



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/23/18 to 08/27/18

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

2. Committee Name
Friends of Kathy Griswold

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

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

4b. County of Residence **WASHTENAW**

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

Area Code and Phone (734) 657-7900
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Joseph A Machak
3565 Fox Hunt Dr
Ann Arbor, MI 48105**

Area Code & Phone (734) 945-7996

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

Area Code and Phone (734) 945-7996

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

Area Code and Phone (734) 945-7996

FILED
WASHTENAW COUNTY, MI
2018 SEP - 5 P 4:44
LAWRENCE KESTENBAUM
COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
08/07/18

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

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9c. @ dnrc| dnrsn B` l o` ff mRs' sll dms 'Bnl' oldsd lsdll 8` +8a+8b nq8d sn lncfb' sd v glbg Rs' sll dnstl adlrf amended-)

9d. Dissolution of Candidate Committee

By bgdbj lrf sglr lsdll HV d bdcqex` nx nt s' s' nclrf cdas ax sgd bnl l ltee to the b' ncl' sd nqglr nqgdqr ont r d lr gdq ax discharged and forgiven, and no longer bnlkdbsald enl the committee. Sgd bnl l lsd d g' r m nt r s' nclrf` r r ds + nv dr m R sdr eldr nqg' r` nx nt r s' nclrf cdas

Et qgdq Hsge clrr nlt slmb' mmsad f d mdc+sg' ssglr ad bnnr ledqtc` qpt dr senqsgd Qdonqrrf V` lndq

Effective date of dissolution

Note: The disposition of residual funds must be reported on Rbgdct kd 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Joseph A Machak Signature Joseph A Machak Date August 28, 2018

Candidate Katherine J Griswold Signature Katherine J Griswold Date August 28, 2018



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Kathy Griswold

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>2,350.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>\$2,350.00</u> | (18.) \$ <u>\$14,650.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ _____ | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>\$2,350.00</u> | (20.) \$ <u>\$14,650.00</u> |
| 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.) \$ <u>\$4,625.91</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ _____ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ _____ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>\$4,625.91</u> | (23.) \$ <u>\$14,369.28</u> |
| 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) | (11.) \$ _____ | (24.) \$ _____ |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>\$2,000.00</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ _____ | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$2,556.63</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>\$2,350.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>\$4,906.63</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>\$4,625.91</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>\$280.72</u> | * |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

2. Committee Name Friends of Kathy Griswold

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/18</u> Name & Address: SIEGEL, JORDAN 1A EMMONS PL UNIT 1A CAMBRIDGE, MA 02138 | | \$ <u>25.00</u> | \$ <u>25.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/24/18</u> Name & Address: REISFIELD, CATHY M 2370 E STADIUM BLVD # 1016 ANN ARBOR, MI 48104 | | \$ <u>100.00</u> | \$ <u>700.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Educator</u> Employer <u>Self Employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/25/18</u> Name & Address: MILLER, STEPHEN S 2415 GEORGETOWN BLVD ANN ARBOR, MI 48105-1539 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/25/18</u> Name & Address: PETAJINEN, NAOMI J 2222 FULLER CT APT 801A ANN ARBOR, MI 48105 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$225.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|---|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/26/18</u> | |
| Name & Address: BATES, LYDIA R 828 ASA GRAY DR ANN ARBOR, MI 48105-2565 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/26/18</u> | |
| Name & Address: COOPER, ANNE A 2405 LONDONDERRY RD ANN ARBOR, MI 48104 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/31/18</u> | |
| Name & Address: JOHNSTON, JEROME 2675 GEDDES AVE ANN ARBOR, MI 48104 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>07/31/18</u> | |
| Name & Address: GORDON, WILLIAM M 4408 COREY CIR ANN ARBOR, 48103-9037 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$300.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

2. Committee Name Friends of Kathy Griswold

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|---|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/31/18</u> Name & Address: ELTON, MARY 860 EDWARD ANN ARBOR, MI 48103 | | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/18</u> Name & Address: MACHAK, JOSEPH A 3565 FOX HUNT DR ANN ARBOR, MI 48105 | | \$ <u>450.00</u> | \$ <u>450.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/18</u> Name & Address: SIERRA CLUB MICHIGAN CHAPTER 109 E GRAND RIVER AVE LANSING, MI 48906 | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/11/18</u> Name & Address: KILLEY, LOLA 1310 FOLKSTONE CT ANN ARBOR, MI 48105-2846 | | \$ <u>100.00</u> | \$ <u>200.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Program Manager</u> Employer <u>Merit Network Inc</u> Business Address <u>1000 OAKBROOK DR STE 200, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$700.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

2. Committee Name Friends of Kathy Griswold

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--------------------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/13/18</u> Name & Address: DAHLMANN, DENNIS 300 S THAYER ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Dahlmann Office Properties</u> Business Address <u>220 E HURON, STE 200, ANN ARBOR, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>1,000.00</u> | \$ <u>1,000.00</u> Click Here for Memo Itemization |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/25/18</u> Name & Address: STROUD, KATHLEEN F 2271 PLACID WAY ANN ARBOR, MI 48105-1205 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ <u>125.00</u> | \$ <u>225.00</u> Click Here for Memo Itemization |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ _____ | \$ _____ Click Here for Memo Itemization |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | \$ _____ | \$ _____ Click Here for Memo Itemization |

Page Subtotal **\$1,125.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$2,350.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|-------------------------|---|
| Expenditure #1 Name 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>07/26/18</u> Date | <u>\$ 200.00</u> Click Here for Memo Itemization Type |
| Expenditure #2 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>07/30/18</u> Date | <u>\$ 2647.18</u> Click Here for Memo Itemization Type |
| Expenditure #3 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>08/02/18</u> Date | <u>\$ 250.00</u> Click Here for Memo Itemization Type |
| Expenditure #4 Name City Printing Company, Inc Address 411 W CROSS ST PO BOX 980333 YPSILANTI, MI 48198-0333 <input type="checkbox"/> Fund Raiser | Purpose: <u>Postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/02/18</u> Date | <u>\$ 285.00</u> Click Here for Memo Itemization Type |
| Expenditure #5 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>08/03/18</u> Date | <u>\$ 90.10</u> Click Here for Memo Itemization Type |

Subtotal this page **\$3,472.28**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--------------------------------------|-------------------------|---|
| Expenditure #1 Name OfficeMax Address 3765 WASHTENAW AVE ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser | Purpose: <u>Office Supplies</u> | <u>08/03/18</u> Date | <u>\$ 32.83</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #2 Name Conor O'Neills Irish Pub Address 318 S MAIN ST ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser | Purpose: <u>Election Night Party</u> | <u>08/07/18</u> Date | <u>\$ 120.80</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #3 Name GRISWOLD, KATHERINE J Address 3565 FOX HUNT DR ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser | Purpose: <u>Repay Loan</u> | <u>08/27/18</u> Date | <u>\$ 1,000.00</u> Click Here for Memo Itemization Type <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ | _____ Date | \$ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ | _____ Date | \$ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |

Subtotal this page **\$1,153.63**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,625.91**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

2. Committee Name Friends of Kathy Griswold

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the 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? <input type="checkbox"/> Yes Owed to or by: Griswold, Katherine J 3565 Fox Hunt Dr Ann Arbor, MI 48105 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u> | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Griswold, Katherine J 3565 Fox Hunt Dr Ann Arbor, MI 48105 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u> | 08/27/18 \$ 1,000.00 \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>1,000.00</u> | \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt) **\$2,000.00**

Grand Total of all Schedules 1E **\$2,000.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.