



**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: JAN 2011 to DEC 2011

1. Committee I.D. Number

2. Committee Name
SUSAN BASKETT FOR
SCHOOL BOARD

4. Candidate Last Name BASKETT First Name SUSAN M.I. KE
4a. Office Sought Including District # or Community Served (If applicable)
TRUSTEE, ANN ARBOR BOARD OF EDUCATION
4b. County of Residence WASHTENAW

5. Committee's Mailing Address
3 TROWBRIDGE CT
ANN ARBOR, MI 48108
Area Code and Phone 734 478 3338
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.

6. Treasurer's Name & Residential Address
SUSAN BASKETT
3 TROWBRIDGE CT
ANN ARBOR, MI 48108
Area Code & Phone 734 478 3338

7. Treasurer's Business Address
N/A
Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
 Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:
 July Quarterly
 October Quarterly
9c. Annual Statement (2011)
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
 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 lates 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 residual 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 SUSAN BASKETT Susan Louise Baskett Date _____
Type or Print Name Signature
Candidate SUSAN BASKETT Susan Louise Baskett Date _____
Type or Print Name Signature

FILED
WASHTENAW COUNTY, MI
JUL 21 A 8:50
LAWRENCE KESTENBAUM
COUNTY CLERK/REGISTRAR



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____

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>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>974.68</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>974.68</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,789.37</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,789.37</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>974.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>814.69</u>	



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

1. Committee I. D. Number _____

2. Committee Name SUSAN BASKETT FOWL 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 & Address: <u>SUSAN BASKETT</u> <u>3 TROWBRIDGE CT</u> <u>ANN ARBOR, MI 48108</u>	Purpose <u>REIMBURSE FOR</u> <u>PURCHASE OF EQUIP</u> <u>4/19</u> <u>(IPADD)</u> Date Disbursement Code <u>BO</u>	Date Click for Memo Itemization Type <u>BO</u>	\$ <u>824.68</u>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 2 Name & Address: <u>ANN ARBOR CLUB OF NEGRO BUSINESS</u> <u>AND PROFESSIONAL WOMEN'S CLUBS</u> <u>P.O. Box 2807</u> <u>ANN ARBOR, MI 48106</u>	Purpose <u>TICKETS FOR</u> <u>SUPPORTERS/VOLS.</u> Date <u>6/6</u> \$ <u>150.00</u> Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 3 Name & Address: Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type	Disbursement Code _____ <input type="checkbox"/> Fund Raiser
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 4 Name & Address: Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type	Disbursement Code _____ <input type="checkbox"/> Fund Raiser

Subtotal this page 974.68
 Grand Total of all Schedules 1C
 (Complete on last page of Schedule) 974.68

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