



**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.

<p>1. Committee I.D. Number C-2018-032</p> <p>2. Committee Name Friends of Kathy Griswold</p> <p>5. Committee's Mailing Address 3565 Fox Hunt Dr Ann Arbor, MI 48105</p> <p>Area Code and Phone <u>(734) 657-7900</u> 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.</p> <p>7. Treasurer's Business Address 3565 Fox Hunt Dr Ann Arbor, MI 48105</p> <p>Area Code and Phone <u>(734) 945-7996</u></p>		<p>3. This Statement covers From: <u>10/22/18</u> to <u>11/26/18</u></p> <p>4. Candidate Last Name <u>Griswold</u> First Name <u>Katherine</u> M.I. <u>J</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council Ward 2</p> <p>4b. County of Residence WASHTENAW</p> <p>6. Treasurer's Name & Residential Address Joseph A Machak 3565 Fox Hunt Dr Ann Arbor, MI 48105</p> <p>Area Code & Phone <u>(734) 945-7996</u></p> <p>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</p> <p>Area Code and Phone <u>(734) 945-7996</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/06/18</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p> <p>9e. Dissolution of Candidate Committee</p> <p><input checked="" type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p> <p>Current Treasurer or Designated Record keeper <u>Joseph A Machak</u> Type or Print Name <u>Joseph A Machak</u> Signature Date <u>November 27, 2018</u></p> <p>Candidate <u>Katherine J Griswold</u> Type or Print Name <u>Kathy Griswold</u> Signature Date <u>November 27, 2018</u></p>			

FILED
WASHTENAW COUNTY, MI
2018 DEC - 3 P 3:33
LAWRENCE WESTERHOLM
COUNTY CLERK/REGISTRAR



**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>	11/26/18 \$ 330.72 _____ \$ _____ _____ \$ _____ _____	\$ 330.72	\$ 1,669.28 <input checked="" 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 _____ \$ _____ _____ \$ _____ _____	\$ 1,000.00	\$ 0.00 <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) ~~\$1,669.28~~
Grand Total of all Schedules 1E ~~\$1,669.28~~
(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.



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.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>\$14,900.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ <u>\$14,900.00</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>\$530.72</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>\$530.72</u>	(23.) \$ <u>\$14,700.00</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.) \$ _____	
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>\$530.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$530.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$330.72</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$200.00</u>	*



**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 GRISWOLD, KATHERINE J Address 3565 FOX HUNT DR ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Repay Loan</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/26/18</u> Date	<u>\$ 330.72</u> Click Here for Memo Itemization Type
Expenditure #2 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	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$330.72**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$330.72**

Enter this total
on line 8a of
Summary Page