



**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 2013 to DEC 2013

1. Committee I.D. Number  
  
2. Committee Name  
SUSAN BASKETT FOR SCHOOL BOARD

4. Candidate Last Name BASKETT First Name SUSAN M.I. LE  
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 \_\_\_\_\_

FILED  
WASHTENAW COUNTY  
2014 JUL 21  
LAWRENCE KESTER  
COUNTY CLERK/REGISTRAR

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 (2013) 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 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 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 Emma Baskett Date \_\_\_\_\_  
Type or Print Name Signature  
Candidate SUSAN BASKETT Susan Emma Baskett Date \_\_\_\_\_  
Type or Print Name Signature



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

2. Committee Name BUSKIN BASKET FOR SCHOOL BOARD

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
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.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
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.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
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>1.95</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1.95</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>50.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>50.00</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>814.69</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>814.69</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>50.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>762.74</u>	



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

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

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 & Address: <u>RON KILBOY, BRANCH OF NAACP</u> <u>RON KILBOY, MI</u>	Purpose <u>TICKET FOR</u> <u>FREEDOM FUND</u> <u>DINNER</u> Disbursement Code <u>DD</u>	Date <u>11/1</u>	\$ <u>50.00</u> Click for Memo Itemization Type
<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: 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 # 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			<u>50.00</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>50.00</u>

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