards & Post Cards	Date	\$ <u>379.48</u>
411 W CROSS ST PO BOX 980333	Click H.	ara for Mama i	temization Type
YPSILANTI, MI 48198-0333	Check box if this expenditure is payment of	ere for Memor	temization Type
Fund Raiser	debt or obligation reported on previous statement		
		al this page	\$831.22
	Grand Total of all S	i i	
	(Complete on last page	oi Schedule)	Enter this total

on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2018-032</u>

2.

Committee Name Friends of Kathy Griswold
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Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OfficeMax		06/27/18	\$ 57.38
	Purpose: Office Supplies	Date	
Address		-	
3765 WASHTENAW AVE ANN ARBOR, MI 48104		Click Here for Memo	Itemization Type
ANN ARBON, WI 40 104	Check box if this expenditure is payme	nt of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name US POST OFFICE		06/28/18	• 250 00
001 001 011 102	Stamps	 Date	\$ <u>250.00</u>
Address	Purpose: Stamps	-	
3000 GREEN RD		lick Here for Memo	Itemization Type
ANN ARBOR, MI 48105-9998			
	Check box if this expenditure is paymed debt or obligation reported on previous	nt of	
Fund Raiser	statement		
Expenditure #3			
Name Heikkinen Productions		06/28/18	\$ 152.11
Address	Purpose: Shirts	Date	Ψ 102.11
1410 W MICHIGAN AVE PO BOX 980401	rurpose.	_	
YPSILANTI, MI 48197	ļ_	lick Here for Memo	Itemization Type
THOLE, WITHOUT	Check box if this expenditure is payment	nt of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Michigan Chinese American News		06/30/18	
mongan crimeco canasana and	Ada	Date	\$ <u>320.00</u>
Address	Purpose: Ads	_	
4979 S RIDGESIDE CIR	c	lick Here for Memo	Itemization Type
ANN ARBOR, MI 48105			
	Check box if this expenditure is paymer debt or obligation reported on previous	TI OT	
Fund Raiser	statement		
Expenditure #5			
Name KITTYBKAHN CUSTOM BUTTONS		07/02/18	
Address	Purpose: Campaign Buttons	Date	\$ 50.00
515 KRAUSE ST		-	
ANN ARBOR, MI 48103		lick Here for Memo	Itemization Type
· 	Check box if this expenditure is paymer	TE OT	
I I - 1 m 1	debt or obligation reported on previous		
Fund Raiser	debt or obligation reported on previous statement		
Fund Raiser	debt or obligation reported on previous statement	Subtotal this page	\$829.49
Fund Raiser	debt or obligation reported on previous statement	Subtotal this page of all Schedules 1B	\$829.49
Fund Raiser	debt or obligation reported on previous statement S Grand Total o		\$829.49 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

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5, Date	6, Amount
Expenditure #1			
Name CLICK2MAIL		07/18/18	\$ 2829.50
Address	Purpose: Postcard Mailing	Date	
Address 3103 10TH ST N SUITE 201			M
ARLINGTON, VA, 22201	Glick	Here for Memo	Itemization Type
71111101011, 771, 22201	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name City Printing Company, Inc.		07/20/18	\$ 369.94
	Purpose: Palm Cards	Date	Ψ <u>000.0-τ</u>
Address	Purpose:		
411 W CROSS ST PO BOX 980333	Click	Here for Memo	Itemization Type
YPSILANTI, MI 48198-0333	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
^{Name} Ann Arbor Jaycees		06/12/18	\$ 50.00
Address	_{Purpose:} Parade Fee	Date	
PO BOX 1866		Dana fan Mana	Manager Trans
ANN ARBOR, MI 48106			Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	· —		14
	Click I Check box if this expenditure is payment of	nere for Memo	Itemization Type
□ e unitor	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$3,249.44
	Grand Total of all		\$9,725.03
	(Complete on last page	of Schedule)	Ψ0,7 20.00

Enter this total on line 8a of Summary Page

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COM	AITTEE 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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)5. Date of Receipt6. 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: KITTYBKAHN 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
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 ANN ARBOR, MI 48105 Fund Raiser Contribution	Goods of Services Purchased by Candidate of 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 3135 WASHTENAW AVE ANN ARBOR, MI 48104	158.00 ck Here for Memo I	\$ 158.00
Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	ck Here for Memo I	
	Page Subtotal	\$168.00	\$168.00
	Grand Total of all Schedules 1-IK	\$168.00	

Enter this total on line 6 of Summary Page

(Complete on last page of Schedule)

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