



**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: <u>10/21/2015</u> to <u>12/31/2015</u>	
1. Committee I.D. Number C-2003-013	4. Candidate Last Name Baskett First Name Susan M.I. E.
2. Committee Name Susan Baskett for School Board	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	6. Treasurer's Name & Residential Address Georgina D. LeHuray 3211 Rosefield Dr. Ann Arbor, Mi 48108
Area Code and Phone <u>734-677-1953</u> 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.	Area Code & Phone <u>734-677-1953</u>
7. Treasurer's Business Address N/A	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) N/A
Area Code and Phone _____	Area Code and Phone _____

FILED
 WASHTENAW COUNTY, MI
 2016 JAN 26 AM 11:35
 LAURENCE M. STENBAUM
 COUNTY CLERK & REGISTER

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (<u>2015</u>) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. <input type="checkbox"/> 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.
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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	<u>Georgina D. LeHuray</u>		Date <u>1-22-16</u>
	Type or Print Name	Signature	Date
Candidate	<u>Susan E. Baskett</u>		Date <u>22 Jan 2016</u>
	Type or Print Name	Signature	Date



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Susan Baskett for School Board

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>0</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>85.00</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>85.00</u>	(24.) \$ <u>85.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>606.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>606.80</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>85.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>521.80</u>	



**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: Ann Arbor NAACP P.O. Box 3399 Ann Arbor, MI 48106	Purpose Freedom Fund Dinner _____ Disbursement Code <u>IO</u>	10/23/2015 _____ Date	\$ 85.00 _____ Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 2 Name & Address: _____ Purpose _____ _____ Date _____ \$ _____ Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 3 Name & Address: _____ Purpose _____ _____ Date _____ \$ _____ Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	<input type="checkbox"/> Fund Raiser	Disbursement # 4 Name & Address: _____ Purpose _____ _____ Date _____ \$ _____ Click for Memo Itemization Type	

Subtotal this page **85.00**
Grand Total of all Schedules 1C (Complete on last page of Schedule) **85.00**

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