



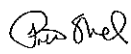
MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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: \_\_\_\_\_ to October 25, 2018

1. Committee I.D. Number <b>C-2018-058</b>		4. Candidate Last Name <b>Perkins</b> First Name <b>Suzanne</b> M.I. 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence	
2. Committee Name <b>Committee to Elect Suzanne Perkins, PhD</b>		6. Treasurer's Name & Residential Address <b>Priti Shah, 2202 Stone Valley Drive, Ann Arbor, MI 48103</b>	
5. Committee's Mailing Address <b>545 Archwood Drive, Ann Arbor, MI 48103</b>  Area Code and Phone <b>734-330-5250</b> 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 <b>734-717-2679</b>	
7. Treasurer's Business Address <b>n/a</b>  Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>n/a</b>  Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>November 6, 2018</b>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. Dissolution of Candidate Committee <input 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.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of real funds must be reported on Schedule 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 <b>Priti Shah</b> Type or Print Name		 Signature	
Candidate <b>Suzanne Perkins</b> Type or Print Name		<b>coming</b> Signature	
		Date <b>10/6/2018</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2018-058

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Suzanne Perkins...

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1385</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>1385</u>	(20.) \$ <u>1385</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>40</u>	(21.) \$ <u>40</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>-</u>	(22.) \$ <u>-40</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1301.18</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$		(23.) \$ <u>-1301.18</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$		
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>1425</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>1341.18</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>83.82</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2018-058  
2. Committee Name Committee to Elect Suzanne Perkins

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>2018-09-03</u> Name & Address: <u>Priti Shah, 2202 Stone Valley Drive, Ann Arbor, MI 48103</u>		\$ <u>100</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		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>2018-09-05</u> Name & Address: <u>Patricia Deldin, 5328 river woods ct, Dexter MI 48130</u>		\$ <u>50</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		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>2018-09-06</u> Name & Address: <u>Barbara Perkins, 1316 King George Boulevard, Ann Arbor MI 48108</u>		\$ <u>100</u>	\$ <u>140</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>2018-09-11</u> Name & Address: <u>Stephanie Chervin 1529 Stonehaven Rd Ann Arbor MI 48104</u>		\$ <u>200</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Academic Advisor</u> Employer <u>University of Michigan</u> Business Address <u>419 South State St., Ann Arbor, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemizat</a>	

Page Subtotal 450

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2018-058  
2. Committee Name Committee to Elect Suzanne Perkins

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>2018-09-13</u> Name & Address: <u>Sharon Simonton 5693 North Territorial Road East</u> <u>Ann Arbor MI 48105</u>		\$ <u>35</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		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2018-09-13</u> Name & Address: <u>Ernestine McGlynn 3352 Tacoma Circle Ann Arbor MI</u> <u>48108</u>		\$ <u>25</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		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2018-09-20</u> Name & Address: <u>Lana Pollack 345 Sumac Lane Ann Arbor MI</u> <u>48105</u>		\$ <u>200</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Commissioner</u> Employer <u>International Joint Commission</u> Business Address <u>345 Sumac Lane Ann Arbor MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Joan Lowenstein 502 Burson Pl Ann Arbor MI</u> <u>48104</u>		\$ <u>200</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Jaffe Law</u> Business Address <u>201 S. Main St. Suite 300 ,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		<a href="#">Click Here for Memo Itemizat</a>	

Page Subtotal **460**

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

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line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-058  
2. Committee Name Committee to Elect Suzanne Perkins

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>2018-09-23</u> Name & Address: <u>Ellen Offen 1911 Boulder Drive      Ann Arbor      MI      48104</u>			\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>2018-09-30</u> Name & Address: <u>Kristy Demas      1506 Packard Street #4      Ann Arbor      MI      48104</u>			\$ <u>50</u>	\$ <u>50</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			<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>2018-10-03</u> Name & Address: <u>Thomas Hart      2708 Sagebrush Circle #201      Ann Arbor      MI      48103</u>			\$ <u>25</u>	\$ <u>25</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			<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>2018-10-03</u> Name & Address: <u>Patricia Tupacz      Scribner      4295 Spring Lake Blvd.      ann arbor      MI      48108</u>			\$ <u>100</u>	\$ <u>100</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			<a href="#">Click Here for Memo Itemizat</a>	

Page Subtotal **325**

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-058  
2. Committee Name Committee to Elect Suzanne Perkins

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>2018-10-03</u> Name & Address: <u>Home Leach , 3000 Bluett Rd, Ann Arbor MI</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2018-10-03</u> Name & Address: <u>MICHAEL &amp; MARGARET EMLAW 4700 SAWGRASS DR. E ANN ARBORMI 48108v</u>		\$ <u>75</u>	\$ <u>75</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		<a href="#">Click Here for Memo Itemizat</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2018-10-24</u> Name & Address: <u>Jill Zimmerman 2223 Starwood Ct Ann arbor MI 48103</u>		\$ <u>25</u>	\$ <u>25</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		<a href="#">Click Here for Memo Itemizat</a>	
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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemizat</a>	

Page Subtotal **150**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **1385**

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2018-0

2. Committee Name Committee to Elect Suzanne Perkins, ...

CANDIDATE COMMITTEE

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 <u>all</u> 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? <input type="checkbox"/> Yes Name & Address: Barbara Perkins, 1316 King George Boulevard, Ann Arbor MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Not employed	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ 40      \$ 140	
<a href="#">Click Here for Memo Itemiz</a>			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____      \$ _____	
<a href="#">Click Here for Memo Itemiz</a>			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____      \$ _____	
<a href="#">Click Here for Memo Itemiz</a>			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

40

40

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

1425

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Committee to Elect Suzanne Perkins...

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sawicki &amp; Son</u> Address <u>1521 Lafayette, Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>yard signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>790.00</u> <a href="#">Click Here for Memo Itemization</a>
Expenditure #2 Name <u>City Printing Company</u> Address <u>411 West Cross St., Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>election cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>130.91</u> <a href="#">Click Here for Memo Itemization</a>
Expenditure #3 Name <u>Staples</u> Address <u>2601 Jackson St.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>40.27</u> <a href="#">Click Here for Memo Itemization</a>
Expenditure #4 Name <u>Will lookup(sorry!)</u> Address  <input type="checkbox"/> Fund Raiser	Purpose: <u>website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>40</u> <a href="#">Click Here for Memo Itemization</a>
Expenditure #5 Name <u>Will lookup(sorry!)</u> Address  <input type="checkbox"/> Fund Raiser	Purpose: <u>pencils</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>300</u> <a href="#">Click Here for Memo Itemization</a>

Subtotal this page **1301.18**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **1301.18**

Enter this total  
on line 8a of  
Summary Page