



**INDEPENDENT/POLITICAL
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

1. Committee I.D. Number P2019-001	3. This Statement covers From: <u>January 1, 2020</u> To <u>December 31, 2020</u> 4. Committee's Mailing Address 214 N Hewitt Rd Ypsilanti, MI 48197-4406 Area Code and Phone <u>734-485-1339</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.
2. Committee Name Committee for the Responsible Governance of Washtenaw Community College	

5. Treasurer's Name and Residential Address
 Eileen Peck
 214 N Hewitt Rd
 Ypsilanti, MI 48197-4406

 Area Code and Phone

6. Treasurer's Business Address Eileen Peck 214 N Hewitt Rd Ypsilanti, MI 48197-4406 (734) 485-1339 Area Code and Phone	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone
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8. TYPE OF STATEMENT:
 APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

8a. QUARTERLY STATEMENTS

January 31
 April 25
 July 25
 October 25

8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

8c. ANNUAL STATEMENT
 (2020 Coverage Year) Local Candidates Exempted

8d. PRE-ELECTION OR

8e. POST-ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY GENERAL
 CONVENTION SCHOOL
 SPECIAL CAUCUS

Date of Election, Convention or Caucus:

July 25 Quarterly
 October 25 Quarterly

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL

8f. AMENDMENT TO CAMPAIGN STATEMENT
 (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8g. DISSOLUTION OF COMMITTEE
 Effective Date of Dissolution _____

By checking this item, I/we certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Eileen Peck Type or Print Name
 Signature Eileen Peck Date 01/28/2021

FILED
 WASHTEENAW COUNTY
 2021 FEB -1
 LAWRENCE J. SENS
 COUNTY CLERK/REC'D



1. Committee I.D. Number P2019-001
 2. Committee Name Committee for the Responsible Governance of Washtenaw Community College

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>5.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5.00</u>	(18.) \$ <u>5.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0.35</u>	(19.) \$ <u>0.35</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>5.35</u>	(20.) \$ <u>5.35</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>27.98</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>27.98</u>	(21.) \$ <u>27.98</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>0.45</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.45</u>	(22.) \$ <u>0.45</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0.45</u>	(24.) \$ <u>0.45</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>50.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>5.35</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>55.35</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>0.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>54.90</u>	*

*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A**

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number P2019-001
2. Committee Name Committee for the Responsible Governance of Washtenaw Community College

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

3. Contribution # 1
Is this contribution from a PAC? YES 4. Date of Receipt 10/30/2019

Name & Address:
Katherine King
410 Emmet Street
Ypsilanti, MI 48197-2992

6. Amount \$ 5.00 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ 5.00

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation Research Associate Employer University of Michigan
Business Address 500 State Street Ann Arbor, MI 48109
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? YES 4. Date of Receipt _____

Name & Address:
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? YES 4. Date of Receipt _____

Name & Address:
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? YES 4. Date of Receipt _____

Name & Address:
\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	5.00
Grand Total of All Schedules 2A (Complete on last page of Schedule)	5.00

Enter this total on line 3a of Summary Page



**ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number P2019-001
Committee for the Responsible Governance
of Washtenaw Community College
2. Committee Name _____

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: PayPal 2211 North First Street San Jose, California 95131	Date of Receipt <u>01/06/20</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/> Other (Specify) <u>Abandoned deposit verification</u>	\$ <u>0.35</u> <small>Click Here for Memo Itemization Type</small>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ <small>Click Here for Memo Itemization Type</small>
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ <small>Click Here for Memo Itemization Type</small>

Page Subtotal

0.35

Grand Total of All Schedules 2A -1
(Complete on last page of Schedule)

0.35

Enter this total on
line 4 of Summary
Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number P2019-001

2. Committee Name Committee for the Responsible Governance of Washtenaw Community College

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address: Eileen Peck 214 N Hewitt Rd Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Self Same as above <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>Domain registration services</u> 5. DATE OF RECEIPT: <u>6/18/2020</u> 6. VENDOR NAME & ADDRESS: Web Hosting Hub 3629 Sentara Way Virginia Beach, VA 23452	\$ <u>27.98</u>	\$ <u>27.98</u> Click Here for Memo Itemization Type
Contribution # 2 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____ Click Here for Memo Itemization Type
Contribution # 3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	\$ _____ Click Here for Memo Itemization Type

Page Subtotal	\$27.98
Grand Total of all Schedules 2-IK (Complete on last page of Schedule)	\$27.98

Enter this total on line 6a of Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number P2019-001
2. Committee Name Committee for the Responsible Governance of Washtenaw Community College

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: PayPal 2211 North First Street San Jose, California 95131 4. Purpose: <u>Service charge</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	09/30/2020 Date	\$ <u>0.45</u>	\$ <u>0.45</u> Click Here for Memo Itemization Type
Expenditure #2 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **0.45**
Grand Total of all Schedules 2B (Complete on last page of Schedule) **0.45**

Enter this total on line 8a of the Summary Page



**ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE**

P2019-001

1. Committee I.D. Number _____
2. Committee Name Committee for the Responsible Governance of Washtenaw Community College

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
<p>Expenditure #1 Name & Address: _____</p> <p>5. _____ Name of Candidate</p> <p>_____ \$ _____ \$ Office Sought & District # or Jurisdiction Date</p> <p>_____ \$ _____ \$ Ballot Proposal Date</p> <p>_____ \$ _____ \$ County Date</p> <p>4. Purpose: _____ Support: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p> <p>Click Here for Memo Itemization Type</p>				
<p>Expenditure #2 Name & Address: _____</p> <p>5. _____ Name of Candidate</p> <p>_____ \$ _____ \$ Office Sought & District # or Jurisdiction Date</p> <p>_____ \$ _____ \$ Ballot Proposal Date</p> <p>_____ \$ _____ \$ County Date</p> <p>4. Purpose: _____ Support: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p> <p>Click Here for Memo Itemization Type</p>				
<p>Expenditure #3 Name & Address: _____</p> <p>5. _____ Name of Candidate</p> <p>_____ \$ _____ \$ Office Sought & District # or Jurisdiction Date</p> <p>_____ \$ _____ \$ Ballot Proposal Date</p> <p>_____ \$ _____ \$ County Date</p> <p>4. Purpose: _____ Support: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p> <p>Click Here for Memo Itemization Type</p>				

Subtotal this page	0.00
Grand Total of all Schedules 2B-1 (Complete on last page of Schedule)	0.00

Enter this total on line 9 of the Summary Page



**ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2**

1. Committee I. D. Number **P2019-001**

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name **Committee for the Responsible Governance of Washtenaw Community College**

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name & Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____ \$ _____		Click Here for Memo Itemization Type
Expenditure #2 Name & Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____ \$ _____		Click Here for Memo Itemization Type
Expenditure #3 Name & Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____ \$ _____		Click Here for Memo Itemization Type

Page Subtotal	0.00	0.00
Grand Total of all Schedules 2B-2 (Complete on last page of Schedule)	0.00	0.00

Enter this total on line 8c of the Summary Page Enter this total on line 11 of the Summary Page



**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE B - G**

POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES

1. Committee I.D. Number P2019-001

2. Committee Name Committee for the Responsible Governance of Washtenaw Community College

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.

Describe the specific Get-Out-The -Vote activity in item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: _____ For Activity Type b - f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #2 Name & Address: _____ For Activity Type b - f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	_____ Date	\$ _____ Click Here for Memo Itemizati
Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #3 Name & Address: _____ For Activity Type b - f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	_____ Date	\$ _____ Click Here for Memo Itemization Type
Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			

Subtotal this page **0.00**

Grand Total of all Schedules B-G
(Complete on last page of Schedule)
Enter this total on Line Summary Page **0.00**



**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number P2019-001
Committee for the Responsible Governance
of Washtenaw Community College
2. Committee Name _____

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 endorsers 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 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> </table>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
\$ _____									
\$ _____									
\$ _____									
\$ _____									
\$ _____									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									

Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> </table>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
\$ _____									
\$ _____									
\$ _____									
\$ _____									
\$ _____									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									

Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	<table border="1"> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> </table>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
\$ _____									
\$ _____									
\$ _____									
\$ _____									
\$ _____									
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____									

Page Subtotal (Outstanding debt)	0.00
Grand Total of all Schedules 2E (Complete on last page of Schedule showing amounts owed by or to the committee.)	0.00

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.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



**FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number P2019-001
2. Committee Name Committee for the Responsible Governance
of Washtenaw Community College

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held N/A	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held <input type="checkbox"/> Private Residence
-----------------------------------	--	----------------------------------	---

7. Total Contributions	N/A
8. Other Receipts	N/A
9. Gross Receipts (Add lines 7 and 8)	N/A
10. Total Cost of Event	N/A

*Includes In-Kind Contributions and All Expenditures Made For the Event

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-1K), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.