

CANDIDATE COMMITTEE COVER PAGE

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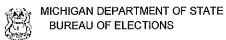
the treasurer (or designated record keeper) and c	andidate.	3. This Statement covers Fron	^{n:} 08/28/18 to	10/21/18		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
C-2018-032		Griswold Katherine J				
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Ann Arbor City Counc	cil Ward 2			
Friends of Kathy Griswo	ld	4b. County of Residence WA	SHTENAW			
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
3565 Fox Hunt Dr		Joseph A Machak				
Ann Arbor, MI 48105		3565 Fox Hunt Dr				
		Ann Arbor, MI 4810	5			
Area Code and Phone (734) 657-7900	ittee					
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		Area Code & Phone (734) 945-7996				
be sent to this address by the filing official. 7. Treasurer's Business Address		- ···		committee has a		
		Designated Record Keeper Designated Record Keeper)	s maine and Address (If the	committee has a		
3565 Fox Hunt Dr		Joseph A Machak				
Ann Arbor, MI 48105		3565 Fox Hunt Dr		÷		
		Ann Arbor, MI 4810	5			
(724) 045 7006		(704	N 045 7006			
Area Code and Phone (734) 945-7996		Area Code and Phone (734	945-7996 9e. Dissolution of Candid	data Cammittan		
9. TYPE OF STATEMENT	Réquired Of	NLY if candidate	9e. Dissolution of Candid	date Committee		
9a. X Pre-Election OR 9b. Post-Election		ballot for the		/We certify any outstanding debt ndidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:	Current year.		by discharged and forgiven	, and no longer collectible from		
Deiman	July Quart	erly	owes no lates fees or has a	ttee has no oustanding assets, ny oustanding debt.		
Primary	October C	uarterly				
General			Further, if the dissolution ca considered a request for the	innot be granted, that this be Reporting Waiver.		
Convention			28	3 %		
Special	9c. Annua	il Statement ()				
School		Coverage Year	Effective date of	5 ⊆ = ¬		
Caucus		dment to Campaign Statement		**************************************		
		olete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of Fee	dual funds must be reported on		
	ameno	led.)	Schedule 1B and the Summ	mary Page.		
Date of Election, Convention or Caucus		:	<u> </u>	₩ 7		
11/06/18			i iii	2 <u>3</u>		
			70			
			,			
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this statement omplete.	ent and attached schedules (if any) and to the best of		
Current Treasurer or Joseph A Mac	chak	Ancal !	Alack Il	October 22, 2018		
Designated Record keeper Type or Print Name		/ Signature	U winder Date	——————————————————————————————————————		
Type of Fillit Name		/ Signature	11			
Candidate Katherine J Griswold		Haltoning ()	Sini No I made	October 22, 2018		
Type or Print Name		Signature Signature	Date Date			
- Type of Time tumo						

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

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Kathy Griswold

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$250.00	(18.) \$ \$14,900.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$250.00	(20.) \$ \$14,900.00
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.) \$	
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.) \$	(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	(11.) Ψ	(24.) Ψ
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$2,000.00	
b. Owed to the Committee (Schedule 1E)	(40h.) h	
· · · · · · · · · · · · · · · · · · ·	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$280.72	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$250.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$530.72	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ \$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$530.72 *	



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

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 middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/12/18		, , , , , , , , , , , , , , , , , , , ,
Name & Address: ———————————————————————————————————		
115 DEPOT ST	050.00	250.00
ANN ARBOR, MI 48104	_{\$} 250.00	_{\$} 250.00
5. If over \$100.00 cumulative, please provide:	Click Llove	iau Manaa Itanaimatian
Occupation Owner Employer First Martin Corp	— Click Here i	or Memo Itemization
Business Address 115 Depot St, Ann Arbor, MI 48104		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address	_	
	\$. \$
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 # 3 PAC Receipt? YES 4. Date of Receipt		
Name & Address:		
	¢.	
	Φ	. \$ <u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address	_	
	\$	¢.
	Y	Ψ
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	_	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	total \$250.00	
Grand Total of All Schedules	420000	-
(Complete on last page of Sched		J
Page of	line 3a of Summary Page.	



DEBTS AND OBLIGATIONS SCHEDULE 1E

C	۸N	DII)AC	ΓE	CO	ИΜΙ	TTEE
~,							

2 Committee Name Friends of Kathy Griswold

CANDIDATE COMMITTEE 2.0	ommittee name	-			
This Schedule itemizes:					
a ✓ Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	is and obligations owed <u>to</u> ourpose checked.)	r forgiven <u>by</u> the cor	nmittee.	
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	Type of Obligation (Description) Indicate date debt was incurred	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	
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			ltem 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	\$		s 2,000.00	
Ann Arbor, MI 48105	6. Original Amount of Debt:	\$	\$	Ψ	
	\$ 2,000.00	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	08/27/18 \$ 1,000.00			
Griswold, Katherine J	5. <u>Date Debt Was Incurred</u> :	\$			
3565 Fox Hunt Dr	05/16/18	\$		0.00	
Ann Arbor, MI 48105	6. Original Amount of Debt:	<u> </u>	\$ 1,000.00	\$_0.00	
•	\$ <u>1,000.00</u>	\$ \$		FORGIVEN	
If bank loan, name of endorser or guarantor: Amount Endorsed: \$_					
Debt #3 Corp? Yes	1.7				
Owed to or by:	4. Type:	\$			
	5. Date Debt Was Incurred:	\$			
	6 Original Amount of Daht	\$		œ.	
	6. Original Amount of Debt	\$	· \$	Ψ	
	\$	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_		
		Page Subtotal	(Outstanding debt)	\$2,000.00	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed 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.					

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