

CANDIDATE COMMITTEE COVER PAGE

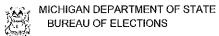
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and o	d signed by andidate.	3. This Statement covers Fron	^{n:} 07/23/18	to	08/27/1	8	
1. Committee I.D. Number		4. Candidate Last Name		First Name			M.I.
C-2018-032		Griswold	Kath	erine			J
2. Committee Name		4a. Office Sought Including Dis		ıunity Serve	d (If appli	icable)	
		Ann Arbor City Counc	il Ward 2				
Friends of Kathy Griswo	old	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			65 25	~	*
Ann Arbor, MI 48105		3565 Fox Hunt Dr	_		三元	2018	WASHIE
		Ann Arbor, MI 48105	5		A E	d3S	31
Area Code and Phone (734) 657-7900					H H H	0	1
If the address in this box is different from the comm					翠台	Ċ	2 €
mailing address on the Statement of Organization, be sent to this address by the filing official.	maii may	Area Code & Phone (734) 94	15-7996		200	σ	<u>e</u> 0
7. Treasurer's Business Address		8. Designated Record Keeper	's Name and Ad	dress (If the	⊋Oğu nitt	eetas a	ED INTY.
3565 Fox Hunt Dr		Designated Record Keeper) Joseph A Machak			STEM	£	₹
Ann Arbor, MI 48105		3565 Fox Hunt Dr		4	70-	<u></u>	
		Ann Arbor, MI 48105	5				•
		,					
Area Code and Phone (734) 945-7996		Area Code and Phone (734) 945-7996				
9. TYPE OF STATEMENT	Required ON	ILY if candidate	9d. Dissolutio	on of Candi	idate Cor	nmittee	
9a. Pre-Election OR 9b. Post-Election	is not on the bt approxed a	ballot enqsgd					srsimchanfodas dqrontrdhrodod
Pre-Election or Post-Election Statement relates to:			ax discharged the committee.	and forgiver	n, and no	longeabr	nkdbshald emi
⊠Primary	July Quart	erly	nvdrmnRsdre	ndgr ndg'r `	mx ntrs	neinfeda	39
General	October Q	uarterly	Et andalbana a	beenle domb	` mmo o.d	f of nuda .	on's owle and
Convention			pum podato, at Et abada-peade o	ptdrsenqsg	d Qdonqa	nd A programmer	nd Bean an
Special	9c. 🗖 .						
	Annua	Statement ((Coverage Year	Effec	tive date of	dissolutio	ภา	
☐School	o Godin	cldmssnB`lo`himRs`sdldms					
Caucus	Bnl c	oldsdistdi 8`+8a+8bnq8dsn odvghog Rs`sdidmshradhmi	Note: The dispo	osition of re	sidual fur	nds must '	be reported on
·	amend		Rbgdct kd 1B ar				
Date of Election, Convention or Caucus							
08/07/18							
-							
 Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a 	ence was used i accurate and co	n tne preparation of this stateme mplete.	ent and attached	schedules	(if any) ar	nd to the	best of
Current Treasurer or Joseph A Mac	hak	Daniel AC	Mark.		Λ	00	2040
Designated Record keeper Type or Print Name	nan	// / OSeph // / Signature	11 wins	Date	Augi	ust 28,	ZU18
71		_/) a *	$\cap II$, ,	n()	/	
Candidate Katherine J Griswold		, Palkerno	Xhu	sunt	Aug	ust 28,	, 2018
Type or Print Name		Signature		Date			
Authority granted under P.A. 388 of 1976							

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

SUMMARY PAGE CANDIDATE COMMITTEE

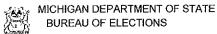
RECEIPTS		Column I	Column II
		his Period	Cumulative this election cycle
3. Contributions	2 250 (30	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,350.0		
b. Unitemized (less than \$20.01 each - no Schedule)	· · · —	APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$2,350	.00	(18.) \$ \$14,650.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,350	.00	(20.) \$ \$14,650.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$4,625.	.91	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)			
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$4,625.5		(23.) \$ \$14,369.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$		·
b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$		
(Add Line 10a + Line 10b)	(11) \$		(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(· · · <u> </u>		(Απ.) Ψ
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$2,000.	.00	
b. Owed to the Committee (Schedule 1E)	(124.) 4		
b. Owed to the Committee (Schedule 12)	(12b.) \$		
	BALANCE STA		
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ <u>\$2,556.</u>		
14. Amount received during reporting period	(14.) + \$ \$2,350.		
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	$(15.) = $ \$_\$4,906.	.63	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$4,625	.91	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ \$280.72		*
		··· ·	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

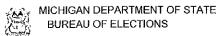
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/23/18 Name & Address:		
SIEGEL, JORDAN		
1A EMMONS PL UNIT 1A CAMBRIDGE, MA 02138	_{\$} 25.00	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Horo fo	or Memo Itemization
Occupation Employer	Click riele it	or Memo Remization
Business Address		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/24/18 Name & Address		1 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REISFIELD, CATHY M 2370 E STADIUM BLVD # 1016 ANN ARBOR, MI 48104	_{\$} 100.00	_{\$} 700.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Educator Employer Self Employed		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/25/18 Name & Address:		
MILLER, STEPHEN S 2415 GEORGETOWN BLVD ANN ARBOR, MI 48105-1539	§ 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/25/18 Name & Address		
PETAINEN, NAOMI J 2222 FULLER CT APT 801A ANN ARBOR, MI 48105	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	01101/17010 101	World Hollingation
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$225.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 1 of 4	line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

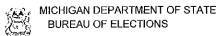
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/26/18 Name & Address:		
BATES, LYDIA R 828 ASA GRAY DR	50.00	F0 00
ANN ARBOR, MI 48105-2565	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Cliak Hara fo	or Marca Itamization
Occupation Employer	Click nere it	or Memo Itemization
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/26/18 Name & Address		
COOPER, ANNE A 2405 LONDONDERRY RD ANN ARBOR, MI 48104	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/31/18 Name & Address:	*	
JOHNSTON, JEROME 2675 GEDDES AVE ANN ARBOR, MI 48104	_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/31/18 Name & Address		
GORDON, WILLIAM M 4408 COREY CIR ANN ARBOR, 48103-9037	_{\$} 100.00	_{\$_} 100.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$300.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 2 of 4	Enter this total on line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Address:	ipt 07/31/18		
ELTON, MARY 860 EDWARD ANN ARBOR, MI 48103		_{\$} 50.00	_{\$} 50.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: 🗸 Direct Loan from a person	Fund Raiser	·	
Contribution #2 PAC Receipt? YES 4. Date of Receipt Address	ipt <u>08/01/18</u>		
MACHAK, JOSEPH A 3565 FOX HUNT DR ANN ARBOR, MI 48105		_{\$_} 450.00	§ 450.00
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Retired Employer			
Business Address			
Type of Contribution:	Fund Raiser	_	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt YES 4. Dat	o8/01/18		
SIERRA CLUB MICHIGAN CHAPTER 109 E GRAND RIVER AVE LANSING, MI 48906		\$ 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 # 4 PAC Receipt? YES 4. Date of Receipt Address	eipt 08/11/18		
KILLEY, LOLA 1310 FOLKSTONE CT ANN ARBOR, MI 48105-2846		_{\$} 100.00	_{\$} 200.00
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Program Manager Employer Merit Netwo	rk Inc	Ollok Flore for	World Romization
Business Address 1000 OAKBROOK DR STE 200, ANN AR	BOR, MI 48104		
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal and Total of All Schedules 1A lete on last page of Schedule)	\$700.00 Enter this total on	,
Page 3 of 4		line 3a of Summary Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Committee Name	Friends of Kathy Griswold	
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Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inde Committee (PAC) Report <u>all</u> contributions regardless of amount.		mount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 08/13/18 Name & Address:			
DAHLMANN, DENNIS 300 S THAYER ANN ARBOR, MI 48104	_{\$} _1	,000.00	_{\$} 1,000.00
5. If over \$100.00 cumulative, please provide:	C	Click Horo fo	or Memo Itemization
Occupation Owner Employer Dahlmann Office Properties	es	MCK HEIG IC	n Memo Remization
Business Address 220 E HURON, STE 200, ANN ARBOR, MI 48104 Type of Contribution:			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/25/18 Name & Address			
STROUD, KATHLEEN F 2271 PLACID WAY ANN ARBOR, MI 48105-1205	<u> </u>	25.00	_{\$} 225.00
5. If over \$100.00 cumulative, please provide:	С	lick Here fo	r Memo Itemization
Occupation Retired Employer			
Business Address			
Type of Contribution:	r		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	4.40.00		
	\$		\$
5. If over \$100.00 cumulative, please provide:	Cli	ick Here for	Memo Itemization
Occupation Employer			
Business Address			
	<u> </u>		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address			
·	\$		\$
5. If over \$100.00 cumulative, please provide:	Cli	ak Hara for	Memo Itemization
Occupation Employer		CK Here IO	Memo Remization
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
	Page Subtotal \$1,12	5.00	
Grand Total of All S	Schedules 1A \$2.35		
(Complete on last page	e of Schedule) LEnter t	this total on of Summary	I



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 US POST OFFICE		07/26/18	\$ 200.00
Address	Purpose: Stamps	Date	
3000 GREEN RD ANN ARBOR, MI 48105-9998		lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CLICK2MAIL		07/30/18	\$ 2647.18
Address	Purpose: Postcard Mailing	Date	
3103 10TH ST N SUITE 201	· Click H	ere for Memo	Itemization Type
ARLINGTON, VA, 22201 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	_	
Expenditure #3			
Name US POST OFFICE		08/02/18	\$ 250.00
Address	_{Purpose:} Stamps	Date	
3000 GREEN RD	Click He	ere for Memo	Itemization Type
ANN ARBOR, MI 48105-9998	Check box if this expenditure is payment of		••
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name City Printing Company, Inc	(08/02/18	\$ 285.00
Address	Purpose: Postcards	Date	
411 W CROSS ST PO BOX 980333	Click He	ere 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 #5			
Name Heikkinen Productions		08/03/18	
Address	Purpose: Shirts	Date	\$ <u>90.10</u>
1410 W MICHIGAN AVE PO BOX 980401 YPSILANTI, MI 48197	Click He	ere for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subtota	I this page	\$3,472.28
	Grand Total of all So (Complete on last page of		

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 OfficeMax	•	08/03/18	\$ 32.83
Address	Purpose: Office Supplies	Date	
3765 WASHTENAW AVE		lere for Memo	Itemization Type
ANN ARBOR, MI 48104	l —	IOIO IOI INCIIR	ntennzation Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Conor O'Neills Irish Pub		08/07/18	\$ 120.80
Address	Purpose: Election Night Party	Date	120.00
318 S MAIN ST	Click H	lere for Memo	Itemization Type
ANN ARBOR, MI 48104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name GRISWOLD, KATHERINE J		08/27/18	\$ 1,000.00
Address	_{Purpose:} Repay Loan	Date	····
3565 FOX HUNT DR	· Click H	ere for Memo	Itemization Type
ANN ARBOR, MI 48105	Check box if this expenditure is payment of		•
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
	-	Date	\$
Address	Purpose:		
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
,		ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtota	al this page	\$1,153.63
	Grand Total of all So (Complete on last page		\$4,625.91

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS

Page 1 of 1

DEBTS AND OBLIGATIONS 1, 0	committee I.D. Number C-20	18-032		
SCHEDULE 1E		£ 1/4! O-!1.1		
CANDIDATE COMMITTEE 2. C	committee Name Friends O	f Kathy Griswold		
This Schedule Itemizes:				
a ✓ Debts and obligations owedby or forgiven the com (Che	mittee OR b. Deb	ts and obligations owed <u>to</u> or urpose checked.)	forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$\$		
Griswold, Katherine J 3565 Fox Hunt Dr Ann Arbor, MI 48105	5. <u>Date Debt Was Incurred</u> : 04/30/18 6. <u>Original Amount of Debt</u> : \$ 2,000.00	\$ \$ \$ \$	\$	\$_2,000.00 FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: Griswold, Katherine J 3565 Fox Hunt Dr Ann Arbor, MI 48105	4. Type: Loan 5. Date Debt Was Incurred: 05/16/18 6. Original Amount of Debt: \$ 1,000.00	08/27/18 \$ 1,000.00	\$ 1,000.00	\$_0.00
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$ \$ \$ \$	\$	\$ FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
		Page Subtotal (Outstanding debt)	\$2,000.00
A debt or obligation must be shown on this Schedu		showing amounts owed by or mount owed on it at the clo	/ -	\$2,000.00 Enter this total on line 12a "owed by"" or line 12b "owed to" of the
this Campaign Statement or it was forgiven during t			•	Summary Page