CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

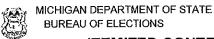
OUVERTAGE		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers Fron	" 1/1/2015 to 10/21/2018
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.
C-2010-057	Stea Q	Christmus
2. Committee Name	· ·	strict # or Community Served (If applicable)
Friends of Christmin Seal		blic School Board
	4b. County of Residence	
5. Committee's Mailing Address	6. Treasurer's Name & Reside	ential Address
2075 W. Stadium Blvd	Jim Steel	•
AU BOX 3286	2433 Blue be Ann Albor, v	my care
Ann Alban, MI 48/06 717-2493	Ann Athor, v	MI 48103
Area Code and Phone (734) 730 52450		Sc
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.	Area Code & Phone 1734	1730-8440 E E
7. Treasurer's Business Address	Designated Record Keeper Designated Record Keeper)	's Name and Address (If the committee has a
2433 Blockery Lane		24 FGB
Ann Arkar, MI 48103		DUNTY, M. D. O. O. P. P. O. O. P. P. O. O. O. P. P. O. O. P. P. O. O. P. P. P. O. O. P.
7 (111) (11) (11) (11)		CERT IN TY
		O E
Area Code and Phone (734) 730 - 5440	Acce Code and Phone	Harry Walls
74ca oodo ana i none	Area Code and Phone	9e. Dissolution of Candidate Committee
9. TYPE OF STATEMENT Require	d ONLY if candidate	
9a. Pre-Election OR 9b. Post-Election is not or current	n the ballot for the year:	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	•	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,
July (Quarterly	owes no lates fees or has any oustanding debt.
☑ General ☐ Octo	per Quarterly	Further, if the dissolution cannot be granted, that this be
Convention		considered a request for the Reporting Waiver.
— ∏Special 9c. ┌┐०	nnual Statement ()	
□ School	Coverage Year	Effective date of dissolution
Occurs of P	mendment to Campaign Statement	
ir	Complete Item 9a, 9b, 9c or 9e to addicate which Statement is being mended.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus	,	
11/6/2018		
10. Verification: I\We certify that all reasonable diligence was umy\our knowledge and belief the contents are true, accurate a	ised in the preparation of this statement complete.	ent and attached schedules (if any) and to the best of
Current Treasurer or	R	
Designated Record keeper	Shaphura Changhura	Date /0/21//8
Type or Print Name	Signature	
Candidate Christine Stead	14/11-L	Date 10/21/18 Date 10/21/18
Type or Print Name	Signature	

1. Committee I.D. Number _____

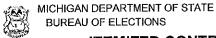
SUMMARY PAGE

Friends of Christine Stead

CANDIDA LE COMINI LI EE		
RECEIPTS	Column I This Period	Column II
3. Contributions	mis Penoa	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$3340°°	(18.) \$ 3340 ^w
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 357/ **	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$6079.35	(21.)\$ 6079.35
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3434.10</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.) \$3585.46	(23.)\$ 3585.44
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)	(100.) \$\psi\$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$1728, 20	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
A STATE OF THE PROPERTY OF THE	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 635.75	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 3511.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 4/46.75	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ 3585. 46	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 561-29 *	
(222.236 75 7577 157	VIII -	



CANDIDATE COMMITTEE 2. Committee Name	thurs of	Christi Stord
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.	6. Amount 400 -	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 2/2/18 Name & Address: Jack Panifel 501 Burson Pl Ann Arbar, M1 48104 5. If over \$100.00 cumulative, please provide:	\$ <i>J5'D'</i>	\$ \(\sigma \)500 for Memo Itemization
Occupation Employer Business Address Type of Contribution:		
Accontribution #2 PAC Receipt? YES 4. Date of Receipt 8/21/18 Name & Address David Stad 2032 The Gifts Toledo, 04 43415 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>/00</u> Click Here	_ \$ 100— for Memo Itemization
B. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8)24/18 Name & Address: Stephanic Hole 1316 Beech wood Dr Ann Arba. M1 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ Click Here f	s 100 -
Business Address How PAC Receipt? YES 4. Date of Receipt 91,118 Ann Arbor, m. 48103 5. If over \$100.00 cumulative, please provide: Occupation Doctor Employer LAM Business Address 4240 Plymouth Rd Ann Arbor m) 48109 Type of Contribution: Direct Loan from a person Fund Raiser		s SO or Memo Itemization
Page Subtot Grand Total of All Schedules 1. (Complete on last page of Schedul	A	ry



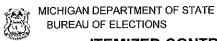
1. Committee I.D. Number <u>C-7010 - 057</u>

line 3a of Summary

Page.

CANDIDATE COMMITTEE	2. Committee Name	Frictes d	Chrish Strel
Enter contributor's name and address. If contribution is from an individual, enmiddle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.	ter last name, first name, e or an Independent	6. Amount 750 -	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Ken Fischer 17448 Kestral Way 2115 Metrose Ann Arkor, M/	9/4/18 Anc 48104	\$	\$ <i>100</i> —
5. If over \$100.00 cumulative, please provide.	,	Click Here fo	r Memo Itemization
Occupation Employer			
Business Address Type of Contribution:	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Mora gan Kichner 940 Pine Tree Or	9/11/18		. 100
		\$ <u>/UB-</u>	\$ 100-
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Employer	· · · · · · · · · · · · · · · · · · ·		
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Simone (15h+frot) 1323 S Fureet Are 773> Arrow Ann Arbir, M1 4810 4 5. If over \$100.00 cumulative, please provide:		\$ 50 -	\$ 9 - Memo Itemization
Occupation Employer			
Pursinger Addrage	Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Lew Kidder 1768 Kes tral Wey Ann Arbor, M1 48703 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Business Address	t 9/1/18 Fund Raiser	\$ 500 - Click Here for	\$ SDU - Memo Itemization
Type of Contribution: Direct Loan from a person			
_	Page Subtota	/30	-
	d Total of All Schedules 1/ le on last page of Schedule]

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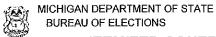
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number C-2010-057

Friends St. Christine Sea O

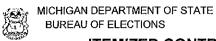
line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name	11009 3	Christino Gens
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.	6. Amount 790 —	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9/18/18 Name & Address: Jim Steal ZY33 Ove Len Lone Ann Athor My 1990 3 5. If over \$100.00 cumulative, please provide: Occupation Sals Employer Kyocara Unimics Business Address Saline M1 48176	\$ \$ ZOO Click Here fo	\$ <u>\$</u>
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/25/18 Name & Address Scrai Shay 770 Brooks Ann Arbir, MI 48/02	\$ 100 -	\$ /w-
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		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/24/18 Name & Address: Frank Pelos; Zour Chaucer fr Ann Andr MI 48/03 5. If over \$100.00 cumulative, please provide: Occupation Doctor Employer Us M Business Address 1500 E. Medical Chr. Ann Arker, Mi 48/09	\$ 1,90 - Click Here for	\$ 150 — Memo Itemization
Name & Address: Frank Pelos; Zour Chaucer for Ann Anor MI 48/03 5. If over \$100.00 cumulative, please provide: Occupation Doctor Employer US M	s 40-	\$ 150— Memo Itemization \$ 40— Memo Itemization
Name & Address: Frank Pelos; Zouro Chaucer for Ann Aros MI 48/03 5. If over \$100.00 cumulative, please provide: Occupation Doctor Employer Us M Business Address 1500 E. Medical Chr. Ann Arber, M: 48/09 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9/18/18 Name & Address Charlic Adams 5171 Arbor Valley Lane Ann Arbo, M 48/05	s 40-	\$ <u>40-</u>



1. Committee I.D. Number <u>C-2010-057</u>

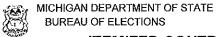
CANDIDATE COMMITTEE 2. Committee Name	riends of C	uristme Stead
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address: Step have tale 1314 Beechwood Dr Mn Ahar M1 78103 5. If over \$100.00 cumulative, please provide:	\$ 100 -	s <u>Zoo</u> —
Occupation VP Montesting Employer Chelse Rhone	Click Here fo	or Memo Itemization
Business Address 30 S ST Ann Arm M 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/2//8		
Name & Address Deb Mericotle Zuo Yost Blud Ann Arbon M1 4 8104	\$ 100	\$ /co-
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	-	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 103/18 Name & Address: John Austm 817 Berhshim Rd	s/w-	\$ 100 <u></u>
Ann Whor MI 48104 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address EA Rothman		
415 Danton North An. Ann Arbor, MI 48105	\$ 150	<u>\$ 150</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Robert Employer Vol Michigan		
Business Address 31 West Hall 1085 S University, AmArk MI Type of Contribution: Direct Loan from a person Fund Raiser	48109	
Page Subtotal	450-	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page of	line 3a of Summary Page.	



1. Committee I.D. Number <u>C-2010 - 057</u>

line 3a of Summary

CANDIDATE COMMITTEE 2. Committee Name 1	rieroy of	Christine George
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address: Man + Angela Itmis Z553 Thurapple D- Ann Arhar M1 48/03	\$ /00~	\$ 100-
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address Wendy Palms		
718 Lawrence Apt 1	\$ 200-	\$ 200-
Ann Arnor My 4870 4 5. If over \$100.00 cumulative, please provide: Occupation Admin Sheh Employer UAMishige McAsel	Click Here fo	r Memo Itemization
Business Address M (sked, 400 N. hyalls, Ann Arks, m1/48	109	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address: Dana Massimilla 1785 Timber Trail Ann Arbar MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 75- Click Here for	\$ 75 — Memo Itemization
Business Address Direct Loan from a person		
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt / 1/3/8 Name & Address Jamin Dunnebach 30643 Guns pm Nul Hudson Mil 48165 5. If over \$100.00 cumulative, please provide: Occupation Employer Type of Contribution: Direct Loan from a person Fund Raiser	\$ /00 — Click Here for	\$ Memo Itemization
Page Subtotal	476-	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on]

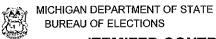


1. Committee I.D. Number	C-2010	-057	
2. Committee Name	resid of	Christine	Stew

CANDIDATE COMMITTEE 2. Committee Name	riends of Christin Stead
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 10/3/18 Name & Address: Dawn Wetzel 345 Ginwood I Am Arber, mi 48103 5. If over \$100.00 cumulative, please provide:	\$ 100 - \$ 100 - Click Here for Memo Itemization
Occupation Employer	Choic for World Romization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address Del + Jon Kop / Heidorn 2899 Whispering Woods Or Ann Armer, M1 48103	<u>\$ 10 - \$ 1w -</u>
Ann Army MI 48103	-
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 #3 PAC Receipt? YES 4. Date of Receipt 10/3/18 Name & Address: Aličià Simo	
1891 Hankey Dr Ann Avist Mi 48103 5. If over \$100.00 cumulative, please provide:	\$ /or \$ /or Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
B. Contribution #4 PAC Receipt? YES 4. Date of Receipt /o/11/2018 Name & Address	
Tom Kusserchis 2742 Colony Nol Ann Arbor Mi 48104 5. If over \$100.00 cumulative, please provide:	\$ 100 - \$ 100 -
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	400 -
Grand Total of All Schedules 1A	4415-2000-
(Complete on last page of Schedule)	Enter this total on

Page 6 of 87

Enter this total on line 3a of Summary Page.



C-2010-057 1. Committee I.D. Number

С	ANDIDATE (COMMITTEE	2. Committee Name	aut of	Christmi Steal
Enter contributor's nammiddle initial. Check be Committee (PAC) Rep	ox to indicate if con	contribution is from an individua tribution is from a Political Com regardless of amount.	al, enter last name, first name, nmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of Re	ceipt 10/9/18		
Norman He 3681 Wegs Ann Arbor 5. If over \$100.00 cum	rhert m Ridge MI 48	(L		\$ 75-	<u>\$ 75—</u>
				Click Here	for Memo Itemization
Occupation		Employer			
Business Address Type of Contribution:	Direct		Fund Raiser		
		Loan from a person YES 4. Date of Rec		—	
Contribution #2 Name & Address	PAC Receipt?	L 1E3 4. Date of Rec			
					•
				\$	<u> </u>
				OF LUC	Con Manual Harrist and an
5. If over \$100.00 cum				Click Here	for Memo Itemization
Occupation		_ Employer			
Business Address			***************************************		•
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	ceipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:		Click Here f	or Memo Itemization
Occupation		Employer	<u>. </u>		
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	 1	
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of Re	eceipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:	•		
•				Click Here f	or Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtotal		
		i	Grand Total of All Schedules 1A	172.15	1

(Complete on last page of Schedule)

<u> 2340</u>

Enter this total on line 3a of Summary Page.



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ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

C-2010-057 1. Committee I.D. Number_

	2. Committee Name French of Christini Slead
Name & Address From Whom Received A. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Date of Receipt 3/5/15 Name & Address:	Loan from a Lending Institution
MLIVE Modia Grap	Interest \$
3102 Walke Ridge D- NN	Refund \Rebate Click for Memo Itemization Type
3102 Walke Ridge Dr NN Grand Rapids, MI 49544 Fund Raiser	Other (Specify)
Receipt #2 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #3 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #4 Date of Receipt	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #5 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #6 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #7 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
	Page Subtotal 171 -
	Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)
	Enter this total on

line 4 of Summary

Page



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

I EMIZED IN-MIND COM	TIBUTIONS / 20	30
SCHEDULE 1-I	1. Committee I. D. Number	10-057
CANDIDATE COM	NITTEE 2. Committee Name From 4	ChroLi Send
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 Receipt 6. 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: Christian Star 2433 Blue Lan Ann Alwa Mi 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Websile Domain - URL 5. Date Of Receipt: 7/24/18 6. Vendor Name & Address: Godaldy. Com	lick Here for Memo Itemization
Fund Raiser Contribution		
Contribution #2 PAC Receipt? Yes Name & Address Christ Skul 2433 Slucken La Ann Mor MI 41103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description PO Box 5. Date Of Receipt: 7/30/18	350 \$ 47.17
Fund Raiser Contribution	6. Vendor Name & Address: Ann Arber Tors W. Stadium Blvd Ann Arber, MI	ick Here for Memo Itemization
Employer Name & Address:	4 Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Wclsile App 5. Date Of Receipt: 8/n /1 8 6. Vendor Name & Address: Adube Span CI 345 Pank Ave Sun Jose , CA 95/00	999 \$ 57.16
Fund Raiser Contribution	San Die, CA 95/00	
	Page Subtotal Grand Total of all Schedules 1-li (Complete on last page of Schedule	Enter this total on line 6 of Summary
1	*	Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-II	1. Committee I. D. Number <u>C-2010 - 057</u>
CANDIDATE COMM	AITTEE 2. Committee Name Fruit of dist See
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 Receipt 6. Name & Address of Vendor from whom goods or services were purchased 7. Amount or Fair Market Value 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: Christ Seal 2453 Black M1 48103 If over \$100.00 cumulative, please provide: Occupation: Cansultant Employer Name & Business Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Yard Signs 5. Date Of Receipt: 8/22//8
Head large Advisors 2433 Bluckerry Lan Ann Aber, M. 48103 Fund Raiser Contribution	6. Vendor Name & Address: Sqwishi + Sms Click Here for Memo Itemization 1521 W. Lafage He Slvd Detroit, m, 48216
Contribution #2 PAC Receipt? Yes Name & Address Christin Stad 2433 Blocken Lone Amn Arher, MI 48103	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN
If over \$100.00 cumulative, please provide: Occupation: Consultant Employer Name & Address: I tool key Musica 7433 Blukem Law Am Arbo., m, 4803 Fund Raiser Contribution	Description Yard Signs 5. Date Of Receipt: 8/30/18 6. Vendor Name & Address: Sawichi + Sms Click Here for Memo Itemization 1521 W. Lafayette Dlvd Detroit, MI 48216
Contribution #3 PAC Receipt? Yes Name & Address: Chrotin Stract 2433 Blockery Line Ann Arbor M1 48103 If over \$100.00 cumulative, please provide:	4.
Employer Name & Address:	5. Date Of Receipt: 9/4/18 6. Vendor Name & Address: City Orinthy Company, Inc. Click Here for Memo Itemization 411 W. Cross St. Po Box 980333 Ipsilnoti, MI 48198-0333 7216.46
	Page Subtotal 238.82 Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

Enter this total on line 6 of Summary Page

Page 2 of 5



ITEMIZED IN-KIND CONTRIBUTIONS

C-2010-057 1. Committee I. D. Number SCHEDULE 1-IK 2. Committee Name CANDIDATE COMMITTEE 3. Name and Address from whom received If contribution is from an individual, enter last 4. Type of In-Kind Contribution (Check applicable box) 7. Amount or 8. Cumulative Fair Market for Election 5. Date of Receipt name first. Check box to indicate if contribution Value Cycle (Through is from a Political Committee or an Independent 6. Name & Address of Vendor from whom goods or services were date in Item 5) Committee (Both are commonly called PACs). purchased Reportall in-kind contributions. Contribution #1 PAC Receipt? Endorsement or Guarantee of Bank Loan Name & Address: Christmu Star Goods Donated or Loaned Services Donated 101,76 \$ 2375,38 2433 Quebern, Lan Goods or Services Purchased by Candidate or Others Ann Ashar MI 4HU3
If over \$100.00 cumulative, please provide:
Occupation:
Consultant Goods or Services Purchased by Candidate or Others- LOAN 5. Date Of Receipt: Employer Name & Business Address: Headlup Advisors 6. Vendor Name & Address: City Orintry Corpuy, Inc. 2433 Blockery La Click Here for Memo Itemization 41) W. Cross St. PUBLE 980373 fpollouti, m. Ann Arhor, mi 48703 Fund Raiser Contribution PAC Receipt? Yes Contribution #2 Endorsement or Guarantee of Bank Loan Name & Address Christin Stand Goods Donated or Loaned Services Donated 2433 Blockery Lan Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Ann Ali-, mi 48703 If over \$100.00 cumulative, please provide: Occupation: Consultant 5. Date Of Receipt: _ Employer Name & Address: Hadleys Advisis 6. Vendor Name & Address: City Printing Crupany, Inc 411 W. Cross SL PO Box 980333 2433 Bluebery Line Click Here for Memo Itemization Ann Arkon MI Fund Raiser Contribution Ypsilanti, mi 48198-0303 Endorsement or Guarantee of Bank Loan Contribution #3 PAC Receipt? Yes 18338 , 2691,26 Name & Address: Goods Donated or Loaned Services Donated Christin Sto-R 2437 Blubery Goods or Services Purchased by Candidate or Others Ann Arhar MI 48103 If over \$100.00 cumulative, please provide: Goods or Services Purchased by Candidate or Others- LOAN Description _ Occupation: Consultant 5. Date Of Receipt: Employer Name & Address: Head laup Advisors
2433 She key Laue
Ann Arbor MI 48703 6. Vendor Name & Address: City Printing Crypany, Inc.
411 W. Cross St.
PO SOX 980 333 Click Here for Memo Itemization ر troilanti mi Fund Raiser Contribution Page Subtotal 417,64

> Enter this total on line 6 of Summary Page

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

Page 3 of 5

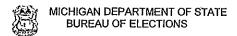


ITEMIZED IN-KIND CONTRIBUTIONS

HEMIZED IN-KIND CONT			mber C-Z	$\alpha \alpha$	-000	
SCHEDULE 1-I	K	1. Committee I. D. Nui	mberC	10	<u>- w</u>	
CANDIDATE COM	VITTEE	2. Committee Name	Founds o	4 (Christnin	Stool
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.	5. Date of Receip	d Contribution (Check a ot ess of Vendor from who		were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: Christmi Stal 2433 Div bry Lone Ann Arbor M1 4803 If over \$100.00 cumulative, please provide: Occupation:	Goods Donat	nent or Guarantee of B ed or Loaned S vices Purchased by Ca vices Purchased by Ca	tervices Donated	\$ DAN	13250	\$ 2823,76
Employer Name & Business Address: Heallang Advisors 2433 Olwhang Lone Am Arbor, MI 48103 Fund Raiser Contribution	5. Date Of Received Control of the C		pm, Inc.	Clic	k Here for Memo	ltemization
Contribution #2 PAC Receipt? Yes Name & Address Christin Skul 2433 Blumanulanu Ann Achon, M1 48103 If over \$100.00 cumulative, please provide:	Goods Dona Goods or Sei Goods or Sei Description	ent or Guarantee of Ba ted or Loaned Se vices Purchased by Ca vices Purchased by Ca Structure Services	rvices Donated ndidate or Others	\$ DAN	50-	\$ 50~
Occupation: Consultant Employer Name & Address: Heallang Advisors 2433 Blue Larry Law Ann Arber, M1 48103 Fund Raiser Contribution	6. Vendor Name Kitty 1 515 K	ipt: 1019118 e & Address: Kahn Lrause \$. mr, MI 48	103	Click	k Here for Memo I	temization د
Contribution #3 PAC Receipt? Yes Name & Address: Christian Scoll 2413 Observed Lace Ann Arbor, M1 4803 If over \$100.00 cumulative, please provide: Occupation: Con Sultant Employer Name & Address:	Goods Donate Goods or Serv Goods or Serv Description	ement or Guarantee of ed or Loaned Services Purchased by Carrices Purchased by Carrices Purchased by Carrices Purchased by Carrices Advector (1977)	didate or Others)4740 \$	379).14
Headland Advicors 2433 Blackery Lan Ann Arbor, MI 48103 Fund Raiser Contribution	2390 Wir	Observer	3	Click	Here for Memo II	demization
			Page Sul	ototal	11-19.90	•
			Total of all Schedules on last page of Sche			

Enter this total on line 6 of Summary Page

Page 4 of 5



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDIII E 4 IK

HEMIZED IN-KIND CONT	RIBUTIONS
SCHEDULE 1-I	1. Committee I. D. Number
CANDIDATE COM	MITTEE 2. Committee Name Franks of Christian Spale
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 Receipt 6. Name & Address of Vendor from whom goods or services were purchased 7. Amount or Fair Market Value 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: Chrishic Stand Z433 Divelong Lane Ann Abar, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Consultant Employer Name & Business Address: Italian Advisor 2433 Sivelong Lane Ann Abar, MI 48103	4. Services Donated Services Donated Services Donated Services Donated Services Donated Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Observer Abrechsement 5. Date Of Receipt: 10/10/2018 6. Vendor Name & Address: Am Abor Observer Click Here for Memo Itemization 7390 Whie wood
Fund Raiser Contribution	Amarbor, MI 48103
Contribution #2 PAC Receipt? Yes Name & Address Christian Skell 2433 Blue Lory Lane Ann Avhor MI 48103 If over \$100.00 cumulative, please provide: Occupation: Consultant Employer Name & Address: Ital (and Advisors) 2433 Blue Lory Lane Ann Avhor MI 48103 Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Walk and Arg 5. Date Of Receipt: 10/11/18 6. Vendor Name & Address: Ado be Symb Click Here for Memo Itemization 345 Pub Arg Click Here for Memo Itemization
Employer Name & Address:	4. Sendorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$800 - \$800 - Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Fund Raising Event 5. Date Of Receipt: 10/3/18 6. Vendor Name & Address: Dessovs Click Here for Memo Itemization 3/2 S Main St Ann Anor MI 4804 2238.19
XX. wire Ligitor Continuing	Page Subtotal
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

Enter this total on line 6 of Summary Page

Page <u>5</u> of <u>5</u>



ITEMIZED EXPENDITURES SCHEDULE 1B

BUREAU OF ELECTIONS	
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE	1. Committee I. D. Number C-2010-057 2. Committee Name Friends of Christine Skad
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Christin Stead	9/27/18 \$ 1057,30
Address 2433 Blubery Lane	Purpose: Loan Legournuf "A Yard Signs Click Here for Memo Itemization Type
Ann Arhor MI 48103	'
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name Christisted	9/28/18 \$ 1057 35
Address 2433 Dlubery Lane	Purpose: Loan Cyrangent Date 7/2 Yard Signs Click Here for Memo Itemization Type
Annahor MI 481U3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name Christin Stell	6/2/18 \$10176
Ann Ahrr MI 48103	Purpose: Loan Regard Date Purpose: Coan Regard Date Click Here for Memo Itemization Type
Ann Ahrer MI 48103	
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Christni Stal	1076 s 1076
Address 2433 Blue berry lan	Purpose: Loan Rypaymt Date
Ann Arber MI 48103	Flye 3 9/11/18 Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name Chishi Sta	10/2/18 \$ 137 90
Address 2437 Bluebery Low Aun Abor MI 48103	Purpose: Loan Cyaynet 10/20/15 \$ 13250 Flyss 9/12/16 Click Here for Memo Itemization Type
Aun Ahrr MI 48103	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page 215082
	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-Z010-057

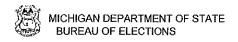
2. Committee Name Marsh & Christish

			,
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Christini Steel		/ <u>0/20/18</u> Date	\$ 18330
Address 2133 Blockery lane	Purpose: Lom Repayment	Date	<u></u>
Ann Arher MI 48103	Purpose: Loon Repayment Phys 9/2/18 Click	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Christis Stul		142/18	\$ 13250
Address 2433 Blirleny Lune	Purpose: Loan Repayment Ayers Helit Click	Date	
Ann Arhor MI 4810)	Ayrs Helit Click	Here for Mema	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Christiste		10/20/18	\$ <u>66740</u>
Address 2433 Olve hom Lan	Purpose: Loan Cyamud	Date	<u> </u>
Ann Arkor, M, 48103	Purpose: Loan Cypamed Os server Alghill Click +	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	·	
Expenditure #4			
Name			
		<u> </u>	\$
Address	Purpose:	Date	
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
74115			\$
Address	Purpose:	Date	Ψ
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		tal this page	98328
	Grand Total of all \$	Schedules 1R	100-
	Ordina Foldi Ordin	ZONOGIOGIO ID	0.10.110

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

Page Z of Z



DEBTS AND OBLIGATIONS 1 Committee LD Number (-2010-057

Page 1 of 1

DEDIG AND ODERGATIONS 1.0	ommittee I.D. Number		L	
SCHEDULE 1E		0 10 51		
CANDIDATE COMMITTEE	ommittee Name	e of chrish	i Heid	
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Che	mittee OR b. Debt	s and obligations owed <u>to</u> or urpose checked.)	forgiven by 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	Type of Obligation (Description) Indicate date debt was incurred Indicate original amount	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus
provide information regarding the endorsers or guarantors, if any.	of debt			Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Observe Al	10/20/18 \$ 647,40		
Christu She	5. <u>Date Debt Was Incurred</u> :	\$		
245> Stockery Law	9/17/2018	\$	\$ <u>U67.40</u>	\$ 300-
Ann Arhor MI 48103	6. Original Amount of Debt:	<u> </u>	<u> </u>	FORGIVEN
	<u> </u>	\$		L
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: Observa Al	\$		·
Christmi Steal	5. Date Debt Was Incurred:	\$		
2483 Bluehong Lune		\$	ر ي	\$ 1428,20
Ann Artus MI 48103	\$ 1428.20	\$	\$	
	·	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ame	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
i	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:	•	Am	ount Endorsed: \$_	
				-
		Page Subtotal (Outstanding debt)	1728.20
(Co	mplete on last page of Schedule s	Grand Total o howing amounts owed by or	f all Schedules 1E to the committee)	1728,20
A debt or obligation must be shown on this Schedul this Campaign Statement or it was forgiven during t	e if there was an outstanding an he period covered by this Campa	nount owed on it at the clo aign Statement.	sing date of	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CANDIDATE COMMITTEE 2. Committee Name USE A SEPARATE SHEET FOR EACH EVENT -4. Number of Individuals Attending 3. Date Event Was Held 5. Type of Fund Raising Activity 6. Address and Name (If any) of the or Participating (whichever is place where the activity was held. greater) Dessous 3125 Main St 10/3/18 Ann Arher MI 48104 Private Residence 7. Total Contributions 8. Other Receipts 151500 9. Gross Receipts (Add lines 7 and 8) 800 a 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) Check if event was a joint fund raiser and complete the following: Co-Sponsor(s) Contribution Split **Expenditure Split** (%) (%) The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the

1. Committee I.D. Number

(-2010-057

period covered by the Campaign Statement.

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

	1	1
Page	of	<u> </u>