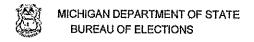
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

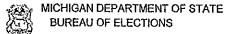
COVER PAGE	
ort must be legible, typed or printed in ink and signed by reasurer (or designated record keeper) and candidate.	3. This Statement covers From: 4/20/12 to 7/22/12
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
C-2012-027	PETERSEN SARAH 10 OFFICE SQUARE DISTRICT OF A COMMUNICATION CONTROL (16 and 16
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable) Ander Palare City Council William # 2
CommiTTEL TO ELECT	
SALLY PETERSEN TO City Carreil	<u> </u>
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
2916 Hickory LN.	MARK ERSKINE
ANIN AMBOR, MI 48104	310 N. Hamilton ST. #2
48/04 Area Code and Phone (734) 996-5569	Ypsilarti, MI 48197
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.	Area Code & Phone (910) 833-4969
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
	AS AS
NONE	NONE E
Home	2
	现 1
Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	SE U Z
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage Year)
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
Pre-Election or Post-Election Statement relates to:	ll or 9e to indicate which Statement is being amended)
Primary	eral 9e. Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Special Cauc	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
AUG 7, 2012	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
	1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all red Schedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Statements. The Campaign Statements must include all applicable disturbed 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 change amendment to the Statement of Organization should accompany the before the filling deadline of a required campaign statement, the 	ed since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
10. Verification: I\We certify that all reasonable diligence was used in	n 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 con	10 16 -10
Current Treasurer or Designated Record keeper MAK ERSKIM	E / // Cleskin Date 1/27/12
Type or Print Name	Signature
Candidate SARPS HART PETERSEN	Youth Olad Vilese TO7/12
	Signature



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012 - O27
2. Committee Name SAILY PETERSENT TO CITY COUNCIL

CANDIDATE COMMITTEE		
RECEIPTS 3. Contributions	Column I This Period	Column II Cumulative this election cycle
3. Contributions	70117 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 7,947.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 7,947.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 7,947.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	2,205.89	A STATE OF THE STA
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-łK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	6,898,48	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>327.74</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 7,226.22	(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)	(100.) \$	
	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	401.20	
the state of the s	(12b.) \$BALANCE STATEMENT	L
40. Ending Datases of last according	(2)	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	
14. Amount received during reporting period	(14.)+\$	
(Line 5, Total Contributions & Other Receipts)	(15.)= \$ 7,947.00	
15. SUBTOTAL, Add lines 13 and 14 16. Amount expended during reporting period	777172	
(Add lines 9 and 11)	(16.) - \$	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ /20.78 *	
(canado mo 10 nom mo 10)		

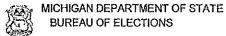


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2017-027

2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

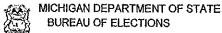
nter contributor's name and address. If a niddle initial. Check box to indicate if con Committee (PAC) Report all contributions	tribution is from a Political Comr regardless of amount.	mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: SA IIY HART POTOLIC 2476 Hickory LAND PAC Receipt? SA IIY HART POTOLIC A CONTRIBUTION OF THE STATE OF THE S	(2) E 3/04 ovide:	eipt <u>4/20//2</u>	\$ <i>500</i> Click Here fo	s 500 or Memo Itemization ©
Type of Contribution: Direct	Loan from a person	Fund Raiser	,	<u>. </u>
3. Contribution #2 PAC Receipt? Name & Address MARK ERSKINE 1531 EDIN GORDUGK ANN BIGOT PAT 5. If over \$100.00 cumulative, please pro Occupation Business Address	48104	eipt 4/20/12	\$ /O/I Click Here fo	\$ <u>/0</u> v r Memo Itemization ⊘
e of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: SAIC HART POLICE 2976 HICKORY L. PHARE BY BY 5. If over \$100.00 cumulative, please pro Occupation	HPIOS HPIOS vide: Employer		\$ 500 Click Here for	\$ /,000 Memo Itemization •
	Loan nom a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address Robcat O. Weitr 2961 Devous hone Pacer Palor, MIT 5. If over \$100.00 cumulative, please pro	RD.	eipt 5/15/12	\$ ZOO Click Here for	\$ 200 Memo Itemization ③
Occupation RETIRED	_ Employer			•
Business Address	Loan from a person	Fund Raiser		
Page of		Page Subtotal rand Total of All Schedules 1A blete on last page of Schedule)	Land Land Land Land Land Land Land Land	



CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027
2. Committee Name SAILY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle 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? YES 4. Date of Receipt 5/10/12 Name & Address: Eql(Y HanT Released)		
2976 Hickory LANGE ANN AMBAR, ME 48104	<u>\$</u>	\$ 1002
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here fo	or Memo Itemization 💸
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	·.	`
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/29/12 Name & Address SAUY HART RECEIPT		
2976 Hickory Lane	\$ 250	s 1257
And Mary MI 48104 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 😙
Occupation North Employer		
Business Address	-	
e of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/29/17 Name & Address:		
Raleigh SADlier	. 25	. 25
1615 Shadford	\$ 00	\$
Arm More MI 4810 4 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🤣
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/29/12 Name & Address STEW NELSON	``	
2975 Hickory LAIR	s 1 <i>00</i>	. 100
And Alber, ME 48104	s (VV	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🕤
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	377	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 2 of 17	Enter this total on line 3a of Summary Page.	



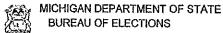
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2017-027

2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle 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? YES 4. Date of Receipt 5//3/12-Name & Address: Marganet Perk		
2940 Hickory LANCE Anac Anbox, MI 48/04	\$ 100	s 100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	or Memo Itemization 💸
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	, in the second	· · · · · · · · · · · · · · · · · · ·
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/14//2 Name & Address	· · · · · · · · · · · · · · · · · · ·	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
SUSPAC Chareller		
2211 Devorstine RD.	\$ 100	s 100
ANON ARBOR, ME 48104	<u> </u>	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🔿
Occupation Employer		
Business Address		
e of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/14//2		
Theodore Armil	, 400	160 -
414 SOUR MAIN ST. #808	\$ 400	\$ 400
ANN JUDIN NIX 48104 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 😝
Occupation Refines Employer		
Rusiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		*
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/17/12		
GALLY RIGHT PERCULEN		1557
2976 Hickory Land	\$ 300	Marian
Holar Joban, MI 48/04 5. If over \$100.00 cumulative, please provide:		<u></u>
Nacc	Click Here for	Memo Itemization 🕲
Occupation / Yould Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	900	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	1
Page 17	line 3a of Summary Page.	

Page.

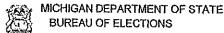


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027

2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/21/12 Name & Address: **Double** **Double**		
HIST HATTINGTON PL. PINNY AMEN, ME 48104 5. If over \$100.00 cumulative, please provide:	\$ Z50	<u> </u>
Occupation Physician Employer Retires	Click Here fo	or Memo Itemization 🔊
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/7.7/1/2	<u> </u>	
Name & Address Downed Salbers		
Bur Anhor, MI Way 48/05-	\$ 100	: 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 💍
Occupation the Sticker Employer Kettown		
Business Address		
ne of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/19/12		
Elizobath DeRese 989 Abondeer Dr. Aver Mon ME 45104 5. If over \$100.00 cumulative, please provide:	\$ 7,5 Click Here for	\$ 75 Memo Itemization ⊘
Occupation Employer		
Business Address	N.	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/28/12 Name & Address KATherance We Petterson		
1404 MAS 16/000 AVE	7 10	'7 a/
ANN Adam of 4PM32	\$ 200	\$ 200
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation KCINCO Employer	Choir Flore for	WOMO ROMIZACION
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	625	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 4 of 17	line 3a of Summary Page.	



Page 5 of 11

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

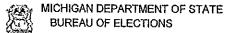
C-2012-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

line 3a of Summary

Page.

nter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: MYRA LANSON 3575 E. HURAN DA. 100 Anal Anton, ME 48/04 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization _____ Employer_ Business Address Type of Contribution: | Direct Loan from a person **Fund Raiser** 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address Michael D Mannes 1023 Yours Pl. Ander Anders INE 48105 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Employer_ Business Address ___ e of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Price July ME 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation . Employer **Business Address** Type of Contribution: Direct ' Loan from a person **Fund Raiser** 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt o Amesbury DR. Answ Grigor NIE 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 3 Occupation_ Employer _ **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on



CANDIDATE COMMITTEE

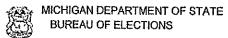
1. Committee I.D. Number C-2012-027
2. Committee Name SAILY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/6//2 Name & Address: JANE LUMM		
3075 OverRidge Dr. Aux Mb or ME 48104 5. If over \$100.00 cumulative, please provide:	s_150	\$ 150
Occupation NonE Employer	Click Here for	or Memo Itemization 🕤
Business Address	·.	
Type of Contribution: Direct Loan from a person Fund Raiser	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	<u> </u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/29/2-Name & Address PRUDENCE HEIKKINER 1914 WASKE PAGE 57. ANN ANGON, NIT 48104 5. If over \$100.00 cumulative, please provide:	\$ [00	\$ 100
Occupation Employer	Click nere to	r Memo Itemization 🔾
Business Address		
e of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/29/12 Name & Address: Stephen Dobson 33.50 Georges Ro Programmed Address Provide: Occupation RETINED Employer Business Address	\$ 250 Click Here for	\$_250 Memo Itemization ©
Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/10/12— STEPHEN REGIONS 16 (LAUREN CT. Ancor Page Not 48105 5. If over \$100.00 cumulative, please provide:	\$ 100	s 100
Occupation Employer	Click Here for	Memo Itemization 💸
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	600	
Grand Total of All Schedules 1A		

Page 6 of 17

(Complete on last page of Schedule) L

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number

C-2012-027

(CANDIDATE COMMITTEE	2. Committee Name	SALLY PETERSE	y To City Council
Committee (PAC) Re	ame and address. If contribution is from an box to indicate if contribution is from a Poliport all contributions regardless of amount	individual, enter last name, first nan		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Occupation Business Address Type of Contribution: 3. Contribution #2 Name & Address ETHEL Pa	Concept Concep	te of Receipt 6/K//Z	\$ 50	s or Memo Itemization •
3. Contribution #3 Name & Address: LUCY LA 2542 H ANN ANS	PAC Receipt? YES 4. Da	ate of Receipt 6/9/12	\$ 100 Click Here for	\$
29 12 His	PAC Receipt? YES 4. Da AUMOCCE KOR & LANCE On, MI 48104 nulative, please provide:	ate of Receipt 6/7/12	\$ 100	\$ 100

Grand Total of Ali Schedules 1A

Fund Raiser

300

Click Here for Memo Itemization @

(Complete on last page of Schedule)

Page Subtotal

Enter this total on line 3a of Summary Page.

Page 7 of 17

Occupation_

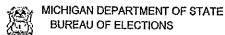
Business Address

Type of Contribution: Direct

5. If over \$100.00 cumulative, please provide:

Employer

Loan from a person



CANDIDATE COMMITTEE

1. Committee I.D. Number _____ C-2012-027
2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

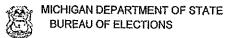
ter contributor's name and address. If contribution

iniddle 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? YES 4. Date of Receipt 6/0/12 Name & Address: Agric T Region CT Acro Babas WE 48/D.5	= \$100 \$100
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization 5
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3: Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/12/12 Name & Address BRAT Hugher QUZLE Devonshine Ro Ann Anson, ME 4Prox 5. If over \$100.00 cumulative, please provide:	s (OO s (OO) Click Here for Memo Itemization •
Occupation Employer	
Business Address	
be of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/03/12 Name & Address: ANN MATHEY 721 Locust	= :100 .100
Peners Burg, OH	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization 😭
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	N
Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/13/12 Name & Address PATRIC - PERCEIPTOC Shipmon Circle Arm Anger, NE 48/04 5. If over \$100.00 cumulative, please provide:	s 100 s 100
	Click Here for Memo Itemization 💸
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subt	otal 400
Grand Total of All Schedules	1A

Page 8 of 17

(Complete on last page of Schedule) I

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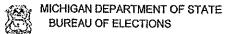
CANDIDATE COMMITTEE

1. Committee I.D. Number _

C-2012-027

2. Committee Name	SALLY PETERSEN	To City Council

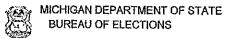
iter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/13/12 Name & Address: DR. Philip Whiller 2015 MARRA DR.	_	
Anar Mass MI 48103 5. If over \$100.00 cumulative, please provide:	\$ <u>50</u>	\$ 50
Occupation Employer	Click Here fo	or Memo Itemization 🜍
Business Address	,	
Type of Contribution: Loan from a person Fund Raiser	· ·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Co/CZ/CZ		
SUSAN GREEN BEZO	-	
1315 Colver RD	\$ 50	\$ 50
ANA ANGOR INT 48/03 5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Momo Homization 🧥
Occupation Employer	Olick Hele to	r Memo Itemization 😝
Business Address		
e of Contribution: Direct Loan from a person X Fund Raiser	•	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/13/12		
Name & Address: PREETIN MALANI	•	
705 An lingfor BlvD.	s 100	: 100
My Andrew ME 48104 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		-
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/10/12		
BRIAN WEISMAN		
3900 PemberTon DR.	s 150	\$ 150
ANN AUGM, NT 48/03- 5. If over \$100.00 cumulative, please provide:		
Occupation Business Man Employer Columbia Asset Mot.	Click Here for	Memo Itemization
Business Address 213 W. Liberty St., Acu Pubor, MI 48104		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	350	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 9 of 17	line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027
2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution#1 PAC Receipt? YES 4. Date of Receipt 6/15/12 Name & Address: TEFFREY C. Coher 2406 Vincewood Blvo.		
Ancar Anban, ME 48104 5. If over \$100.00 cumulative, please provide:	\$ 400	\$ 400
Occupation FASURANCE Employer Northwestern Mukal Life		or Memo Itemization 🔵
Business Address 2211 OLD EARHART RD. Ste. 165, Arth Alaline,	WI 48105	
Type of Contribution: Direct Loan from a person Fund Raiser	N.	\
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/14/12 Name & Address SARAH STEIN GOLD		
3400 Andares AD		<i>E</i> 6
ANH ARBOR MI 48105	\$ 30	\$ 50
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		,
e of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/15/12		
MARGART W. CARROLL 3400 A-COVER RD AMEN ARBOR MIT 48/05 5. If over \$100.00 cumulative, please provide:	\$ 50 Click Here for	s
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/14/12		
ROBERT GAVIN		
1385 BUNGURDY RO	. 70	.70
ANCON ANDON ME 4P/DS	\$ 0	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	01101(1101010101	Womo Romization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	570	
Grand Total of All Schedules 1A		- ·
(Complete on last page of Schedule)	Enter this total on	ļ
Page 10 of 17	line 3a of Summary Page.	

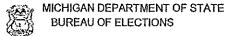


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2017-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

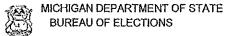
nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? TYES 4 Date of Receipt	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/15/12 Name & Address: Derinics Dah Communication 300 S. Thayer	<u>.</u>
First Anton, NII 48704 5. If over \$100.00 cumulative, please provide:	\$ 500 \$ 500
Occupation BUSINESSMAN Employer DALLMANINE PROMOTIES	Click Here for Memo Itemization 🛇
Business Address 300 6. Thatler, Aver Anton, MI 48104	v.
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/12//2	
89118 Hant Peterseur	30
2976 Hickory Upick	s s 158/
Aur Anbar, MZ 48104	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization 🔾
Occupation NONE Employer	
Business Address	
e of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/25/12	_
Charlie Kothstein 5002 Lake BLUFF RD.	, 20 , 20
West Bloomfield, MI 48323	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization 🚭
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/25//2	
Name & Address DIANA Rollist	
5002 Lake Bluff Ro	1.0
West Bleanfield, ME 48323	\$ 20 \$ 20
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization 💸
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtota	1 570
the state of the s	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\
Page	Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027
2. Committee Name SAILY PETERSEN TO CITY COUNCIL

·		
nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/1/2 Name & Address: KATTHRYN J. HENTSCHEL 2203 MELROSE AVE AUN ANDOW, MI 48104 5. If over \$100.00 cumulative, please provide:	\$ 50	\$ 50
Occupation Employer	Olick Hele ic	i Wellio Remization 🗳
Business Address		
Type of Contribution: Loan from a person Fund Raiser		·
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/23//2 Name & Address Julia L. Casia	_	-> C
1410 Hill ST.	s (1)	\$ 13
ANN ANGOR, MI 48104	0" 11	
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization 😝
Occupation Employer		
Business Address		
ne of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/24/72 Name & Address: Holde H. Borechear'S 1555 Wash lenne Awar Antion, MT 4810 4 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 50 Click Here for	\$\$ Memo Itemization 😭
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/26/12 PETER H. HERDOM		
3562 W. HURON RIVEZ DR.	, 500	\$ 500
ANN ARbar, MI 48103 5. If over \$100.00 cumulative, please provide:	·	
Parines	Click Here for	Memo Itemization 🗇
Occupation 5 127 13 Cl Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	625	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	** **
Page 12 of 17	line 3a of Summary Page.	



CANDIDATE COMMITTEE

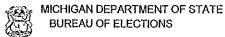
1. Committee I.D. Number C-2012-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If condidde initial. Check box to indicate if contributions recommittee (PAC) Report <u>all</u> contributions re	, enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution #1 PAC Receipt? [Name & Address: Ancy Kaplan 3005 Hunting Unit Ann Man 5. If over \$100.00 cumulative, please provi	18104	eipt 7/1/12—	\$ 350 Click Here fo	s 50 or Memo Itemization 🖨
Occupation	Employer			**************************************
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address EWGA L. NYSTUEN 1016 OL: Via Aug. MIE 457		eipt 7/1/12	\$ 50	\$ 50
5. If over \$100.00 cumulative, please provi	de:		Click Here fo	r Memo Itemization 🛇
Occupation	Employer			
Business Address				
e of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: CAROL KUMMKE 1720 LOMBShore I PAN AND NE 46 5. If over \$100.00 cumulative, please providence in the control of the con	8105	eipt	\$\$Click Here for	\$
Occupation	Employer	-		
Business Address Direct \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Loan from a person	Fund Raiser	· .	
3. Contribution # 4 PAC Receipt? [Name & Address JANET D. VIHCZ 1335 FAIR (ANSE DE ANNE AND ANDER, MIT & 5. If over \$100.00 cumulative, please provide Cocupation	1204	eipt 7/1/12	\$ 2.5 Click Here for	\$S Memo Itemization ۞
Dustress Addisses				
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
A Dilect	Treath to the a below!	Page Subtotal	175	<u> </u>
		rand Total of All Schedules 1A olete on last page of Schedule)	775	
12 17			Enter this total on line 3a of Summary	

Page 13 of 11

Page.

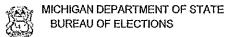


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027

2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/27/2 Name & Address: HMY K, Dittman 1004 SPRUCE DR. ANIN PRESIDENT MET 4P104 5. If over \$100.00 cumulative, please provide: Occupation PROSESSOR Employer University of Michigan.	\$ 125 Click Here fo	s 125 r Memo Itemization 🔊
Business Address 701 TA PPAC, ANN ARLESS, NIT 4B107 Type of Contribution: Direct Loan from a person Fund Raiser		N N N
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/1/12 Name & Address LAURA E. Continu		
ANU Agbor, MI 48104	\$ 75	_{\$} 75
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🎧
Occupation Employer		
Business Address		
e of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/1/12— Name & Address: Peten D. Brown 2900 Previncial Dr. Anni Arbon, MT 48104	\$ 50	\$ 50 Memo Itemization 6
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	Ň	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/1/12 Name & Address MADELYN L. MEMUNTRIE	,	
2119 NELROLE AVE. Avet ANGOR MIT 48104 5. If over \$100.00 cumulative, please provide:	\$ 100	\$ 100
Occupation Employer	Olion Floro Ioi	MOING ROUSE CHARLES
Business Address Type of Contribution: Direct		
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	350 Enter this total on line 3a of Summary Page.	

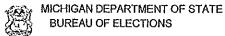


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle 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? YES 4. Date of Receipt 6/29/12 Name & Address:		
STEPHEN REAding		
161 LAUREN CT.		150
any Anben MI 48105	\$ 50	s 150
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization 😭
Occupation Astronotive Employer Actomotive ander mer.		or memo iternization (
Business Address 411 HUNON VICW Blub. ANN Phon, NIT 48	103	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/29//2 Name & Address		
PENEL REAL LIG		
161 LAURIN CT.	\$ 50	s 150
ANN ANGOR, WE 48105		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 💸
Occupation Alomotice Employer Automotive Degles Migt.		
Business Address 411 HURSA VICEN BLVD., ARAN ARBA, MIT 48103		
e of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/1/12		
Davis P. Cahill		
1418 Broadway ST.	s 25	s 25
ANI ARBON, MI 48108	0	
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 💍
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/1/12	, ,	
BARBARA LANG DE PANCEY		
2111 Belmont RD.	s 25	. 25
Ann Angen, MI 48/04 5. If over \$100.00 cumulative, please provide:		Ψ
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🗇
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
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Page 15 of 17	line 3a of Summary Page.	

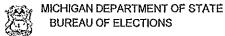


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027

2. Committee Name SAIIY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/12/12 Name & Address: John SATARINO 281 Rhea RD.		
ANN ARBOR, MI 48103	s 100	\$ 100
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	or Memo Itemization 🤝
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		` \ \ \ \ \
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/15/12 Name & Address		
COURTMEY E MCCREADIR		
1607 BROOKLYN AVE. ANN ARBOR, MI 48104	\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide;	Click Here for	r Memo Itemization 😝
Occupation Employer		
Business Address		
e of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/17/12		
Name & Address:		
3575 E. HURAN RIVER DA	s 50	s 150
ANIN ANDOR, MI YBIOY		\$ 700
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 🗘
Occupation PROPELION Employer Retirely		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/19/12	`•	
Seman KokHAR	_	
3050 EXMOUR DR.	<u>\$ 30</u>	\$ 30
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization 💸
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	280	
Grand Total of All Schedules 1A	<u> </u>	
(Complete on last page of Schedule)	Enter this total on	
Page 16 of 17	line 3a of Summary Page.	



CANDIDATE COMMITTEE

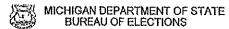
1. Committee I.D. Number C-2012-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

	x to indicate if con rt <u>all</u> contributions		Committee or		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: HELEAL F		RS	Receipt 6	126/12		
608 OME PMM PR. 5. If over \$100.00 cumu	DNDAG bor, Mi plative, please pro	E T 4 <i>B104</i> ovide:			\$ 100	s 100
Occupation			······································	····	Click Here t	or Memo Itemization 🜎
Businesş Addreşs		· · · · · · · · · · · · · · · · · · ·	····			•
Type of Contribution:	Direct	Loan from a person	Fund	Raiser	·	
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Receipt	·		•
					\$. \$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	or Memo Itemization 🕤
Occupation		_ Employer	. ,			
Business Address	<u>.</u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
e of Contribution:	Direct	Loan from a person	Fun	d Raiser		
3. Contribution # 3 Name & Address;	PAC Receipt?	YES 4. Date of	Receipt			
					\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	r Memo Itemization 😙
Occupation		Employer	· · · · · · · · · · · · · · · · · · ·			
Business Address	70\ \		.,,			. '.
Type of Contribution:		Loan from a person		d Raiser 🔍 🔍		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date o	Receipt			
	·				\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here for	r Memo Itemization 🧔
Occupation		_ Employer	- 			*
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund	Raiser		
				Page Subtotal	100	
		(1		al of All Schedules 1A last page of Schedule)	7,947	J

Page 17 of 17

Enter this total on line 3a of Summary Page.



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C - 2012 - 027</u>

		2. Committee Name SAILY Petersen To City Count
Name & Address From Whom Receiv		5. Type of Receipt 6. Amount
Receipt #1 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
	·	Interest \$
•		Refund \Rebate Click for Memo Itemization Type 😵
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
Hame & Address.		Interest \$
		Refund \Rebate Click for Memo Itemization Type •
	Drug.	Other (Specify)
Receipt #4	Fund Raiser Date of Receipt	
Name & Address:	· · · · · · · · · · · · · · · · · · ·	Loan from a Lending Institution
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type 🔾
	Fund Raiser	Other (Specify)
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution
		\$ Interest
		Click for Memo Itemization Type Refund \Rebate
	Fund Raiser	Other (Specify)
		Page Subtotal
		Grand Total of All Schedules 1A -1

Page / of /

Enter this total on line 4 of Summary Page



Page / of /

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C - 2012 - 027

CANDIDATE COMM	NITTEE 2. Committee Name Jal 17 18 (Casta	10 CITE COURCIL
ame and Address from whom received 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 all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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? Yes Name & Address: SORINI, ERVIEL 350 HUNTINGTON DOZ. ANN ANDRO POT 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: ER-ONE 38935 ANN ANDRO RD. LIVONIA, NT 48150 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description CATERED FOOD & BURNING Date Of Receipt: 6. Vendor Name & Address:	976.95 \$ 976.95
Contribution #2 PAC Receipt? Yes Name & Address SORM, KELLY 350 HUNTINGTON DE. ANN MEAN, MY HSTON If over \$100.00 cumulative, please provide: pupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description CATERED FOOD Y REVIEW 5. Date Of Receipt: 6/13/17 6. Vendor Name & Address:	996.94 \$ 996.94
Monte_ ▼ Fund Raiser Contribution	C	lick Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: VARAYAM, RISK VIS W. Libert ANN ANDRE ME 48/07 If over \$100.00 cumulative, please provide: Occupation: Perutial	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	2/2.00 \$ 2/2.00
	Page Subtota	2,205.89
	Page Subtota Grand Total of all Schedules 1-I (Complete on last page of Schedule	2,205.89

Enter this total on line 6 of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	C-2012-027
<i></i>	1. 2 Option To Che Com

	ommittee Name 2747 CTC 125	·	- CO OTTO
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		. 1. 1	
Name Dollar Bill Copying		6/6/12	\$ 476.602
October 2111 Coperation	Purpose: Printing	Date	\$ 716.00
Address 611 Church ST.	Purpose: 1/2/1/1/2	2	
	Click H	lere for Memo Ite	emization Type 🗘
ANN ANDOR, MI	Charle have falling and of the charles and the charles are a second at		
48104	Check box if this expenditure is payment of debt or obligation reported on previous		
	statement		
Expenditure #2		-//	
Name SAWICKI + SOM		5/18/12	\$. <u>641.3</u> 0
	Purpose: 1910 Ligns	Date	\$. <u>671.30</u>
Address 1521 W. LAFALETTE	Purpose: //// Lights	54,5	i
The design of the second	, and the second	lara for Mama Ita	umiyatian Tuna 🖨
Demoit, MI	GIICK F	lere for Werno ite	emization Type 🗘
48126	Check box if this expenditure is payment of		·
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	deterion		<u> </u>
Name Condiction		//	
Name SAWICKI & SON	Purpose: MAD SGM1	5/2//12	\$ 64130
Address // 3 / / DEDUCTISE	Burness PARO SCINI	Date	* <u>W177</u> 0
1781 11/2 6/1/19/16/16	Pulpose. 77700 4.83		
Defabit, MI Fund Raiser P126	Click H	ere for Memo Ite	mization Type 🗘
DE 11011, 114	Check box if this expenditure is payment of		
Fund Raiser 4P126	debt or obligation reported on previous		
Expenditure #4	statement		· · · · · · · · · · · · · · · · · · ·
ł ·		//	
Name Vardencynovaed Paintines Address 1114 S. University	٤ ,	129/12	\$ 482,30
Address // 2//	Purpose: T-Shints	Date	\$ 102,30
1114 < Deriversity	Purpose:		•
	Click H	ere for Memo Ite	mization Type 🗘
Anier Anbon, MI	 	T, C (C) INCINC IC	
	Check box if this expenditure is payment of debt or obligation reported on previous		•
Fund Raiser	statement		
Expenditure #5			
Name Dalla Bill Carriette	,	1-101	1
Name Dollan Bill Copyline Address Will Charach ST.	Prili	4812	\$ 55.11
Address (ell Ch. 2016) ST	Purpose: Mintible	Date	
	07.1.11	fava dan kansar 10 :	
ANOT ANDER, ME	Click H	ere for Memo Ite	mization Type 🕡
1.00 1.00	debt or obligation reported on previous		
Fund Raiser 48/14	statement		
	Subtot	lal this page	2,296.6
	Grand Total of all S	Chadulas 1D	1 4 7
	(Complete on last page		

Enter this total on line 8a of Summary Page

Page / of 4



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2012-027</u>

			·			
mmittee Name	SALLY	Peterse	2170	City	CAN	0.7

	Committee Name Divite Terriscan		<i></i>
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		. /	
Name Kolossos Printing	j	idizla	
KO105702 / MINITING	Day L'	11311	- \$65,44
Address 15 118 6 12 cilpar Fy	Purpose: Minitale	Date	<u>-</u>
Address 1214 S. University		=	
PACH Anbor, ME	CI	lick Here for Memo	Itemization Type 🗘
MACH PHILODE, THE	Charle have to the transmitted		
Fund Raiser 48104	Check box if this expenditure is paymen debt or obligation reported on previous	t of	
	statement		
Expenditure #2			,
Name // / Oar /		1 hali	•
Name Kolossos Plintinge	12.11	6/19/12	\$ /2802 71
Address To The Color	Purpose: Mintinto	Date	1007.17
Address 2055 S. Sindium Blue	Purpose: 172777777	•	
	Ci	iak Hara for Mama	Itamization Time
Anine Anton, MI		ick here for Metrio	Itemization Type 🗘
a men	Check box if this expenditure is payment	t of	
Fund Raiser 48/03	debt or obligation reported on previous	· -·	
Expenditure #3	statement		······································
/			
Name GEORGETOWN GIFTS		1 look	
Address 3215 Wishtenaw AVE		10/2//12	\$ 225.00
Address	Purpose: STAMOS	Date	
ANN ARBON, MI	1 diposo	-	
48104	Clic	ck Here for Memo	ltemization Type 🛇
40107	[
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous	. Qi	
	statement		·
Expenditure #4			,
Name Kolossos PRINTING			<u>′</u>
· · · · · · · · · · · · · · · · · · ·		6/29/1	\$ 216.51
Address 2055 S. STADION	Purpose Rix Malla	bate /	* 216.01
	Purpose: 17804 //Allo		
Aur Borbar, MI	O!		
48/03		ok Here for Memo I	temization Type 🗘
70103	Check box if this expenditure is payment	of	
Fund Raiser	debt or obligation reported on previous		
Francisco de la constanta de l	statement		
Expenditure #5		7/16/1	2
Name ANY ARBOR OBSCRVER			- 1
They made a contract	ndinker	7-7-	\$612.32
Address 201 Catherine ST.	Purpose: Adventiling	Date	¥ <u>616.52</u>
Address 201 Catherine ST. August Anbor, MI			
MUNI MORON, 1812	r 		temization Type 🜍 📗
48104	Check box if this expenditure is payment	of	
Fund Raiser	debt or obligation reported on previous statement		
	SACONOM		
	Sul	btotal this page	2,401.96
	Oseand T-4-1 - f -		
	Grand 10tal of a	all Schedules 1B	

Enter this total on line 8a of Summary Page

Page 2 of 4



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number C-2012-027

2. Committee Name SAILY Peterse-1 To City Council CANDIDATE COMMITTEE . Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date Expenditure #1 Name Imprint. Com Address 4850 Wright RD., Ste. 100 STAFFORD, TX Click Here for Memo Itemization Type Q Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name KOlOSSOS PRINTING 120/12 \$473,60 Address 2055 W. STADINM Anin Ambor, MI 48/03 Click Here for Memo Itemization Type 🗘 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Anew Anter Observer 701 Catherine ST. Purpose: Adventisiase And Anbor, MI Click Here for Memo Itemization Type 🗘 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name ERALIE AND Kelly Goriali Purpose: Food + Beverage Date 350 Huntington Da. ANN ANGER, MI Click Here for Memo Itemization Type 48104 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Michigan Chirlese American Purpose: PUVER tising Address 4979 S. Ridgeside Circle AWN ANDOW, MI Raiser 48105 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous

statement

Subtotal this page

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

> Enter this total on line 8a of Summary Page

Page 3 of 4

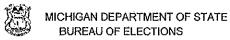


ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2012-027
2. Committee Name SAILY Peterse-1 To City Council

Expenditure #1 Name Facebook Address GO Willow Ro. Purpose: AWexistins Date Click Here for Memo Itemization Type ©		Committee Name Division To Consideration		000.7070
Name Address Purpose: Purpose: Click Here for Memo Remization Type ♥	. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Address GO Willow Ro.	Expenditure #1		15.5	
Fund Raiser	Name Carobook		22121	1 212 20
Purpose Click Here for Memo Itemization Type ♥	FIRE OF T	no has	· · · · · · · · · · · · · · · · · · ·	\$ 210.07
Purpose Click Here for Memo Itemization Type ♥	Address 11001 Willow KD.	Purpose: HOVERTISING	Date	
Statement Expenditure #2 Name Address Purpose:				_
Statement Expenditure #2 Name Address Purpose:	MENIO MAK, CA	Click	Here for Memo	Itemization Type 🗘
Statement Expenditure #2 Name Address Purpose:	61607	Charle hav if this avanabliture is neumant of	VARIOU.	DATES
Statement Statement Statement Statement Statement Statement Purpose:	74025	debt or obligation reported on previous	1.12/12	-7/19/12
Name Address Purpose:		statement	- انعاق	.,,.,
Address Purpose:	Expenditure #2			
Address Purpose:	Name			
Click Here for Memo Itemization Type ♀ Fund Raiser	- Turno			\$
Click Here for Memo Itemization Type Fund Raiser Expenditure #3 Name Address Purpose:	· · · · · · · · · · · · · · · · · · ·		Date	
Check box if this expenditure is payment of debt or obligation reported on previous	Address	Purpose:		
Check box if this expenditure is payment of debt or obligation reported on previous		OP-I-I		~ · · ·
Fund Raiser Statement St		Click	Here for Memo	Itemization Type 🜍
Fund Raiser Statement St		Charle hav if this avanditure is novement of		
Statement Expenditure #3 Name Address Purpose:	·	debt or obligation reported on previous		
Address Purpose:	Fund Raiser			
Address Purpose:	Expenditure #3		,	
Address Purpose:	Nama			
Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page Z 10.29 Grand Total of all Schedules 1B L.2.30 L/Q	Name			•
Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Calcheck box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page Z 10.29 Grand Total of all Schedules 1B L.2.30 L/Q			Data	\$
Check box if this expenditure is payment of debt or obligation reported on previous statement	Address	Purpose:	Date	
Check box if this expenditure is payment of debt or obligation reported on previous statement				
Fund Raiser debt or obligation reported on previous		Click H	lere for Memo	Itemization Type 🗘
Fund Raiser debt or obligation reported on previous		Check box if this expenditure is payment of		
Statement	Fund Poicer	debt or obligation reported on previous		
Address Purpose:		statement		
Address Purpose:	Expenditure #4			
Purpose: Click Here for Memo Itemization Type C	Name			
Purpose: Click Here for Memo Itemization Type C		1		*
Purpose: Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Hore for Memo Itemization Type Click Hore for Memo Itemization Type Click Hore for Memo Itemization Type Click Here for Memo Itemization Type Click Here for Memo Itemization Type Click Hore for Memo Itemization Type C	Address		Date	\$
Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #5 Name Address Purpose:	Address	Purpose:		
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Expenditure #5 Name Address Purpose:	[],			
Address Purpose: \$	Fund Raiser			
Address Purpose: Date Click Here for Memo Itemization Type Composed on previous statement Subtotal this page 210.29 Grand Total of all Schedules 1B 1.2.90 1.00	Expenditure #5			
Address Purpose: Click Here for Memo Itemization Type Composed Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page 2 10.29 Grand Total of all Schedules 1B 1.2.90 1.00				
Fund Raiser Purpose:	Name			
Click Here for Memo Itemization Type C Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page 210.29 Grand Total of all Schedules 1B / 2.90 110	Address		Data	\$
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page 2 10.29 Grand Total of all Schedules 1B / 2.90 :10	Address	Purpose:	Date	
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page 210.29 Grand Total of all Schedules 1B / 2.90 :10		OF-L-1		
Fund Raiser debt or obligation reported on previous statement Subtotal this page 210.29 Grand Total of all Schedules 1B 12.90 10		f parting	lere for Memo i	temization Type 🕼
Subtotal this page 210.29 Grand Total of all Schedules 1B / Q. Q. U.Q.				
Subtotal this page 210.29 Grand Total of all Schedules 1B / 2.00.40	Fund Raiser			
Subtotal this page 210.29 Grand Total of all Schedules 1B (Complete on last page of Schedule)			-	
Grand Total of all Schedules 1B (Complete on last page of Schedule)		Subtot	tal this page	210.29
(Complete on last page of Schedule) (Complete on last page of Schedule)		Overal Total of all C	أمدينية	1 40 0
		Grand Total Of all 5 (Complete on last page	of Schedule)	6,698,48

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

1. Committee I. D. Number C-2012-027

CANDIDATE COMMITTEE	2. Committee Name EANY PETERSENS TO City COUNCIL						
. Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Mark Value				
Expenditure #1 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable Institution Donation of assets to Political Party Committee Other Description		\$s	0			
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click here for Mem	\$o Itemization Type	0			
Expenditure #3 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click here for Mem	\$ no Itemization Type	0			
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click here for Mem	\$ o Itemization Type	0			
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click here for Mem	\$s no Itemization Type	0			
		Page Subtol	tal	_			

Enter this total on line 7 of the Summary Page

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

Page _____ of ____

USE

Page _____ of ____

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

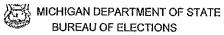
1. Committee I.D. Number <u>C - 2012 - 027</u>

CANDIDATE COMMITTEE	2.	Committee Name	<u>د</u> و	Sally	1	pe 18	CRECH	TO C	140	COUNC	iL
THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DA	YB	USING OF VOTER	RS	TO TH	FF	OLLS	S FOR SI	ATE CA	RDS.		

CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED 3. Name and address of person or vendor to whom the Type of Activity 6. Amount 5. Date expenditure was made Expenditure #1 Election Day Busing of Voters To The Polls Name & Address: Slate Cards Challengers Poll Workers Poll Watchers Date Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type For Activity Type b-f, check one: In-Kind Independent Check box if this expenditure is payment of If in support of, or in opposition to, a ballot proposal, check one: debt or obligation reported on previous statement __ Support Oppose Statewide Proposal Name Indicate County Local Proposal Name _____ Expenditure #2 Name & Address: Election Day Busing of Voters To The Polls Slate Cards Challengers Poll Watchers Poll Workers Date Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type 🗘 For Activity Type b-f, check one: Independent In-Kind Check box if this expenditure is payment of If in support of, or in opposition to, a ballot proposal, check one: debt or obligation reported on previous statement Support Oppose Statewide Proposal Name Indicate County Local Proposal Name _ Expenditure #3 Election Day Busing of Voters To Name & Address: The Polls Slate Cards Challengers Poll Watchers e. Poll Workers Date Get-Out-The Vote Activity (Specify): For Activity Type b-f, check one: Click Here for Memo Itemization Type 🗘 In-Kind Independent Check box if this expenditure is payment of debt or obligation reported on previous statement If in support of, or in opposition to, a ballot proposal, check one: Oppose Support Statewide Proposal Name Local Proposal Name Indicate County Subtotal this page Grand Total of all Schedules 1B-G)

> Enter total on Line 8b Summary Page

(Complete on last page of Schedule



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

C-2012-027

SCHEDULE 1C	. Committee I. D. Number			
CANDIDATE COMMITTEE (For use by officeholders only) 2.	Committee Name SAUY Petenser	+ TO Cit	ty Council	
ne and address of person to whom disbursement was made	4. Description of Disbursement	5 Date	6. Amount of	

3. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		<u> </u>
		Date	\$
		Click for Memo Ite	mization Type 🛭 💸
Charles have lifething disharmond in any model of data and the	Disbursement Code		į
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
		Date	_ \$
		Click for Memo Iter	mization Type 🕡
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
Disbursement # 3 Name & Address:	Purpose	· · · · · · · · · · · · · · · · · · ·	
		Date	<u> </u>
		Click for Memo Iter	nization Type 🔘
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
Disbursement # 4 Name & Address:	Purpose		
		Date	- *
		Click for Memo Iten	nization Type 🔘
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	
	Grand Tota	i of all Schedules 1C	

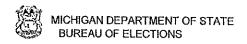
(Complete on last page of Schedule)

Enter this total on line 10a of **Summary Page**

LEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page / of /



DEBTS AND OBLIGATIONS SCHEDULE 1E

SCHEDULE 1E

1. Committee 1:D-Number C-2012-027

2. Committee Name SAMY PETERSON TO City Coox cil

O MIDIO TILL	Committee Name ()4/11 7	101019scri 10	CITY CE	20146.6
This Schedule itemizes:				
	nmittee OR b. Debt cck either a or b. Use only for the pu	ts and obligations owed <u>to</u> or urpose checked.)	r forgiven by the cor	mmittee.
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? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$!	FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
Owed to or by.	5. Date Debt Was Incurred:	\$!	
	6. Original Amount of Debt:	\$	\$	\$
	\$	<u> </u>	T	FORGIVEN
L				LI ONOITEIL
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$;
	5. <u>Date Debt Was Incurred</u> :	<u> </u>	j.	1
 	6. Original Amount of Debt:	\$		\$
•	\$	\$	\$ ।	FORGIVEN
	¥	\$		FUNGIVEN
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$	
		Page Subtotal ((Outstanding debt)	

Grand Total of all Schedules 16 (Complete on last page of Schedule showing amounts owed by or to the committee)

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.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Enter this total

age _____ of ____

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027
2. Committee Name Sally Petersen To City Council

	2. Con	minute Name 1711	THE TO STATE OF THE
	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity AFTERMOUNT GET TOGETTER	6. Address and Name (If any) of the place where the activity was held to be place where the activity was held to be placed as a superior of the placed as a superior of th
7. Total Contributions 3. Other Receipts	\$500	2.00	
9. Gross Receipts (Add lines 7 a	and 8) \$500	.00	
10. Total Cost of Event Total Cost includes In-Kind Cor	ntributions and All Expenditures		
11. Check if event was a joi	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	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 Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page / of Z



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

FUND RAISER SO CANDIDATE CO	OMMITTEE	2. Committee Name		-027 16 City Council
2 Data EvertiMan Data		ATE SHEET FOR EA	·	
3. Date Event Was Held	4. Number of Individuals a or Participating (whichever greater)	Attending 5. Type of Fund I Cock	TAC 38	Idress and Name (If any) of the where the activity was held. SO HUNTINGTON AND AND HELD HELD HELD HELD HELD HELD HELD HEL
7. Total Contributions	· · · · · · · · · · · · · · · · · · ·	500,00	· .	
3. Other Receipts			`	·
9. Gross Receipts (Add lines 7 and 10. Total Cost of Event (Total Cost includes In-Kind Co	£.	# 500.00 2.393.89 enditures Made For the E	Event)	
11. 🔀 Check if event was a jo	int fund raiser and con	plete the following:		
Co-Sponsor(s) Committee To Elect bally Peter Kelly + ERHIC Son	UCA	ribution Split (%) 100%	Ex	penditure Split (%) 16.7% 83.3%
	<u> </u>			

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 Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 2 of 2