



**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 JULY 20, 2020 to August 24, 2020

1. Committee I.D. Number  
C-2017-003

2. Committee Name  
Committee to Elect Anne Bannister

4. Candidate Last Name Bannister First Name Anne M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
Ann Arbor City Council Member Ward 1  
4b. County of Residence Washtenaw

5. Committee's Mailing Address  
612 N. Main Street  
Ann Arbor, MI 48104  
Area Code and Phone 734-945-1639  
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  
Sumi Kailasapathy  
2530 Mallard Court  
Ann Arbor, MI 48105  
Area Code & Phone 734-769-5698

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)  
N/A  
Area Code and Phone \_\_\_\_\_

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  
August 4, 2020

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. Dissolution of Candidate Committee  
 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.  
**LARENCE G. ESTENBAUM  
COUNTY CLERK/REGISTRAR  
2020 SEP 2 P 4:49  
FILED  
WASHTENAW COUNTY, MI**

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 Sumi Kailasapathy S. Kailasapathy Date 9/1/2020  
Candidate Anne Bannister Anne Bannister Date 9/2/2020

## COMPLETING THE CANDIDATE COMMITTEE COVER PAGE

**ITEM 1: COMMITTEE I.D. NUMBER:** Enter the committee's Campaign Finance Identification Number on each page. The committee's Identification Number appears on the receipt issued upon the submission of the committee's original Statement of Organization.

**ITEM 2: COMMITTEE NAME:** Enter the committee's official name as listed on the committee's Statement of Organization on each page.

**ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this Campaign Statement.

**ITEM 4: CANDIDATE NAME:** Enter the candidate's full name (last name, first name, middle initial), the office sought by the candidate, the candidate's county of residence and the candidate's driver license number. If applicable, list the district or jurisdiction number or the name of the community served by the office.

**ITEM 5: COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.

**ITEM 6: TREASURER'S NAME AND ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.

**ITEM 7: TREASURER'S BUSINESS ADDRESS:** Enter the committee treasurer's business address and phone number.

**ITEM 8: DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number.

**ITEM 9: TYPE OF STATEMENT:** Check the appropriate box to indicate the type of Campaign Statement being filed. If the committee is dissolving, mark the check box and enter an effective date of dissolution.

**ITEM 10: VERIFICATION:** The candidate and the treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and attached Schedules, and that the contents of the statement are true, accurate and complete to the best of their knowledge and belief. Enter the candidate's and the treasurer's names, or the candidate's and the designated record keeper's names where indicated. The Cover Page must be signed and dated by the candidate and the committee's treasurer or designated record keeper. If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.

### **Notes:**

- A committee that does not have a Reporting Waiver must file all required Campaign Statements.
- The Campaign Statements must include all applicable Schedules.
- Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
- If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement.
- If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement that campaign statement cannot be waived.



1. Committee I.D. Number C-2017-003

2. Committee Name Comm. to Elect Anne Bannister

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,045.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,045.00</u>	(18.) \$ <u>14,934.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>—</u>	(19.) \$ <u>—</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>4,045.00</u>	(20.) \$ <u>14,934.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>—</u>	(21.) \$ <u>435.90</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>8,116.79</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>8,116.79</u>	(23.) \$ <u>15,639.35</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>4,141.08</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,045.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>8,186.08</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>8,116.79</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>69.29</u>	

## COMPLETING THE CANDIDATE COMMITTEE SUMMARY PAGE

- ITEM 3a: CONTRIBUTIONS:** Enter in Column I, the grand total of direct contributions listed on the Itemized Contributions Schedule, 1A. Enter the cumulative amount of the direct contributions received for the election cycle on **Line 18** of Column II.
- ITEM 4: OTHER RECEIPTS:** Enter in Column I, the grand total of "other receipts" listed on the Itemized Other Receipts Schedule, 1A-1. Enter the cumulative amount of "other receipts" received for the election cycle on **Line 19** in Column II.
- ITEM 5: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS:** Enter in Column I, the sum of column I, Lines 3c and 4. Enter in Column II, **Line 20**, the sum of Column II, Lines 18 and 19.
- ITEM 6: IN-KIND CONTRIBUTIONS:** Enter in Column I, the grand total of in-kind contributions reported in Column 7 of the Itemized In-kind Contributions Schedule, 1-IK. Enter the cumulative amount for this election cycle on **Line 21**, Column II.
- ITEM 7: IN-KIND EXPENDITURES:** Enter in Column I, the grand total of in-kind expenditures reported in Column 6 of the Itemized In-kind Expenditures Schedule, 1B-IK. Enter the cumulative amount for this election cycle on **Line 22**, Column II.
- ITEM 8a: ITEMIZED EXPENDITURES:** Enter in Column I, the grand total of expenditures listed on the Itemized Expenditures Schedule, 1B. **ITEM 8b: ITEMIZED GET-OUT-THE-VOTE ACTIVITIES:** Enter in Column I, the grand total of get-out-the-vote expenditures reported in Column 6 of Schedule B-G. **ITEM 8c: UNITEMIZED EXPENDITURES:** Enter in Column I, the grand total of expenditures of \$50.00 or less that were not itemized on Schedule 1B.
- ITEM 9: TOTAL EXPENDITURES:** Enter in Column I, the sum of Lines 8a, 8b and 8c. Enter the cumulative amount of expenditures made by the committee for the election cycle on **Line 23** in Column II.
- ITEM 10a: ITEMIZED INCIDENTAL OFFICE EXPENSE DISBURSEMENTS:** Enter in Column I, the total of incidental office expense disbursements reported on Schedule 1C.
- ITEM 10b: UNITEMIZED INCIDENTAL OFFICE EXPENSE DISBURSEMENTS:** Enter in Column I, the total of incidental office expense disbursements of \$50.00 or less that were not itemized on Schedule 1C.
- ITEM 11: TOTAL INCIDENTAL OFFICE EXPENSE DISBURSEMENTS:** Enter in Column I, the sum of Lines 10a and 10b. Enter the cumulative amount of incidental office expense disbursements made by the committee during this election cycle on **Line 24** in Column II.
- ITEM 12a: DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE:** Enter the grand total of debts and obligations owed by the committee at the closing date of the Campaign Statement which were listed on the Debts and Obligations Schedule, 1E.
- ITEM 12b: DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE:** Enter the grand total of the debts and obligations owed to the committee at the closing date of the Campaign Statement which were listed on the Debts and Obligations Schedule, 1E.
- ITEM 13: ENDING BALANCE:** Enter the "Ending Balance" from the last Campaign Statement filed by the committee. This is the "Beginning Balance" for the current reporting period. If this is the first Campaign Statement filed enter "Zero."
- ITEM 14: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS:** Enter the "Total Contributions and Other Receipts" received during the period covered by the Campaign Statement being completed (Column I, line 5).
- ITEM 15: SUB-TOTAL:** Enter the sum of Lines 13 and 14.
- ITEM 16: TOTAL EXPENDITURES:** Add together the expenditure amount in Column I, line 9 and the disbursement amount in Column I, line 11.
- ITEM 17: ENDING BALANCE:** Subtract line 16 from line 15. The result should reflect the ending cash balance in the committee's checking account on the closing date of the Campaign Statement. If the ending balance is a negative amount, recheck the math on each Schedule. A negative balance indicates that the committee has reported spending money that is not reported as having been received.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2017-003  
2. Committee Name Comm. to Elect Anne Bannister

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>7/21/2020</u>	
Name & Address: <u>Olschansky, Dan</u> <u>121 Warner Street</u> <u>Florence, MA 01062</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/21/2020</u>	
Name & Address: <u>Valacak, Paul</u> <u>1815 Timber Trail</u> <u>Ann Arbor, MI 48103</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/21/2020</u>	
Name & Address: <u>Williamson, B. John</u> <u>2055 Pontiac Trail</u> <u>Ann Arbor, MI 48105</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Engineer</u> Employer <u>University of Michigan</u>			
Business Address <u>1500 E. Medical Center Drive, Ann Arbor, MI 48109</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/22/2020</u>	
Name & Address: <u>Lumm, Jane</u> <u>3075 Overridge Drive</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

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

Enter this total on  
line 3a of Summary  
Page.

## COMPLETING CANDIDATE COMMITTEE SCHEDULE 1A, ITEMIZED CONTRIBUTIONS

**ITEM 3: NAME AND ADDRESS:** Enter the complete name and address of each individual, committee, group, business, firm or other type of organization that made a contribution in any amount during the period covered by the Campaign Statement. If the contribution is from an individual, enter last name, first name, and middle initial. If the contribution is from a committee (Candidate, Political, Independent or Political Party), enter the committee name and address; do not enter the name of the individual who signed the check. If the contribution is from a Political Committee or an Independent Committee, check the "PAC Receipt? Yes" box. If the contribution is from any source that is not a PAC, leave the box unmarked. If the contribution is from a partnership that has requested attribution to individual partners, the individuals' names and addresses are reported with their proportion of the contribution. Do not report the name of the partnership. If the contribution is from a person or group that is not an individual or a registered committee, or if the contribution is from an out-of-state committee, the name and address of the committee is reported on Schedule 1A with the notation "Memo Itemization Below" written above the name of the contributor. In the space for the next contribution record immediately following this entry enter the notation "Memo Itemization" and the name and address, date and amount for each person whose contribution was a part of the total contribution.

**ITEM 4: DATE OF RECEIPT:** Enter the date the contribution was actually received by the treasurer, designated record keeper or other agent designated by the treasurer. Do not enter the date the check was written or the date the contribution was deposited. Only report on the Schedule the contributions received during the period covered by the Campaign Statement.

**ITEM 5: CONTRIBUTOR'S OCCUPATION, EMPLOYER, and BUSINESS ADDRESS:** Complete if the contributor's cumulative contribution for the election cycle exceeds \$100.00. It applies only to individuals; do not make an entry in the item if the reported contribution is from a committee. If the contribution is from an unincorporated business, use this section to indicate "Not Incorporated."

**TYPE OF CONTRIBUTION:** There are only two types of contributions of money: **DIRECT** contributions and **LOANS** from a person (a person other than a financial institution in the ordinary course of business). Check the appropriate box for each contribution. If the contribution is a loan from a person, it must also be reflected on Schedule 1E, Debts and Obligations, as a debt if there is an outstanding balance on the closing date of the Campaign Statement. Check both the **Direct** box and the **Loan From a Person** box. If the contribution was received at a fund raiser or as the purchase price of a ticket to the recipient candidate's fund raising event, check both the **Direct** box and the **Fund Raiser** box.

**ITEM 6: AMOUNT OF CONTRIBUTION:** List each contribution separately by date, even if two or more contributions are received from the same person.

**ITEM 7: CUMULATIVE FOR THE ELECTION CYCLE:** Enter the cumulative amount of all contributions received from the contributor for the election cycle through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the contributor when calculating the cumulative amount.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2017-003  
2. Committee Name Comm. to Elect Anne Bannister

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>7/27/2020</u>	
Name & Address: <u>Loken, John</u> <u>2740 Packard Rd</u> <u>Ann Arbor, MI 48108</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Teacher</u> Employer <u>Brighton Community Education</u>			
Business Address <u>850 Spenser Street, Brighton, MI 48116</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/28/2020</u>	
Name & Address: <u>Bannister, Anne</u> <u>612 N, Main Street</u> <u>Ann Arbor, MI 48104</u>		\$ <u>2,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Director</u> Employer <u>Personal Finance Education Services</u>			
Business Address <u>612 N, Main Street, Ann Arbor, MI 48104</u>			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/28/2020</u>	
Name & Address: <u>Tiboni, Joe</u> <u>512 Spring Street</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/29/2020</u>	
Name & Address: <u>Hintzen, Michael</u> <u>701 Barton Drive</u> <u>Ann Arbor, MI 48105</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 2,275.00

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**

1. Committee I.D. Number C-2017-003  
2. Committee Name Comm. to Elect Anne Bannister

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>7/30/2020</u>		
Name & Address: <u>Debiec, Monika</u> <u>1602 Leaird</u> <u>Ann Arbor, MI 48105</u>			\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/14/2020</u>		
Name & Address: <u>Bannister, Rosella</u> <u>4161 Thornoaks Drive</u> <u>Ann Arbor, MI 48104</u>			\$ <u>700.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
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				
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/15/2020</u>		
Name & Address: <u>Dahlmann, Dennis</u> <u>300 S. Thayer</u> <u>Ann Arbor, MI 48104</u>			\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation <u>Property Management</u> Employer <u>self-employed</u>				
Business Address <u>300 S. Thayer, Ann Arbor, MI 48104</u>				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/19/2020</u>		
Name & Address: <u>Brown, Stephen</u> <u>1507 Shadford Rd</u> <u>Ann Arbor, MI 48104</u>			\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide:			Click Here for Memo Itemization	
Occupation _____ Employer _____				
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal 1,270.00

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**

1. Committee I.D. Number C-2017-003  
2. Committee Name Comm. to Elect Anne Bannister

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>8/21/2020</u> Name & Address: <u>Passerini, Mark</u> <u>3918 W. Eddy Street</u> <u>Chicago, IL 60618</u>	\$ <u>50.00</u>	\$ <u>50.00</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		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      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		<a href="#">Click Here for Memo Itemization</a>
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		<a href="#">Click Here for Memo Itemization</a>
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		<a href="#">Click Here for Memo Itemization</a>

Page Subtotal

50.00

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

4,045.00

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2017-003

2. Committee Name Comm. to Elect Anne Bannister

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Washtenaw County Democratic Party</u> Address <u>On-line</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Digital Ad. book</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21/2020</u> Date	<u>\$ 108.90</u>
Expenditure #2 Name <u>Click2Mail</u> Address <u>3103 10th Street, North, Ste 201 Arlington, VA 22201</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcard + mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/2020</u> Date	<u>\$ 3,116.62</u>
Expenditure #3 Name <u>Square Space</u> Address <u>On-line</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/2020</u> Date	<u>\$ 32.00</u>
Expenditure #4 Name <u>Household Words</u> Address <u>P.O. Box 130117 Ann Arbor, MI 48113</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Design services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28/2020</u> Date	<u>\$ 500.00</u>
Expenditure #5 Name <u>City Printing Company, Inc</u> Address <u>P.O. Box 980333 Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcard printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/2020</u> Date	<u>\$ 169.07</u>

Subtotal this page 3,926.59

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**

1. Committee I. D. Number C-2017-003  
2. Committee Name Comm. to Elect Anne Bannister

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ActBlue</u> Address <u>P.O. Box 441146 Somerville, MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/11/2020</u> Date	<u>\$ 88.70</u>
Expenditure #2 Name <u>ActBlue</u> Address <u>P.O. Box 441146 Somerville, MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/2020</u> Date	<u>\$ 1.50</u>
Expenditure #3 Name <u>Anne Bannister</u> Address <u>612 N. Main Street Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Loan Repayment</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/2020</u> Date	<u>\$ 4,100.00</u>
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	\$ _____
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 4,190.20  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) 8,116.79  
 Enter this total on line 8a of Summary Page







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

1. Committee I.D. Number C-2017-003  
2. Committee Name Committee to Elect Anne Bannister

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 endorser 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 <del>my</del> by:  Anne Bannister 612, N. Main Street Ann Arbor, MI 48104	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5-18-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	8/21/20 \$ 1,000 \$ \$ \$ \$	\$ <u>1,000.00</u>	\$ <u>—</u> <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:  Anne Bannister 612 N. Main Street Ann Arbor, MI 48104	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6-12-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	8/21/20 \$ 2,000 \$ \$ \$ \$	\$ <u>2,000.00</u>	\$ <u>—</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:  Anne Bannister 612 N. Main Street Ann Arbor, MI 48104	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-28-2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	8/21/20 \$ 1,100 \$ \$ \$ \$	\$ <u>1,100.00</u>	\$ <u>900.00</u> <input checked="" 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.

## COMPLETING CANDIDATE COMMITTEE SCHEDULE 1E, DEBTS AND OBLIGATIONS

Check **box “a”** if this Schedule 1E will be used to list debts and obligations owed **by or forgiven** the committee. Check **box “b”** if this Schedule 1E will be used to list debts and obligations owed **to or forgiven by** the committee.

**ITEM 3: NAME AND MAILING ADDRESS:** Provide the name and mailing address of the person, vendor or financial institution to whom debt is owed. If the debt is owed to the committee, provide the name and address of the person that owes the committee.

**DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution:

- to whom the committee owes an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- that forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed.

**DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution:

- that owed the committee an outstanding amount on a debt or obligation prior to the closing date of the Campaign Statement or
- to whom the committee forgave a debt or obligation during the current reporting period that was listed as outstanding on the last Campaign Statement filed by the committee. Check the **“Corp? Yes”** box if the debt is owed to an incorporated business.
- If the debt is a loan and was guaranteed or endorsed by someone, please fill in the requested information in the lower half of the Schedule. A loan endorsement or guarantee is limited by any applicable contribution limit that the Candidate Committee must observe.

**ITEM 4: TYPE OF OBLIGATION:** Describe the debt or obligation

**ITEM 5: DATE DEBT WAS INCURRED:** Enter the date the debt or obligation was incurred. If the committee maintained an ongoing account with a vendor, treat each new charge as a separate debt.

**ITEM 6: ORIGINAL AMOUNT OF DEBT:** Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**ITEM 7: DATES AND AMOUNTS OF PAYMENTS:** Enter the amount and the date of each payment on the debt or obligation.

**ITEM 8: CUMULATIVE PAYMENTS:** Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

**ITEM 9: OUTSTANDING BALANCE:** Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the **“Forgiven”** box if the loan has been forgiven.

**ENDORSEMENT OR GUARANTEE:** Enter the full name of the person who endorsed or guaranteed all or a portion of the loan or other debt. Enter the amount endorsed or guaranteed.