



**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 \_\_\_\_\_

LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR  
 WASHTENAW COUNTY, MI  
 FILED  
 2015 FEB -3 P 2:03

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 Signature [Signature] Date 2-1-15

Candidate SUSAN BASKETT Signature [Signature] Date [Signature]



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

2. Committee Name Susan Baskett for School Board

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 4,995.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 4,995.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

**5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**  
(Add Line 3c + Line 4)

(5.) \$ 4,995.00

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 500.00

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

**EXPENDITURES**

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 2,335.26

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

**9. TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 2,335.26

**INCIDENTAL EXPENSE DISBURSEMENTS**

(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 1270.76

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

**11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**  
(Add Line 10a + Line 10b)

(11.) \$ 1270.76

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 500.00

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ 762.74

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 4,995.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 5,757.74

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - \$ 3,606.02

17. ENDING BALANCE

(17.) \$ 2,151.72 \*

Column I  
This Period

Column II  
Cumulative this election cycle

(18.) \$ \_\_\_\_\_

(19.) \$ \_\_\_\_\_

(20.) \$ \_\_\_\_\_

(21.) \$ \_\_\_\_\_

(22.) \$ \_\_\_\_\_

(23.) \$ \_\_\_\_\_

(24.) \$ \_\_\_\_\_



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

C-2003-013

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

Susan Baskett for School Board

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Nightowl Printing</b>  Address <b>15138 Beech Daly Redford, MI 48239</b>  <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 <b>City Printing Company, Inc.</b>  Address <b>411 West Cross St. P.O. Box 980333 Ypsilanti, MI 48198-0333</b>  <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 <b>City Printing Company, Inc.</b>  Address <b>411 West Cross St. P.O. Box 980333 Ypsilanti, MI 48198-0333</b>  <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 <b>Messenger Printing Service, Inc.</b>  Address <b>20136 Ecorse Rd. Taylor, MI 48180-1957</b>  <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 <b>Messenger Printing Service, Inc.</b>  Address <b>20136 Ecorse Rd. Taylor, MI 48180-1957</b>  <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>800.53</u>  Click Here for Memo Itemization Type

Subtotal this page

**\$1358.62**

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 <b>Messenger Printing</b>  Address <b>20136 Ecorse Rd. Taylor, MI 48180-1957</b>  <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>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Sawicki &amp; Son</b>  Address <b>1521 W. Lafayette Detroit, MI 48216</b>  <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>  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$976.64**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$2335.26**

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 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>9/1/2014</u> Date Click for Memo Itemization Type	\$ <u>30.00</u>
Disbursement # 2 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>9/5/2014</u> Date Click for Memo Itemization Type	\$ <u>40.00</u>
Disbursement # 3 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>9/8/2014</u> Date Click for Memo Itemization Type	\$ <u>99.00</u>
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 **\$169.00**

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-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 Hierte 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)			\$1,270.76

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