



**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 10/20/2014 to 11/24/2014

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 DEC - 3 P 2:20
 LAWRENCE HESTER
 COUNTY CLERK/REGISTER

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 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 **Georgina D. LeHuray**
Type or Print Name Georgina D. LeHuray Signature [Signature] Date 12-3-14

Candidate **Susan E. Baskett**
Type or Print Name Susan E. Baskett Signature [Signature] Date 12-3-14



C-2003-013

1. Committee I.D. Number

Susan Baskett for School Board

2. Committee Name

**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>550.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>550.00</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>550.00</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>1,200.00</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>1,200.00</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>999.75</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>999.75</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>2,131.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>550.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,681.42</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,199.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>481.67</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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/22/2014
 Name & Address:
Vickie & Ronnie Malcolm
721 Daniel St.
Ann Arbor, Mi 48103

6. Amount
 25.00
 \$ _____ \$ _____

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

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 10/27/2014
 Name & Address:
Wesley & Barbara Prater
8303 Warner Rd.
Saline, MI 48176

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 10/27/2014
 Name & Address:
David Nacht
2533 N. Wagner Rd.
Ann Arbor, MI 48103

200.00
 \$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:
 Occupation Attorney Employer Self Employed
 Business Address 101 N. Main St. Suite 555 Ann Arbor, MI 48104
 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 10/28/2014
 Name & Address:
Bruce T. & Susan T. Wallace
126 S. Main St.
Ann Arbor, MI. 48104

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 **\$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>10/29/2014</u> Name & Address: <u>Jane B. & John W. Lumm</u> <u>3075 Override Dr.</u> <u>Ann Arbor, MI 48104-4125</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 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/2014</u> Name & Address: <u>Sheryl Serwer</u> <u>Address N/A Online Donation</u> 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	100.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 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	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ 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	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal	\$175.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$550.00

Enter this total on line 3a 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 <u>Ann Arbor City Democratic Party</u> Address <u>C/O Doug Scott, Treasurer</u> <u>1535 Harding Rd.</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature & Distributor</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/14</u> Date	\$ <u>600.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Washtenaw Community Action Team</u> Address <u>P. O. Box 7637</u> <u>Ann Arbor, MI 49107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature & Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/14</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Susan Baskett</u> Address <u>3 Trowbridge Ct.</u> <u>Ann Arbor, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Payoff</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/14</u> Date	\$ <u>500.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$1,200.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,200.00**

Enter this total
on line 8a of
Summary Page



**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 NAACP P. O. Box 3399 Ann Arbor, MI 48106 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Freedom Fund Dinner</u> Disbursement Code <u>IO</u> <input type="checkbox"/> Fund Raiser	<u>10/21/14</u> Date Click for Memo Itemization Type	\$ <u>120.00</u>
Disbursement # 2 Name & Address: Susan 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 <u>Cew Anniversary Dinner</u> Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	<u>10/22/14</u> Date Click for Memo Itemization Type	\$ <u>25.00</u>
Disbursement # 3 Name & Address: Office Max 3765 Washtenaw Ave. Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Jump Drives</u> Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	<u>10/23/14</u> Date Click for Memo Itemization Type	\$ <u>58.30</u>
Disbursement # 4 Name & Address: Facebook, Inc. 1601 Willow Rd. Menlo Park, CA 94025-1452 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Facebook Advertising</u> Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	<u>10/25/14</u> Date Click for Memo Itemization Type	\$ <u>26.38</u>

Subtotal this page **\$229.68**

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: Democracy Engine, LLC 850 Quincy St. NW #402 Washington, D.C. 20011 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Convenience Fee</u> Disbursement Code _____ <input checked="" type="checkbox"/> Fund Raiser	<u>10/23/14</u> Date Click for Memo Itemization Type	<u>\$ 5.05</u>
Disbursement # 2 Name & Address: Sam's Club 5450 Carpenter Rd. Ypsilanti, MI 48197 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Printer Ink</u> Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	<u>10/30/14</u> Date Click for Memo Itemization Type	<u>\$ 107.01</u>
Disbursement # 3 Name & Address: Facebook, Inc. 1601 Willow Rd. Menlo, CA 94025-1452 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Facebook Advertising</u> Disbursement Code <u>KO</u> <input type="checkbox"/> Fund Raiser	<u>10/31/14</u> Date Click for Memo Itemization Type	<u>\$ 36.09</u>
Disbursement # 4 Name & Address: Costco 771 Airport Blvd. Ann Arbor, MI 48108 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose <u>Gasoline Expense</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>11/07/14</u> Date Click for Memo Itemization Type	<u>\$ 42.50</u>
Subtotal this page			\$190.65
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)

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 & Address: Costco 771 Airport Blvd. Ann Arbor, MI 48108 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Campaign Thank You Gifts _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	11/11/14 _____ Date Click for Memo Itemization Type	\$131.79 _____
Disbursement # 2 Name & Address: Macy's 700 Briarwood Circle Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Campaign Thank You Gifts _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	11/13/14 _____ Date Click for Memo Itemization Type	\$32.05 _____
Disbursement # 3 Name & Address: Macy's 700 Briarwood Circle Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Campaign Thank You Gift _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	11/13/14 _____ Date Click for Memo Itemization Type	\$16.03 _____
Disbursement # 4 Name & Address: Republic Parking System 324 Maynard Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Team Celebration Parking _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	11/14/14 _____ Date Click for Memo Itemization Type	\$4.80 _____
Subtotal this page			\$184.67
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: Real Seafood Co. 341 S. Main St. Ann Arbor, MI 48104	Purpose Campaign Team Celebration	11/14/14 Date	\$ 289.25
Click for Memo Itemization Type			
<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		
Disbursement # 2 Name & Address: Sam's Club 5450 Carpenter Rd. Ypsilanti, MI 48197	Purpose Gasoline Expense	11/17/14 Date	\$ 32.00
Click for Memo Itemization Type			
<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		
Disbursement # 3 Name & Address: Real Seafood Co. 341 S. Main St. Ann Arbor, MI 48104	Purpose Campaign Team Celebration	11/18/14 Date	\$ 68.10
Click for Memo Itemization Type			
<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		
Disbursement # 4 Name & Address: Republic Parking System 324 Maynard St. Ann Arbor, MI 48104	Purpose Public Parking	11/18/14 Date	\$ 2.40
Click for Memo Itemization Type			
			Subtotal this page \$391.75
			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: 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 <u>Public Parking</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>11/18/14</u> Date	<u>\$ 3.00</u> Click for Memo Itemization Type
Disbursement # 2 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
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	_____ Date	\$ _____ 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	\$3.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)	\$999.75

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



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-013
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 Corp? <input type="checkbox"/> Yes Owed to or by: Susan E. Baskett 3 Trowbridge Ct. Ann Arbor, MI 48108	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> \$ _____	11/14 \$ 500.00 _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ 500.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0
Grand Total of all Schedules 1E 0
(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.



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>10/21/14 - 11/24/14</u>	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity <u>Ruck-Us/Online</u>	6. Address and Name (If any) of the place where the activity was held. <input type="checkbox"/> Private Residence
--	--	---	--

7. Total Contributions \$100.00

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) \$100.00

10. Total Cost of Event \$5.05
(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.