



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
WASHTENAW COUNTY, MI

2006 APR 21 P 4: 29

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: 6 30 03 to 4 16 06
Mo Day Year 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 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 410 LINDA VISTA ANN ARBOR MI 48103-3624</u> Area Code & Phone <u>(734) 769-5762</u></p>
<p>7. Treasurer's Business Address <u>N/A</u></p> <p>Area Code and Phone () -</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>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input checked="" type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>5 2 06</u> Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (2006 Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____ Month Day Year</p> <p>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.</p>
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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 Type or Print Name Eileen Ryan Signature Date 4 21 06 Mo Day Year

Candidate SUSAN E BASKETT Type or Print Name Susan E. Baskett Signature Date 4 21 06 Mo Day Year

Authority granted under P.A. 388 of 1976



C-2003-0130006



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2003-13
2. Committee Name SUSAN BASKETT FOR School Board

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2006 PRE-ELECTION REPORT 6/30/03-4/16/06

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,075.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,075.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,075.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>183.71</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>183.71</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>188.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>188.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>401.90</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,075.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,476.90</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>371.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,105.19</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
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>7/18/03</u> Name: <u>DIXON, PATRICIA</u> Address: <u>2367 ARROWWOOD TRAIL 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	\$25.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/10/06</u> Name: <u>GREEN, LEIGH P.</u> Address: <u>3238 Roon 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	\$100.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/10/06</u> Name: SMITH <u>RYAN, EILREIN</u> Address: <u>410 LINBA VISTA 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>3/8/06</u> Name: <u>Smith, Roland L.</u> Address: <u>1372 PINE VALLEY 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	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$275.00	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
2. Committee Name Susan Baskett for School Boards

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 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>3/10/06</u> Name: <u>JONES, Lee W, Jr</u> Address: <u>2390 S. State 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	\$75.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/10/06</u> Name: <u>RUSTEN, JUNE A</u> Address: <u>1733 DUNMORE 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	\$25.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/10/06</u> Name: <u>Sperling, Doris H.</u> Address: <u>1265 LINCOLNSHIRE 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 #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/10/06</u> Name: BARBARA <u>BERGMAN, BARBARA L.</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	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$250.00	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
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 all 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>3/13/06</u> Name: <u>MEADE, NELSON K</u> Address: <u>2484 PINECREST AVE, 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/15/06</u> Name: <u>RATCLIFF, William D.</u> Address: <u>2490 PINECREST 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	\$ 25.00	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3/6/06</u> Name: <u>INT'L BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 252 PAC</u> Address: <u>7920 JACKSON Rd, Suite A, 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	\$ 200.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/20/06</u> Name: <u>Stadel, Mary</u> Address: <u>2115 Nature Cove, Apt 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)	\$ 275.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
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 all 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>3/21/06</u> Name: <u>HAWKINS, DR. James</u> Address: <u>2144 Collegewood 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	\$ 50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/26/06</u> Name: <u>Emlaw, Michael O.</u> Address: <u>1320 King George Blvd. 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	\$ 25.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/26/06</u> Name: <u>MIAL, JOETTA</u> Address: <u>1200 Minglewood 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 #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/29/06</u> Name: <u>MC CUISTON, FREDERICK D.</u> Address: <u>1398 WOLVERHAMPTON LN, 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)	\$ 275.00	

Enter this total on
line 3 of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
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>3/29/06</u> Name: <u>Robson, Elizabeth ANN</u> Address: <u>435 SOMERSET 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	\$20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/30/06</u> Name: <u>CARLBERG JEAN R</u> Address: <u>1902 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	\$50.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/3/06</u> Name: <u>HALLER Michael</u> Address: <u>2108 Copley Avenue ANN ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>Walbridge Aldinger Construction</u> Business Address <u>613 ABBOTT ST. DETROIT, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$250.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/3/06</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	\$25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$345.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
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 all 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 Name: <u>Wilber, Charles W.</u> Address: <u>2920 OVERRIDGE ANN ARBOR, MI 48104</u> 4. Date of Receipt <u>4/4/06</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 Name: <u>PARKER, Walter G.</u> Address: <u>3626 DEERFIELD PL. ANN ARBOR, MI 48103</u> 4. Date of Receipt <u>4/5/06</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 Name: <u>VAN BLACK, John A.</u> Address: <u>616 SUSAN DRIVE ANN ARBOR, MI 48103</u> 4. Date of Receipt <u>4/6/06</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	\$ 200.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>ZWEIFLER, Ruth</u> Address: <u>1706 UNIVERSITY AVE. ANN ARBOR, MI 48104</u> 4. Date of Receipt <u>4/8/06</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	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 315.00	

Enter this total on
line 3 of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-13
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 all 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 <input type="checkbox"/> NO Name: <u>Westerman, W. Scott</u> Address: <u>1926 Hampton Ct, ANN ARBOR, MI 48103</u> 4. Date of Receipt <u>4/10/06</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Name: <u>OPERATING ENGINEERS LOCAL 324 Political Action Cmte</u> Address: <u>37450 Schoolcraft Rd, Suite 110, Livonia, MI 48150</u> 4. Date of Receipt <u>4/13/06</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	\$ 250.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: <u>WALDEN, JERRY S.</u> Address: <u>2805 OVERRIDGE DR, ANN ARBOR, MI 48104</u> 4. Date of Receipt <u>4/15/06</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 <input type="checkbox"/> NO Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

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

\$ 340.00
\$ 2075.00

Enter this total on line 3 of Summary Page.



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 Name <u>FOOD GATHERERS</u> Address <u>1 CARROT WAY ANN ARBOR, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKET PURCHASED FOR CHARITABLE ORGANIZATION EVENT. WHEN CANDIDATE BUT CHECK NEVER CASHED</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>6/4/03</u>	<u>(750.00)</u>
Expenditure #2 Name <u>U.S. POSTMASTER</u> Address <u>1606 S. HURON ST, YPSILANTI, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>2/28/06</u>	<u>\$ 39.00</u>
Expenditure #3 Name <u>CHINESE AMERICAN SOCIETY OF ANN ARBOR</u> Address <u>1902 OLD ORCHARD CT. ANN ARBOR, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKET PURCHASE FESTIVAL + CANDIDATE PRESENTATIONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>3/5/06</u>	<u>8.00</u>
Expenditure #4 Name <u>U.S. POSTMASTER</u> Address <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>3/7/06</u>	<u>39.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		

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

36.00

Enter this total on line 8a of Summary Page



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 MEMO ITEMIZATION Name <u>SUSAN BASKETT</u> Address <u>3 TROWBRIDGE CT, ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	REIMBURSEMENT Purpose: <u>OFFICE Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/16/06</u>	<u>8.36</u>
Expenditure #2 MEMO ITEMIZATION Name <u>SUSAN BASKETT</u> Address <u>3 TROWBRIDGE CT, ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	REIMBURSEMENT Purpose: <u>OFFICE Supplies; NAME Badge</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/1/06</u>	<u>30.40</u>
Expenditure #3 MEMO ITEMIZATION Name <u>SUSAN BASKETT</u> Address <u>3 TROWBRIDGE CT, ANN ARBOR, MI 48108</u> <input type="checkbox"/> Fund Raiser	REIMBURSEMENT Purpose: <u>PRINTING FLYERS; OFFICE SUPPLIES; SCHOOL BOARD LUNCH; PARKING-COMMUNITY EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/3/06</u>	<u>108.95</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

<u>147.71</u>
<u>183.71</u>

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number C-2003-013
2. Committee Name SUSAN BASKETT FOR
SCHOOL BOARD

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name <u>Theta Zeta Lambda Fraternity</u> Address <u>1184 WENBY</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>TICKET Purchase</u> <u>FOR COMMUNITY RECEPTION</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>11/30/05</u>	<u>\$ 35.00</u>
Disbursement # 2 Name <u>NAACP - ANN ARBOR BRANCH</u> Address <u>P.O. Box 3399</u> <u>ANN ARBOR, MI 48102</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>TICKET PURCHASE</u> <u>COMMUNITY ORGANIZATION</u> <u>FREEDOM FUND DINNER</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>11/2/05</u>	<u>\$ 50.00</u>
Disbursement # 3 Name <u>WASHTENAW COUNTY YOUNG DEMOCRATS</u> Address <u>P.O. Box 8411</u> <u>ANN ARBOR, MI 48107-8411</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>ROAST FOR</u> <u>STATE REPRESENTATIVE</u> Disbursement Code <u>IO</u> <input checked="" type="checkbox"/> Fund Raiser	<u>2/2/06</u>	<u>\$ 35.00</u>
Disbursement # 4 Name <u>PIONEER BOOSTER CLUB</u> Address <u>601 W. Stadium BLVD.</u> <u>ANN ARBOR, MI 48103</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>TICKET PURCHASE</u> <u>COMMUNITY-SCHOOL ORG</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>2/24/06</u>	<u>\$ 35.00</u>

Subtotal this page

155.00

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

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number C-2003-013
2. Committee Name SUSAN BASKETT FOR
School Board

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name <u>JEWISH FAMILY SERVICES</u> Address <u>625 State Circle DR.</u> <u>ANN ARBOR, MI 48108</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>TICKET PURCHASE</u> <u>charitable event</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>3/5/06</u>	<u>\$18.00</u>
Disbursement # 2 Name <u>FAMILY LEARNING INSTITUTE</u> Address <u>1954 S, INDUSTRIAL HWY</u> <u>ANN ARBOR, MI 48104</u> <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>TICKET PURCHASE</u> <u>charitable EVENT</u> Disbursement Code <u>GO</u> <input type="checkbox"/> Fund Raiser	<u>3/5/06</u>	<u>15.00</u>
Disbursement # 3 Name _____ Address _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name _____ Address _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser		

Subtotal this page

33.00

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

188.00

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY