



**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 07/21/2014 to 10/19/2014

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

2. Committee Name
Susan Baskett for School Board

4. Candidate Last Name **Baskett** First Name **Susan** M.I. **E.**

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**3211 Rosefield Dr.
Ann Arbor, MI 48108**

Area Code and Phone 734-677-1953

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
**Georgina D. LeHuray
3211 Rosefield Dr.
Ann Arbor, MI 48108**

Area Code & Phone 734-677-1953

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, MI
 2014 OCT 24 A 9:17
 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
11/04/2014

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly

October Quarterly

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. 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 Georgina D. LeHuray
Type or Print Name Signature [Signature] Date 10-23-2014

Candidate Susan E. Baskett
Type or Print Name Signature [Signature] Date 23 Oct 14



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>4,995.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,995.00</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>4,995.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>500.00</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>2,335.56</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>2,335.56</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>1,290.76</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>1,290.76</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>500.00</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>762.74</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,995.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5757.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3626.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2131.42</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

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>07/23/2014</u> Name & Address: Susan E. Baskett 3 Trowbridge Ct. Ann Arbor, MI 48108 5. If over \$100.00 cumulative, please provide: Occupation <u>Strategic Advisor</u> Employer <u>Covaban Inc.</u> Business Address <u>1665 Highland Dr. Ann Arbor, MI 48108</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/2014</u> Name & Address: Leigh R. Greden 2860 Gladstone AVE. Ann Arbor, MI 48104 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/13/2014</u> Name & Address: Simone Lightfoot 2733 Arrowwood Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>Self Employed</u> Business Address <u>2733 Arrowwood 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	250.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/19/2014</u> Name & Address: Barbara Levin Bergman 2045 Geddes Ave. Ann Arbor, MI 48104 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 \$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$950.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

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>08/28/2014</u>	
Name & Address: Betty J. Hatcliff 2490 Pinecrest Ann Arbor, MI 48104		50.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/28/2014</u>	
Name & Address: Douglas C. Kelly 910 Sunset Rd. Ann Arbor, MI 48103		50.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2014</u>	
Name & Address: Martha A. Darling 3340 E. Dobson Place Ann Arbor, MI 48105		100.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2014</u>	
Name & Address: James T. Mays 1910 Independence Blvd. Ann Arbor, MI 48104		100.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number _____
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 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>08/29/2014</u>	
Name & Address: J. A. Rusten 1733 Dunmore Rd. Ann Arbor, MI 48103		50.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2014</u>	
Name & Address: James W. Toy 1723 Dexter Ave. Ann Arbor, MI 48103		75.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/30/2014</u>	
Name & Address: Ruth L. Zweifler 1706 S. University Ave. Ann Arbor, MI 48104		30.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/02/2014</u>	
Name & Address: Dr. James Hawkins 2144 Collegewood Ypsilanti, MI 48197		50.00	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **\$205.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

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>09/02/2014</u> Name & Address: Norma Kelly 2443 Carriage Way Ypsilanti, MI 48197 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/03/2014</u> Name & Address: William V. Hampton 1184 Wendy Ct. Ann Arbor, MI 48103 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/2014</u> Name & Address: Charles J. Hall 4139 Lake Forest Ct. Ann Arbor, MI 48108-2769 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/2014</u> Name & Address: Linnie Philpot 910 Daniel St. Ann Arbor, MI 48103-3214 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 \$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$250.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

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>09/04/2014</u> Name & Address: Veronique M. Liem 2751 Byington Blvd. Ann Arbor, MI 48105-9683 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/2014</u> Name & Address: Jason T. Morgan 712 Granger Ave. Ann Arbor, MI 48104 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/05/2014</u> Name & Address: Ronald L. Motsinger 9160 Island Lake Rd. Dexter, MI 48130 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/07/2014</u> Name & Address: Dr. Mary Hall-Thiam 2755 Arrowwood Hills Ann Arbor, MI 48105 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 \$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$270.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

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>09/07/2014</u> Name & Address: Washtenaw County Community and Justice Foundation or WCCJF 3840 Maple Dr. Ypsilanti, MI 48197	100.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/2014</u> Name & Address: Jeffrey Alan Souza 7641 Edmund Ave. Whitmore Lake, MI 48189	25.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/07/2014</u> Name & Address: Yousef D. Rabhi 1991 Upland Dr. Ann Arbor, MI 48105	25.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/11/2014</u> Name & Address: Jackie Foster 1250 Horseshoe Circle Ann Arbor, MI 48108	20.00 \$ _____	\$ _____
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		
Click Here for Memo Itemization		

Page Subtotal \$170.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number _____
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 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>09/13/2014</u> Name & Address: Deborah A. Labelle 1330 Orkney Dr. Ann Arbor, MI 48103-2967		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2014</u> Name & Address: M. Douglas Scott, Jr. 1525 Harding Rd. Ann Arbor, MI 48104		100.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/13/2014</u> Name & Address: Sabra C. Briere 1418 Broadway St. Ann Arbor, MI 48105-3200		50.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/15/2014</u> Name & Address: Michigan Laborer's Political League 1118 Centennial Way, Suite 100 Lansing, MI 48917-9280		250.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **\$500.00**
 Grand Total of All Schedules 1A
 (Complete on last page of Schedule)

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 all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/16/2014

Name & Address:
Claudia Young
5706 High Ridge Dr.
Ypsilanti, MI 48197

20.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/16/2014

Name & Address:
Wilma J Gold-Jones
6906 Plainview St.
Ypsilanti, MI 48197-1057

50.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/22/2014

Name & Address:
Leah M. Gunn
1308 E. Stadium Blvd.
Ann Arbor, MI 48104-4620

50.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 09/22/2014

Name & Address:
James Piazza
3831 Waldenwood Dr.
Ann Arbor, MI 48105

100.00
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$220.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

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>09/22/2014</u> Name & Address: E. Stevens Binder 4001 Pratt Rd. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Retired 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2014</u> Name & Address: Patricia Honton 1933 Brock Ct. Ann Arbor, Mi 48104 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2014</u> Name & Address: John Hieftje for Mayor Campaign 1046 Baldwin Ave Ann Arbor, MI 48104-3504 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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/22/2014</u> Name & Address: Jeff Irwin for State Representative 2542 Bellwood Ave. Ann Arbor, MI 48104 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 \$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number _____
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 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>09/26/2014</u> Name & Address: <u>Edward Ian Robinson</u> <u>3435 Brentwood Ct.</u> <u>Ann Arbor, MI 48108-1757</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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2014</u> Name & Address: <u>Nora Lee Wright</u> <u>221 Felch St. Suite 4</u> <u>Ann Arbor, MI 48103-3353</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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/2014</u> Name & Address: <u>Xenonia Kennedy</u> <u>660 Hidden Valley Club Dr. #305</u> <u>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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/2014</u> Name & Address: <u>Capital City Financial, Inc.</u> <u>3025 Boardwalk St., Suite 157</u> <u>Ann Arbor, MI 48108-3230</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 \$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$170.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number _____
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 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>10/03/2014</u>	
Name & Address: Richard Barney 3080 Platt Rd. Ann Arbor, MI 48108		50.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2014</u>	
Name & Address: Janis Ann Bobrin 3465 Vintage Valley Ann Arbor, MI 48105		50.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/09/2014</u>	
Name & Address: International Brotherhood Electrical Workers Local Union 252 7920 Jackson Rd. Ann Arbor, Mi 48103		250.00	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2014</u>	
Name & Address: Bradley Oconnor 113 Fieldcrest #103 Ann Arbor, MI 48103		25.00	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **\$375.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number _____
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 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>10/10/2014</u>	
Name & Address: Christine Hildebrand 2115 Devonshire Rd. Ann Arbor, MI 48104		50.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2014</u>	
Name & Address: Judy L. Gardner 2200 Glencoe Hills Dr. Ann Arbor, MI 48108		70.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/2014</u>	
Name & Address: Kevin S. McDonald 2830 Ember Way Ann Arbor, MI 48104		35.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/17/2014</u>	
Name & Address: Washtenaw County Democratic Committee P.O. Box 3951 Ann Arbor, MI 48106-3951		750.00 \$ _____	\$ _____
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		Click Here for Memo Itemization	

Page Subtotal **\$905.00**
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I.D. Number _____
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 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>09/11/2014</u>	
Name & Address: <u>Judith Mich</u> <u>915 Sunset Rd.</u> <u>Ann Arbor, MI 48103-2924</u>		100.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2014</u>	
Name & Address: <u>Tad Wysor</u> <u>1041 E. Forest Ave.</u> <u>Ypsilanti, MI 48198</u>		20.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2014</u>	
Name & Address: <u>Georgina D. LeHuray</u> <u>3211 Rosefield Dr.</u> <u>Ann Arbor, MI 48108</u>		10.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2014</u>	
Name & Address: <u>Harvey Somers</u> <u>2129 Autumn Dr. 48103</u>		100.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$230.00

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

\$4,995.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 3-IK
POLITICAL PARTY COMMITTEE

C-2003-013

1. Committee I. D. Number _____
2. Committee Name Susan Baskett for School Board

3. If contribution is from an individual enter last name first. Check box to indicate if contribution is from a Political Committee or Independent Committee (PAC). Report all in-kind contributions regardless of amount.	4. Type of In-Kind Contribution	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES Name & Address: <u>Ramesh Verma</u> <u>606 Townsend</u> <u>Lansing, MI 48933</u> If over \$100.00 cumulative, please provide: Occupation: <u>Treasurer</u> Employer Name & Address: <u>Michigan Democratic State Central</u> <u>Committee</u> <u>606 Townsend</u> <u>Lansing, MI 48933</u>	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated \$ <u>500.00</u> \$ _____ <input type="checkbox"/> Goods or Services Purchased by Others Click here for Memo Itemization Type <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>Voter File Access</u> 5. DATE OF RECEIPT: <u>07/28/2014</u> 6. VENDOR NAME & ADDRESS: <u>Megan Lizotte</u> Text <u>606 Townsend</u> <u>Lansing, MI 48933</u>		
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"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated \$ _____ \$ _____ <input type="checkbox"/> Goods or Services Purchased by Others Click here for Memo Itemization Type <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
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"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated \$ _____ \$ _____ <input type="checkbox"/> Goods or Services Purchased by Others Click here for Memo Itemization Type <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal **\$500.00**
Grand Total of all Schedules 3-IK (Complete on last page of Schedule) **\$500.00**



C-2003-013

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____
2. Committee Name Susan Baskett for School Board

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/01/14-10/19/14</u>	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity <u>Online/Ruck-us</u>	6. Address and Name (if any) of the place where the activity was held. <input type="checkbox"/> Private Residence
--	--	---	--

7. Total Contributions \$230.00

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) \$230.00

10. Total Cost of Event \$12.12
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



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

C-2003-013

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: Washtenaw County Clerk 200 N. Main P.O. Box 8645 Ann Arbor, MI 48107 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Campaign Late Filing Fee Disbursement Code <u>CO</u> <input type="checkbox"/> Fund Raiser	07/21/14 Date Click for Memo Itemization Type	\$ 500.00
Disbursement # 2 Name & Address: Susan E. Baskett 3 Trowbridge Ct. Ann Arbor, MI 48108 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Stamps Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	07/26/14 Date Click for Memo Itemization Type	\$ 49.00
Disbursement # 3 Name & Address: TCF National Bank P.O. Box 537980 Livonia, MI 48153 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Check Image Fee Disbursement Code _____ <input type="checkbox"/> Fund Raiser	8/14/14 Date Click for Memo Itemization Type	\$ 1.95
Disbursement # 4 Name & Address: Ann Arbor City Democratic Party P.O. Box 7497 Ann Arbor, MI 48106 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Refreshment Donation Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	8/28/14 Date Click for Memo Itemization Type	\$ 20.00

Subtotal this page **\$570.95**

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



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

C-2003-013

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: Ann Arbor City Democratic Party P.O. Box 7497 Ann Arbor, MI 48106 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Refreshments Donation</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>08/28/14</u> Date	\$ <u>20.00</u> Click for Memo Itemization Type
Disbursement # 2 Name & Address: Ann Arbor City Democratic Party P.O. Box 7497 Ann Arbor, MI 48106 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Labor Day Picnic</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>9/1/14</u> Date	\$ <u>30.00</u> Click for Memo Itemization Type
Disbursement # 3 Name & Address: Alpha Kappa Sorority, Inc. P.O. Box 8012 Ann Arbor, MI 48107 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>12th Annual Brunch</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>9/5/14</u> Date	\$ <u>40.00</u> Click for Memo Itemization Type
Disbursement # 4 Name & Address: Leslie McGraw 2540 Bens St. Ann Arbor, MI 48103 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Social Media Consultation</u> Disbursement Code <u>LO</u> <input type="checkbox"/> Fund Raiser	<u>9/8/14</u> Date	\$ <u>99.00</u> Click for Memo Itemization Type

Subtotal this page **\$189.00**

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



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

C-2013-013

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: Democracy Engine, LLC 850 Quincy St., NW #402 Washington, DC 20011	Purpose Convenience Fee	9/11/14 Date	\$ 7.07
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: Democracy Engine, LLC 850 Quincy St., NW #402 Washington, DC 20011	Purpose Convenience Fee	9/18/14 Date	\$ 5.05
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: Imagecrafters Inc. 2308-D S. Industrial Ann Arbor, MI 48104	Purpose Election Badges	9/11/14 Date	\$ 32.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: Go Daddy Operating Company, LLC 14455 N Hayden Rd., #219 Scottsdale, AZ 85260	Purpose Domain Registration	9/12/14 Date	\$ 14.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page **\$58.12**

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



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

C-2003-013

1. Committee I. D. Number _____

Susan Baskett for School Board

2. Committee Name _____

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: Cash 3211 Rosefield Dr. Ann Arbor, MI 48108 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Stamps Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	8/21/201 Date Click for Memo Itemization Type	\$ 49.00
Disbursement # 2 Name & Address: J.C. Penney 550 Briarwood Circle Ann Arbor, MI 48108 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Pictures Disbursement Code <u>LO</u> <input type="checkbox"/> Fund Raiser	9/15/14 Date Click for Memo Itemization Type	\$ 74.19
Disbursement # 3 Name & Address: Meijer 3825 Carpenter Rd. Ypsilanti, MI 48197 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Stamps Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	10/2/14 Date Click for Memo Itemization Type	\$ 98.00
Disbursement # 4 Name & Address: Republic Parking System 324 Maynard St. Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Ann Arbor Parking Meter Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	10/15/14 Date Click for Memo Itemization Type	\$ 1.50

Subtotal this page **\$222.69**

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



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

C-2003-2013

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: John Hiette for Mayor Campaign 1046 Baldwin Ave. Ann Arbor, MI 48104-3504 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Contribution Refund Disbursement Code _____ <input type="checkbox"/> Fund Raiser	10/17/14 Date	\$ 100.00 Click for Memo Itemization Type
Disbursement # 2 Name & Address: Jeff Irwin for State Representative 2542 Bellwood Ave. Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Contribution Refund Disbursement Code _____ <input type="checkbox"/> Fund Raiser	10/17/14 Date	\$ 100.00 Click for Memo Itemization Type
Disbursement # 3 Name & Address: Capital City Financial, Inc. 3025 Boardwalk St. Ann Arbor, MI 48108-3230 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Contribution Refund Disbursement Code _____ <input type="checkbox"/> Fund Raiser	10/17/14 Date	\$ 50.00 Click for Memo Itemization Type
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	_____ Date	\$ _____ Click for Memo Itemization Type

Subtotal this page **\$250.00**
 Grand Total of all Schedules 1C (Complete on last page of Schedule) **\$1,290.76**

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



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I. D. Number _____
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Nightowl Printing Address 15138 Beech Daly Redford, MI 48239 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/14</u> Date	\$ <u>240.62</u> Click Here for Memo Itemization Type
Expenditure #2 Name City Printing Company, Inc. Address 411 West Cross St. P.O. Box 980333 Ypsilanti, MI 48198-0333 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Letters</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/14</u> Date	\$ <u>57.24</u> Click Here for Memo Itemization Type
Expenditure #3 Name City Printing Company, Inc. Address 411 West Cross St. P.O. Box 980333 Ypsilanti, MI 48198-0333 <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/28/14</u> Date	\$ <u>116.60</u> Click Here for Memo Itemization Type
Expenditure #4 Name Messenger Printing Service, Inc. Address 20136 Ecorse Rd. Taylor, MI 48180-1957 <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/14</u> Date	\$ <u>143.63</u> Click Here for Memo Itemization Type
Expenditure #5 Name Messenger Printing Service, Inc. Address 20136 Ecorse Rd. Taylor, MI 48180-1957 <input type="checkbox"/> Fund Raiser	Purpose: <u>Palm Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/14</u> Date	\$ <u>800.83</u> Click Here for Memo Itemization Type

Subtotal this page **\$1358.92**

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2003-013

1. Committee I. D. Number _____
2. Committee Name Susan Baskett for School Board

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Messenger Printing Service, Inc. Address 20136 Ecorse Rd. Taylor, MI 48180-1957 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Label Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/14</u> Date	\$ <u>114.86</u>
Expenditure #2 Name Sawicki & Son Address 1521 W. Lafayette Detroit, Mi 48216 <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	<u>10/9/14</u> Date	\$ <u>861.78</u>
Expenditure #3 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	_____ Date	\$ _____
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	_____ Date	\$ _____
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	_____ Date	\$ _____

Subtotal this page **\$976.64**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,335.56**

Enter this total
on line 8a of
Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 2E**

POLITICAL OR INDEPENDENT COMMITTEE

C-2003-013

1. Committee I.D. Number _____

2. Committee Name Susan Baskett for School Board

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)					
Debt #1 Owed to or by: <u>Susan E. Baskett</u> <u>3 Trowbridge Ct.</u> <u>Ann Arbor, MI 48108</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/23/14</u> 6. <u>Original Amount of Debt</u> <u>\$ 500.00</u>	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$ <u>0</u>	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<table border="1"> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> <tr><td>\$</td></tr> </table>	\$	\$	\$	\$	\$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
\$									
\$									
\$									
\$									
\$									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									

Page Subtotal (Outstanding debt) **\$500.00**

Grand Total of all Schedules 2E **\$500.00**
(Complete on last page of Schedule showing amounts owed by or to the committee.)

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.