



C-2003-013

1. Committee I.D. Number _____

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>5,437.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,437.00</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>5,437.00</u>	(20.) \$ <u>0</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$50.00</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>3,399.14</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>3,399.14</u>	(23.) \$ <u>0</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$416.93</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>\$416.90</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>521.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5,437.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5958.80</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3816.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2142.73</u>	*

FILED
 WASHTEENAW COUNTY, MI
 2019 FEB - 10 P 2:35
 LAWRENCE KESSEBAUM
 COUNTY CLERK/REGISTRAR



**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>08/22/2018</u> Name & Address: <u>Alberta I Dowdy</u> <u>1850 Brookfield Dr.</u> <u>Ann Arbor, MI 48103</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>08/27/2018</u> Name & Address: <u>Monica Harrold</u> <u>1393 King George Blvd.</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	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)

\$5,437.00

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 _____ 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 #2 Name <u>Kappa Foundation</u> Address <u>PO Box 970385 Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Women's Celebration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/16/16</u> Date	\$ <u>60.00</u>
Expenditure #3 Name <u>Optimist Club</u> Address <u>1717 S. State St. Ann Arbor, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Membership</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/11/17</u> Date	\$ <u>90.00</u>
Expenditure #4 Name <u>Kappa Foundation</u> Address <u>PO Box 970385 Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Women's Celebration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/6/2011</u> Date	\$ <u>130.00</u> Tickets
Expenditure #5 Name <u>Sam's Club</u> Address <u>5450 Carpenter Rd. Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/18</u> Date	\$ <u>62.52</u>

Subtotal this page **\$342.52**

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-2003013

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 Lawson Printers Address 685 Columbia Ave. Battle Creek, MI 49015 <input type="checkbox"/> Fund Raiser	Purpose: <u>Political Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27/18</u> Date	\$ <u>201.40</u> Click Here for Memo Itemization Type
Expenditure #2 Name Lawson Printers Address 685 Columbia Ave. Battle Creek, MI 49015 <input type="checkbox"/> Fund Raiser	Purpose: <u>Political Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/18</u> Date	\$ <u>349.80</u> Click Here for Memo Itemization Type
Expenditure #3 Name Ann Arbor NAACP Address PO Box 3399 Ann Arbor, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: <u>Freedom Fund Dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement <small>One Adult and one student ticket</small>	<u>10/11/18</u> Date	\$ <u>85.00</u> (Memo Itemization)
Expenditure #4 Name Jimmy Johns Address 600 Packard Ave. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Volunteer Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/18</u> Date	\$ <u>63.70</u> 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 **\$699.90**

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 <u>Les Go Social</u> Address <u>6655 Jackson Rd. Unit 831</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Page Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/18</u> Date	\$ <u>200.00</u>
Expenditure #2 Name <u>Heikk's Decorated Apparel</u> Address <u>133 W. Michigan Ave.</u> <u>Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/18</u> Date	\$ <u>228.43</u>
Expenditure #3 Name <u>Les Go Social</u> Address <u>6655 Jackson Rd. Unit 831</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Page Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/18</u> Date	\$ <u>150.00</u>
Expenditure #4 Name <u>Lawson Printers Inc.</u> Address <u>685 West Columbia Ave.</u> <u>Battle Creek, MI 49015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Political Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/18</u> Date	\$ <u>349.80</u>
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 **\$928.23**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,399.14**

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: Kroger 400 S. Maple Ann Arbor, MI food for	Purpose Food for Volunteers	10/15/18 Date	\$ 8.07
<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: Republic Parking 324 Maynard St. Ann Arbor, MI 48104	Purpose Parking	10/16/18 Date	\$ 2.55
<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 # 3 Name & Address: Meijer 5645 Jackson Rd. Ann Arbor, MI 48103	Purpose Food for Volunteers	10/17/18 Date	\$ 13.98
<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: Square Inc. 1455 Market St. Suite 600 San Francisco, CA 94103	Purpose Fee	10/8/18 Date	\$.90
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page **\$25.50**

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 Democratic Party 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 <u>Deposit Error Corrected</u> Disbursement Code _____ <input type="checkbox"/> Fund Raiser	<u>10/19/18</u> Date (Memo Itemization)	\$ <u>30.00</u>
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			\$30.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$416.93

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 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>10/08/2018</u> Name & Address: <u>Don Adams</u> <u>232 Aberdeen Court</u> <u>Bellville, Mi 48111</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 checked="" 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>10/10/2018</u> Name & Address: <u>Charlotte Mayhew</u> <u>2751 Maplewood Ave.</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	50.00 \$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2018</u> Name & Address: <u>Marcia Swenson</u> <u>2219 Page Ave</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	50.00 \$ _____	\$ _____ 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 **\$150.00**

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

Enter this total on
line 3a of Summary
Page.