



**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>10/22/2018</u> to <u>11/26 2018</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
5. Committee's Mailing Address 3211 Rosefield Dr. Ann Arbor, MI 48108	4b. County of Residence WASHTENAW
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.	6. Treasurer's Name & Residential Address Georgina LeHuray 3211 Rosefield Dr. Ann Arbor, MI 48108
7. Treasurer's Business Address 3211 Rosefield Dr. Ann Arbor, MI 48108	6. Treasurer's Name & Residential Address (continued) Area Code & Phone <u>734-677-1953</u>
Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) N/A
Area Code and Phone _____	Area Code and Phone _____

FILED
 WASHTENAW COUNTY, MI
 2018 DEC -5 P 2:24
 LAMARCE KESTERBAUM
 COUNTY CLERK/REGISTER

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" 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 type="checkbox"/> Annual Statement (_____) 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. Dissolution of Candidate Committee <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.
---	--	--

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 LeHuray Type or Print Name		Date 11/29/2018
Candidate Susan Baskett Type or Print Name		Date 29 November 18



C-2003-013

1. Committee I.D. Number _____

**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>189.67</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>189.67</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>189.67</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>1,041.23</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>1,041.23</u>	(23.) \$ <u>0</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>289.95</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>289.95</u>	(24.) \$ <u>0</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>2,027.43</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>189.67</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,217.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,331.18</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>885.92</u>	*



**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>11/06/2018</u> Name & Address: Karen Hart 1233 Bending Rd. 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	25.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/07/2018</u> Name & Address: Rae Ann Weymouth 548 3rd St. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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 \$ _____	250.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/2018</u> Name & Address: Joann Emmendorfer 516 Gott St. 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	75.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/20/2018</u> Name & Address: Susan Baskett 3 Trowbridge Ct. Ann Arbor, MI 48108 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	39.67 \$ _____	41.67 \$ _____ (Memo Itemization) Reimbursement for purchase error. See Incidental Office Expense.

Page Subtotal **\$189.67**
 Grand Total of All Schedules 1A (Complete on last page of Schedule) **\$189.67**

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 4 Imprint Address 101 Commerce St. Oshkosh, WI 54901 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Bags <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/23/11 Date	\$ 633.86
Expenditure #2 Name Les Go Social MM&T Address 6655 Jackson Rd. Unit 831 Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: Social Media <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/11 Date	\$ 100.00
Expenditure #3 Name Sam's Club Address 5450 Carpenter Rd. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: Office Supplies <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30/11 Date	\$ 62.52
Expenditure #4 Name The UPS Store Address 4007 Carpenter Rd. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: Palm Cards <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/11 Date	\$ 244.85
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 **\$1,041.23**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,041.23**

Enter this total
on line 8a of
Summary Page



**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: Les Go Social MM&T 6655 Jackson Rd. Unit 831 Ann Arbor, MI 48103	Purpose Social Media	10/24/18 Date	\$ 50.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: AKA Delta Psi Omega PO Box 8012 Ann Arbor, MI 48107	Purpose Event Ticket	10/25/18 Date	\$ 40.00
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>DO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address: Walmart 7000 E. Michigan Ave Saline, MI 48176	Purpose Office Supplies	10/31/18 Date	\$ 10.68
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address: Costco 771 Airport Blvd. Ann Arbor, MI 48108	Purpose Food for Volunteers	11/02/18 Date	\$ 38.26
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page **\$138.94**

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: 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 Gas Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	11/05/18 Date Click for Memo Itemization Type	\$ 37.50
Disbursement # 2 Name & Address: Actblue 366 Summer St. Summerville, MA 02144 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Donation Fee Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	11/05/18 Date Click for Memo Itemization Type	\$ 7.88
Disbursement # 3 Name & Address: Les Go Social MM&T 6655 Jackson Rd. Unit 831 Ann Arbor, MI 48103 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Social Media Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	11/07/18 Date Click for Memo Itemization Type	\$ 50.00
Disbursement # 4 Name & Address: Vantiv eCommerce 4610 S. Ulster St. Suite 600 Denver, CO 80237 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Donation Fee Disbursement Code <u>AO</u> <input type="checkbox"/> Fund Raiser	11/09/18 Date Click for Memo Itemization Type	\$ 15.96

Subtotal this page **\$111.34**

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: Meijer 3145 Ann Arbor Saline Rd. Ann Arbor, MI 48103	Purpose Expenditure Error	11/12/18 Date	\$ 39.67
Memo Itemization Below			
<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	<small>See reimbursement on Itemized Contributor Form, Contribution #4</small>	
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	Disbursement Code _____ <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	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: _____	Purpose _____	_____ Date	\$ _____
Click for Memo Itemization Type			

Subtotal this page **\$39.67**

Grand Total of all Schedules 1C
(Complete on last page of Schedule) **\$289.95**

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