



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

2003 JUL -8 P 1:54

**CANDIDATE COMMITTEE
COVER PAGE**

PEGGY M. HAINES
COUNTY CLERK/REGISTER

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: 5 25 03 to 6 29 03
Mo Day Year to Mo Day Year

<p>1. Committee I.D. Number <u>C-2003-013</u></p> <p>2. Committee Name <u>Susan Baskett for School Board</u></p>	<p>4. Candidate Last Name <u>Baskett</u> First Name <u>Susan</u> M.I. <u>E.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>ANN ARBOR School Board</u></p> <p>4b. County of Residence <u>Washtenaw</u></p>
<p>5. Committee's Mailing Address <u>410 LINDA Vista ANN ARBOR MI 48103</u> Area Code and Phone <u>734 769-5762</u></p> <p>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>6. Treasurer's Name & Residential Address <u>Eileen RYAN</u> <u>410 LINDA Vista</u> <u>ANN ARBOR MI 48103-3624</u> Area Code & Phone <u>(734) 769-5762</u></p>
<p>7. Treasurer's Business Address <u>same</u></p> <p>Area Code and Phone () <u>same</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ()</p>

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
6 9 03
Month Day Year

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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 Eileen RYAN, Eileen Ryan Date 7 8 03
Type or Print Name Signature Mo Day Year

Candidate Susan BASKETT, Susan Baskett Date 7 8 03
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

C-2003-0130004001



1. Committee I.D. Number C-2003-013
2. Committee Name Susan Baskett for School Board

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,544.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,544.00</u>	(18.) \$ <u>6,974.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,544.00</u>	(20.) \$ <u>6,974.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>-</u>	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,289.78</u>	(21.) \$ <u>-</u>
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	(22.) \$ <u>-</u>
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,289.78</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	(23.) \$ <u>6,572.10</u>
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-</u>	(24.) \$ <u>-</u>
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,147.68</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,544.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,691.68</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,289.78</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>401.90</u>	

*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C 2003-013

2. Committee Name

Susan Baskett for School Board

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 from committees 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>5/27/03</u> Name: <u>Woodbury, Margaret</u> Address: <u>1715 ARBORDALE DR ANN ARBOR MI 48103</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		\$25.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/27/03</u> Name: <u>WRAY-McAFEE, Sandra</u> Address: <u>1807 CRANBERRY CT ANN ARBOR, MI 48103</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		25.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/27/03</u> Name: <u>Quince, Victor</u> Address: <u>20 N, Marshall Pontiac MI 48342</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		100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/27/03</u> Name: <u>Jones, Samantha</u> Address: <u>3542 Fieldcrest Ypsilanti MI 48197</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		5.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$155.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-013

2. Committee Name Susan Baskett for School Board

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 from committees 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>5/27/03</u> Name: <u>Mays, Eloise</u> Address: <u>1910 Independence Blvd. Ann Arbor, MI 48104</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		\$ 100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/28/03</u> Name: <u>Miller, Florida</u> Address: <u>636 Trego Circle ANN ARBOR, MI 48103</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		25.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/28/03</u> Name: <u>Wallace, Bruce</u> Address: <u>2203 Lafayette ANN ARBOR, MI 48104</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		100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/29/03</u> Name: <u>Williams, Patricia</u> Address: <u>2236 Placid Way ANN ARBOR, MI 48105</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		100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 325.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

C-2003-013

2. Committee Name

Susan Baskettt for School Board

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 from committees 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>5/29/03</u> Name: <u>GRABY, Robert</u> Address: <u>3290 Charing Cross ANN ARBOR MI 48108</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	\$ 35.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/29/03</u> Name: <u>Mullice, Deborah</u> Address: <u>3958 Marblewood Way ANN ARBOR MI 48105</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	20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>GUNN, LEAH</u> Address: <u>1308 E. Stadium ANN ARBOR MI 48104</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	20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>GUNN, Robert</u> Address: <u>1308 E, Stadium ANN ARBOR MI 48104</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	20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 95.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number
C-2003-013

2. Committee Name Susan Baskett for School Board

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 from committees 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>5/30/03</u> Name: <u>Michenee, Jane</u> Address: <u>2115 Devonshire Rd ANN ARBOR, MI 48104</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	\$ 50.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Bergman, Barbara Levin</u> Address: <u>2045 Geddes Ave ANN ARBOR MI 48104</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	50.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Greenberg, Susan</u> Address: <u>1315 Culver Rd ANN ARBOR MI 48103</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	50.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Stadel, Mary</u> Address: <u>2115 Nature Cove #306A ANN ARBOR, MI 48104</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	25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 175.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number
C-2003-013

2. Committee Name Susan Baskett for School Board

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Nystuen, Gwen</u> Address: <u>1016 Olivia Ann Arbor MI 48104</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	\$40.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Bobbin Janis</u> Address: <u>407 Keech Ann Arbor MI 48103</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	30.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Dries, James</u> Address: <u>3840 Michael Rd Scio Twp MI 48103</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	20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Brater, Elizabeth</u> Address: <u>1507 Wells St, Ann Arbor MI 48104</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	15.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 105.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number
C-2003-013

2. Committee Name Susan Baskett for School Board

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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Greden Leigh</u> Address: <u>3238 Rood the Ben ANN ARBOR MI 48108</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	\$ 20.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>Easthope, Christopher</u> Address: <u>1303 W. Madison ANN ARBOR MI 48103</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	14.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/30/03</u> Name: <u>IRWIN, Jeff</u> Address: <u>317 E. Ann ST. ANN ARBOR, MI 48104</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	20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Akah, Cynthia</u> Address: <u>5608 LeBlanc ANN ARBOR, MI 48103</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	100.00	

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

\$ 154.00

Enter this total on
line 3a of
Summary Page



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CANDIDATE COMMITTEE**

1. Committee I.D. Number
C-2003-013

2. Committee Name Susan Baskett for School Board

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 from committees 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>6/3/03</u> Name: <u>Anderson, James W. Jr.</u> Address: <u>2160 S. Huron Parkway ANN ARBOR MI 48103</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	\$100.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Eaglin, Jan</u> Address: <u>2610 E. ARBOR Rd ANN ARBOR MI 48103</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	20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Johnson, Claude</u> Address: <u>1881 Independence ANN ARBOR MI 48104</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	25.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Johnson, Elginne</u> Address: <u>1881 Independence ANN ARBOR MI 48104</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	10.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$155.00	

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line 3a of
Summary Page



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3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Haynes, Paul</u> Address: <u>1410 S. Zeeb Ann Arbor MI 48103</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	\$ 75.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/03</u> Name: <u>Lewis, Edith</u> Address: <u>1811 Coronada Ann Arbor MI 48103</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	20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/03</u> Name: <u>Swanson, Jon</u> Address: <u>1811 Coronada Ann Arbor MI 48103</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	20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/03</u> Name: <u>Summers, Joseph</u> Address: <u>1435 South Blvd Ann Arbor MI 48104</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	5.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 120.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-013

2. Committee Name Susan Baskett for School Board

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 from committees 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>6/3/03</u> Name: <u>Lyman, Frances</u> <u>1134 Meadowsbrook Ave Ann Arbor MI 48103</u> 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	\$ 15.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Walden, Jerry</u> Address: <u>2805 Overridge Ann Arbor MI 48104</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	50.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Moore, Sharon</u> Address: <u>11300 Whittaker Rd. Whittaker MI 48190</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	100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Pogson, Carolyn Jane</u> Address: <u>1595 Kirtland Ann Arbor MI 48103</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	20.00	

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\$ 185.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number
C-2003-013

2. Committee Name Susan Baskett for School Board

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 from committees 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>6/3/03</u> Name: <u>Dodd, George</u> Address: <u>722 Spring St, ANN ARBOR MI 48103</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	\$ 50.00	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Michael, Maureen</u> Address: <u>1375 Bird Rd, ANN ARBOR MI 48103</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	20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Smith, Carolyn</u> Address: <u>1544 Oakfield Dr, ANN ARBOR MI 48108</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	100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/3/03</u> Name: <u>Federbush, Marcia</u> Address: <u>2000 Anderson Ct, ANN ARBOR MI 48104</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	25.00	

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\$ 195.00

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-013

2. Committee Name Susan Baskett for School Board

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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>6/5/03</u> Name: <u>MEA-PAC</u> Address: <u>1216 KENDALE Blvd</u> <u>East Lansing, MI 48826</u> 5. If over \$100.00 cumulative, please provide: <u>(LATE CONTRIBUTION)</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$500.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/6/03</u> Name: <u>Kauffman, Joan</u> Address: <u>431 8th STREET ANN ARBOR MI 48103</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	15.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/6/03</u> Name: <u>Wright, Bobby</u> Address: <u>3997 Cloverlawn Ypsilanti MI 48197</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	25.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/9/03</u> Name: <u>Francis, Nancy</u> Address: <u>1101 Mixtwood ST. ANN ARBOR MI 48108</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	40.00	

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\$580.00

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-013
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Sawicki & SON</u> Address <u>1521 Lafayette</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>yard signs</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/28/03</u>	<u>\$ 315.50</u>
Expenditure #2 <u>MEMO ITEMIZATION BELOW</u> Name <u>Tavana McDonald</u> Address <u>1717 Foxdale Ln.</u> <u>ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/28/03</u>	<u>136.34</u>
Expenditure #3 <u>MEMO ITEMIZATION</u> Name <u>OFFICE Depot</u> Address <u>800 EISENHOWER PKWY</u> <u>ANN ARBOR MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE Supplies</u> <u>(Labels)</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/14/03</u>	<u>(101.51)</u>
Expenditure #4 <u>MEMO ITEMIZATION</u> Name <u>OFFICE MAX</u> Address <u>2777 Oak Valley</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE supplies</u> <u>(Labels, pens)</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/03</u>	<u>(34.83)</u>
Expenditure #5 Name <u>POSTMASTER</u> <u>STADIUM BLVD</u> Address <u>ANN ARBOR, MI 48106-9998</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE-mailing</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/03</u>	<u>771.78</u>

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\$1,223.62

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-013
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>POSTMASTER</u> <u>STATION #3</u> Address <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/31/03</u>	<u>\$ 373.00</u>
Expenditure #2 Name <u>KROGER Co. of Michigan</u> Address <u>2502 Packard</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/03</u>	<u>377.40</u>
Expenditure #3 Name <u>Valina Hall Walker</u> Address <u>8346 HARTWELL</u> <u>DETROIT, MI 48228</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING CARDS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/03</u>	<u>37.50</u>
Expenditure #4 <u>MEMB ITEMIZATION BELOW</u> Name <u>JONES, Stephanie</u> Address <u>824 DARTMOOR</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/03</u>	<u>157.94</u>
Expenditure #5 <u>MEMO ITEMIZATION</u> Name <u>COPY QUICK PRINTING CENTER</u> Address <u>401 E. HURON ST.</u> <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>copying</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/30/03</u>	<u>(157.94)</u>

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\$ 945.84

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-013
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>FOOD GATHERERS, INC</u> Address <u>1731 DHU VARREN ROAD</u> <u>ANN ARBOR, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> <u>COMMUNITY ORGANIZATION</u> <u>EVENT</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/4/03</u>	<u>\$ 50.00</u>
Expenditure #2 Name <u>HEIKKINEN PRODUCTIONS</u> Address <u>1410 W. Michigan AVENUE</u> <u>Ypsilanti, MI 48198-0401</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TEE SHIRTS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/4/03</u>	<u>165.36</u>
Expenditure #3 <u>MEMO ITEMIZATION BELOW</u> Name <u>Susan Baskett</u> Address <u>7 TROWBRIDGE CT</u> <u>ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/09/03</u>	<u>41.87</u>
Expenditure #4 <u>MEMO ITEMIZATION</u> Name <u>HEIKKINEN PRODUCTIONS</u> Address <u>1410 W. Michigan AVE.</u> <u>Ypsilanti, MI 48198-0401</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TEE SHIRTS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/03</u>	<u>(41.87)</u>
Expenditure #5 <u>MEMO ITEMIZATION BELOW</u> Name <u>CHRISLAN Manuel</u> Address <u>2448 CLIFFSIDE CT</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/03</u>	<u>104.70</u>

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\$ 361.93

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-013
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 <u>MEMO ITEMIZATION</u> Name <u>Sam's Club</u> Address <u>CARPENTER Rd</u> <u>Ypsilanti, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD - ICE CREAM</u> <u>SOCIALS +</u> <u>CAMPAIGN CELEBRATION</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/5 +</u> <u>6/9/03</u>	<u>(104.70)</u>
Expenditure #2 Name <u>WEBER'S INN</u> Address <u>3050 JACKSON Rd</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign celebration</u> <u>FOOD, COFFEE, TIPS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/03</u>	<u>465.66</u>
Expenditure #3 <u>MEMO ITEMIZATION Below</u> Name <u>Chrislan Manuel</u> Address <u>2448 CLIFFSIDE CT</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/03</u>	<u>150.00</u>
Expenditure #4 <u>MEMO ITEMIZATION</u> Name <u>WEBER'S INN</u> Address <u>3050 JACKSON Rd</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Deposit - campaign</u> <u>celebration</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/5/03</u>	<u>(150.00)</u>
Expenditure #5 <u>MEMO ITEMIZATION Below</u> Name <u>Susan Baskett</u> Address <u>7 TROWBRIDGE CT</u> <u>ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/03</u>	<u>142.73</u>

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758.39

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-013
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 <u>MEMO ITEMIZATION</u> Name <u>POSTMASTER</u> Address <u>ANN ARBOR + DETROIT, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/3</u> <u>5/15</u> <u>6/9</u>	<u>(74.80)</u>
Expenditure #2 <u>MEMO ITEMIZATION</u> Name <u>PANERAS</u> Address <u>3205 Washtenaw Ave</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD / COFFEE WITH CONSTITUENTS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/28</u> <u>4/17</u> <u>5/3</u>	<u>(23.58)</u>
Expenditure #3 <u>MEMO ITEMIZATION</u> Name <u>Sam's Club</u> Address <u>CARPENTER Road</u> <u>Ypsilanti, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy - ICE CREAM Socials</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29</u>	<u>(13.66)</u>
Expenditure #4 <u>MEMO ITEMIZATION</u> Name <u>KROGER Co. OF MI</u> Address <u>2502 Packard Rd</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food - campaign celeb</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9</u>	<u>(4.69)</u>
Expenditure #5 <u>MEMO ITEMIZATION</u> Name <u>ANN ARBOR Public Schools (82)</u> Address <u>KINKO'S (1696) S. State ST. ANN ARBOR</u> <u>GREAT BARTY - OAK Valley Rd A2 (5,51)</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>AAPS 5/19</u> <u>KINKO'S 5/26</u> <u>GP 5/7</u> <u>6/6</u>	<u>(26.00)</u>

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142.73
3,289.78

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*OPTIONAL ITEM: PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES
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