



**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 3/31/14 to 10/20/14

1. Committee I.D. Number
14-5402

2. Committee Name
LTE RUTH HATCHER to
WCC Board of Trustees

4. Candidate Last Name HATCHER First Name RUTH M.I.
4a. Office Sought Including District # or Community Served (if applicable)
WCC TRUSTEE

4b. County of Residence WASHTENAW

5. Committee's Mailing Address
PO BOX 920820
YPSILANTI MI 48192

Area Code and Phone 734 973 2912

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
FIONA GRAY
1138 E CHARK
YPSILANTI MI 48198

Area Code & Phone 734 474 1705

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)

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 _____

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.

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 FRANCES FIONA GRAY Frances F Gray Date 11/5/14

Type or Print Name Signature

Candidate _____ Date _____

Type or Print Name Signature

FILED
 WASHTENAW COUNTY, MI
 2014 NOV -5 P 11:11 AM
 LAWRENCE KESTENS
 COUNTY CLERK/REGISTRAR



1. Committee I.D. Number 14-5402

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Ruth Hatcher to WCC Board of Trustees

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6440.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6440.00</u>	(18.) \$ <u>6440.00</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>6440.00</u>	(20.) \$ <u>6440.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1701.16</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5335.78</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>5335.78</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1156.25</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6440.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6440.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5335.78</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1104.22</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 14-5402

2. Committee Name CTE Ruth Hatcher to WCC Board of Trustees

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 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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 #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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 # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/2014</u>	
E. CHOAVE 14 RIDGE MOR DR ANN ARBOR MI 48103		\$ <u>100.00</u>	\$ <u>200.00</u>
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		Click Here for Memo Itemization	

Page Subtotal

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number 14-5402

CANDIDATE COMMITTEE

2. Committee Name CTE Ruth Hatcher to WCC Board of Trustees

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Ruth Hatcher 4391 Deco Court Ann Arbor MI 48105 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Business Cards</u> 5. Date Of Receipt: <u>05/17/14</u> 6. Vendor Name & Address: Vista-Print USA Inc 95 Hayden Ave Lexington MA 02421	\$ <u>100.99</u>	\$ <u>544.91</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: RUTH HATCHER 4391 DECO COURT ANN ARBOR MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUILDERS + SIGNS</u> 5. Date Of Receipt: <u>9/22/14</u> 6. Vendor Name & Address: UNITED SONZ 105 W MICHIGAN YPSILANTI MI 48197	\$ <u>1156.25</u>	\$ <u>1701.16</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____

Page Subtotal 1257.24

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 1701.16

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 14-5402

CANDIDATE COMMITTEE

2. Committee Name CTE Ruth Hatcher to WCC Board of Trustees

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Ruth Hatcher 4391 Deco Court Ann Arbor MI 48105</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Filing Fee</u></p> <p>5. Date Of Receipt: <u>04/16/14</u></p> <p>6. Vendor Name & Address: Washtenaw County 200 W Main Ann Arbor MI 48107</p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>100.00</u></p>	<p>\$ <u>100.00</u></p>
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<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Ruth Hatcher 4391 Deco Court Ann Arbor MI 48105</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Post Office Box</u></p> <p>5. Date Of Receipt: <u>03/31/14</u></p> <p>6. Vendor Name & Address: <u>YPSILANTI Post office</u> <u>Adams Street</u> <u>YPSILANTI</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>76.00</u></p>	<p>\$ <u>176.00</u></p>
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<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Ruth Hatcher 4391 Deco Court Ann Arbor MI 48105</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Address:</p> <p><input checked="" type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Food for kick-off party</u></p> <p>5. Date Of Receipt: <u>06/27/14</u></p> <p>6. Vendor Name & Address: <u>LOSTCO CO WHOLESALE</u> <u>6900 WHITMORE LAKE RD</u> <u>GREEN OAK T'SHIP MI 48116</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>267.92</u></p>	<p>\$ <u>443.92</u></p>
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Page Subtotal **\$443.92**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 14-5402
2. Committee Name CTE Ruth Hatcher to WCC Board of Trustees

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>UNITED SONZ</u> Address <u>105 W MICHIGAN YPSILANTI MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FILERS + SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/14</u> Date	<u>\$ 1156.25</u> 1104.22
Expenditure #2 Name <u>WASHTENAW COUNTY</u> Address <u>POB 8645 200 W MAIN ANN ARBOR MI 48107</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/16/14</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name <u>YPSILANTI POST OFFICE</u> Address <u>ADAMS ST YPSILANTI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Post Office Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/31/14</u> Date	<u>\$ 76.00</u>
Expenditure #4 Name <u>COST CO WHOLESALE</u> Address <u>6700 WHITMORE LAKE RD GREEN OAK TOWNSHIP MI 48116</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/14</u> Date	<u>\$ 267.92</u>
Expenditure #5 Name <u>VISTA PRINT USA INC</u> Address <u>95 HAYDEN AVE LEXINGTON MA 02421</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BUSINESS CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/17/14</u> Date	<u>\$ 100.99</u>

Subtotal this page ~~1701.16~~

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

0

Enter this total on line 8a of Summary Page

1156.25

$$\begin{array}{r}
 596.94 \\
 443.92 \\
 \hline
 1040.86 \\
 153.02 \\
 100.99 \\
 \hline
 52.03
 \end{array}$$

$$\begin{array}{r}
 1156.25 \\
 544.91 \\
 \hline
 1701.16
 \end{array}$$

$$\begin{array}{r}
 443.92 \\
 1257.24 \\
 \hline
 1701.16
 \end{array}$$



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 14-5402
2. Committee Name CTE Ruth Hatcher to WCC Board of Trustees

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 Corp? <input type="checkbox"/> Yes Owed to or by: <u>RUTH HATCHER</u> <u>6391 DELO COURT</u> <u>ANN ARBOR MI 48105</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>9/22/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>1156.25</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1156.25</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 1156.25
Grand Total of all Schedules 1E 1156.25
(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.