



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Port 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

C-2012-027

4. Candidate Last Name

PETERSEN

First Name

SARAH

M.I.

H.

2. Committee Name

COMMITTEE TO ELECT  
SALLY PETERSEN TO CITY COUNCIL

4a. Office Sought Including District # or Community Served (If applicable)

Ann Arbor City Council Ward #2

4b. County of Residence

Washtenaw

5. Committee's Mailing Address

2976 Hickory Ln.  
Ann Arbor, MI  
48104

Area Code and Phone (734) 996-5569

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

MARK ERSKINE  
310 N. HAMILTON ST. #2  
Ypsilanti, MI 48197

Area Code & Phone

(910) 833-4969

7. Treasurer's Business Address

NONE

8. Designated Record keeper's Name and Mailing Address (If the committee has a  
Designated Record keeper)

NONE

Code and Phone

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

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

AUG. 7, 2012

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

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or  
outstanding debts, including late filing fees. Further, I/We 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  
1B and the Summary Page.

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

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

MARK ERSKINE

Type or Print Name

Mark Erskine

Signature

Date

7/27/12

Candidate

SARAH HART PETERSEN

Type or Print Name

Sarah Hart Petersen

Signature

Date

7/27/12



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

2. Committee Name Sally Petersen To City Council

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>7,947.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>7,947.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>—</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>7,947.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2,205.89</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(22.) \$ _____
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>6,898.48</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>327.74</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>7,226.22</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
<b>BALANCE STATEMENT</b>			
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>7,947.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>7,947.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>7,226.22</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>720.78</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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

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 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 4/20/12

Name & Address:

SALLY HART PETERSEN  
2976 HICKORY LANE  
ANN ARBOR, MI 48104

\$ 500

\$ 500

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

Occupation NONE Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4/20/12

Name & Address:

MARK ERSKINE  
1531 EDINBOROUGH RD.  
ANN ARBOR, MI 48104

\$ 100

\$ 100

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 5/10/12

Name & Address:

SALLY HART PETERSEN  
2976 HICKORY LANE  
ANN ARBOR, MI 48104

\$ 500

\$ 1,000

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

Occupation NONE Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 5/15/12

Name & Address:

ROBERT O. WEILMAN  
2961 DEVONSHIRE RD.  
ANN ARBOR, MI 48104

\$ 200

\$ 200

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

Occupation RETIRED Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1,300

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

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 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 5/10/12  
Name & Address:

SALLY HART PETERSEN  
2976 HICKORY LAKE  
ANN ARBOR, MI 48104

\$ 2 \$ 1002

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

Occupation NONE Employer \_\_\_\_\_

[Click Here for 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:

SALLY HART PETERSEN  
2976 HICKORY LAKE  
ANN ARBOR, MI 48104

\$ 250 \$ 1257

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

Occupation NONE Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5/29/12  
Name & Address:

RALEIGH SADLER  
1615 SHADFORD  
ANN ARBOR, MI 48104

\$ 25 \$ 25

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 5/29/12  
Name & Address:

STEW NELSON  
2975 HICKORY LAKE  
ANN ARBOR, MI 48104

\$ 100 \$ 100

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

377

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/13/12</u>	
Name & Address: <u>MARGARET PECK</u> <u>2940 HICKORY LANE</u> <u>ANNE ARBOR, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/14/12</u>	
Name & Address: <u>SUSAN CHANDLER</u> <u>2211 DEVONSHIRE RD.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/14/12</u>	
Name & Address: <u>Theodore Annis</u> <u>414 SOUTH MAIN ST. #808</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Retired</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/17/12</u>	
Name & Address: <u>SALLY HOOT PETERSEN</u> <u>2976 HICKORY LANE</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>300</u>	\$ <u>1557</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>None</u> Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

900

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

Enter this total on  
line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
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3. Contribution #1 Name & Address: <u>Michael O'Donnell</u> <u>435 HUNTINGTON PL.</u> <u>Ann Arbor, MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/24/12</u>	<u>\$ 250</u>	<u>\$ 250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Retired</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>Donald Salberg</u> <u>3105 Lexington Dr.</u> <u>Ann Arbor, MI <del>48105</del> 48105</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/22/12</u>	<u>\$ 100</u>	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Retired</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>Elizabeth DeRose</u> <u>989 Aberdeen Dr.</u> <u>Ann Arbor, MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/19/12</u>	<u>\$ 75</u>	<u>\$ 75</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>Katherine W. Petersen</u> <u>1406 Maplewood Ave</u> <u>Ann Arbor, MI 48103</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/28/12</u>	<u>\$ 200</u>	<u>\$ 200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

625

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

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line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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

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: <u>MYRA LARSEN</u> <u>3575 E. HUNTER DR.</u> <u>ANNE ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/28/12</u>	\$ <u>100</u>	\$ <u>100</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Michael D. Morris</u> <u>1023 YOUNG PL.</u> <u>ANNE ARBOR, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/29/12</u>	\$ <u>100</u>	\$ <u>100</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Ellen Ramabough</u> <u>1503 Cambridge Rd.</u> <u>ANNE ARBOR, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/12</u>	\$ <u>50</u>	\$ <u>50</u>
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Alan Goldsmith</u> <u>2280 Amesbury Dr.</u> <u>ANNE ARBOR, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/1/12</u>	\$ <u>25</u>	\$ <u>25</u>
		Click Here for Memo Itemization	

Page Subtotal

275

Grand Total of All Schedules 1A  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027  
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/6/12</u>	
Name & Address: <u>JANE LUMM</u> <u>3075 Overridge Dr.</u> <u>Ann Arbor, MI 48104</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NONE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/29/12</u>	
Name & Address: <u>PRUDENCE HEIKKINEN</u> <u>1914 WAYNE ST.</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/29/12</u>	
Name & Address: <u>STEPHEN DOBSON</u> <u>3350 CEDRES RD</u> <u>Ann Arbor, MI 48104</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/10/12</u>	
Name & Address: <u>STEPHEN READINGS</u> <u>161 LAUREN CT.</u> <u>Ann Arbor, MI 48105</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

600

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

Enter this total on  
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ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number C-2012-027  
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6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 6/10/12

Name & Address:

SANDRA GUNN  
4 EASTBURY CT.  
ANN ARBOR, MI 48105

\$ 50

\$ 50

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/4/12

Name & Address:

ETHEL POTTS  
1014 ELDER BVD.  
ANN ARBOR, MI 48103

\$ 50

\$ 50

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6/9/12

Name & Address:

LUCE LANGR  
2542 HAWTHORNE RD.  
ANN ARBOR, MI 48104

\$ 100

\$ 100

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6/7/12

Name & Address:

JOHN K. LAWRENCE  
2972 HICKORY LANE  
ANN ARBOR, MI 48104

\$ 100

\$ 100

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

300

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

Enter this total on  
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Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

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

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 6/10/12

Name & Address:

Agnes Reading  
161 LAUREN CT.  
ANN ARBOR, MI 48105

\$ 100

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/13/12

Name & Address:

BRAD HUGHES  
2126 DEVONSHIRE RD.  
ANN ARBOR, MI 48104

\$ 100

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6/13/12

Name & Address:

ANN MATNEY  
721 LOCUST  
PENNSBURG, OH

\$ 100

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6/13/12

Name & Address:

PATRICIA EDWARDS  
2 SHIPMAN CIRCLE  
ANN ARBOR, MI 48104

\$ 100

\$ 100

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

400

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

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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

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 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 Warren  
2015 MARRA DR.  
Ann Arbor, MI 48103

\$ 50 \$ 50

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/12/12

Name & Address:

SUSAN GREENBERG  
1315 COLVER RD  
Ann Arbor, MI 48103

\$ 50 \$ 50

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6/13/12

Name & Address:

PREETIN MALANI  
705 ARLINGTON BLVD.  
Ann Arbor, MI 48104

\$ 100 \$ 100

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6/10/12

Name & Address:

BRIAN WEISMAN  
3900 PEMBERTON DR.  
Ann Arbor, MI 48105

\$ 150 \$ 150

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

Occupation Businessman Employer Columbia Asset Mgt.

[Click Here for Memo Itemization](#)

Business Address 263 W. LIBERTY ST., Ann Arbor, MI 48104

Type of Contribution: ☒ Direct ☐ 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  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/15/12</u>	
Name & Address: <u>JEFFREY C. COHEN</u> <u>2406 VINCEWOOD BLVD.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>NORTHWESTERN MUTUAL LIFE</u> Click Here for Memo Itemization <a href="#">Click Here for Memo Itemization</a>			
Business Address <u>2211 OLD EARHART RD., STE. 165, ANN ARBOR, MI 48105</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/14/12</u>	
Name & Address: <u>SARAH STEINBOld</u> <u>3410 ANDOVER RD</u> <u>ANN ARBOR, MI 48105</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Click Here for Memo Itemization <a href="#">Click Here for Memo Itemization</a>			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/15/12</u>	
Name & Address: <u>MARGARET W. CARROLL</u> <u>3400 ANDOVER RD</u> <u>ANN ARBOR, MI 48105</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Click Here for Memo Itemization <a href="#">Click Here for Memo Itemization</a>			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/14/12</u>	
Name & Address: <u>ROBERT GAVIN</u> <u>1385 BURGUNDY RD.</u> <u>ANN ARBOR, MI 48105</u>		\$ <u>70</u>	\$ <u>70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Click Here for Memo Itemization <a href="#">Click Here for Memo Itemization</a>			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

570

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

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line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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

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 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:

Denise Dahlmann  
300 S. Thayer  
Ann Arbor, MI 48104

\$ 500 \$ 500

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

Occupation Businessman Employer Dahlmann Properties

[Click Here for Memo Itemization](#)

Business Address 300 S. Thayer, Ann Arbor, MI 48104

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:

Sally Hart Petersen  
2976 Hickory Lane  
Ann Arbor, MI 48104

\$ 30 \$ 1587

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

Occupation NONE Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6/25/12

Name & Address:

Charlie Rothstein  
5002 Lake Bluff Rd.  
West Bloomfield, MI 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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6/25/12

Name & Address:

Diana Rothstein  
5002 Lake Bluff Rd  
West Bloomfield, MI 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 Subtotal

570

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/1/12</u>	
Name & Address: <u>KATHRYN J. HENTSCHEL</u> <u>2203 MELROSE AVE</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/23/12</u>	
Name & Address: <u>JULIA L. CASA</u> <u>1410 HILL ST.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/24/12</u>	
Name & Address: <u>HOLDE H. BOEHEMUS</u> <u>1555 WASHTENAW</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/26/12</u>	
Name & Address: <u>PETER M. HEYDON</u> <u>3562 W. HURON RIVER DR.</u> <u>ANN ARBOR, MI 48103</u>		\$ <u>500</u>	\$ <u>500</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

625

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

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line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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

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3. Contribution # 1 Name & Address: <u>Nancy Kaplan</u> <u>3065 HUNTING VALLEY DR.</u> <u>ANN ARBOR, MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/1/12</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Gwen L. Nystuen</u> <u>1016 OLIVIA</u> <u>Ann Arbor, MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/1/12</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>CAROL KUHNKE</u> <u>1720 LONGSHORE DR.</u> <u>ANN ARBOR, MI 48105</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/1/12</u>	\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>JANET D. VINCE</u> <u>1335 FAIRLANE DR.</u> <u>ANN ARBOR, MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/1/12</u>	\$ <u>25</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

175

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

Enter this total on  
line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/27/12</u>	
Name & Address: <u>AMY K. DITTMAR</u> <u>1004 SPRUCE DR.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>125</u>	\$ <u>125</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>UNIVERSITY OF MICHIGAN</u>		Click Here for Memo Itemization	
Business Address <u>701 TAPPAN, ANN ARBOR, MI 48109</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/1/12</u>	
Name & Address: <u>LAURA E. CONLINE</u> <u>2215 DEVONSHIRE RD.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>75</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/1/12</u>	
Name & Address: <u>PETER D. BROWN</u> <u>2900 PROVINCIAL DR.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/1/12</u>	
Name & Address: <u>MADELYN L. MCMURTRIE</u> <u>2119 MELROSE AVE.</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

350

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

Enter this total on  
line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

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 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 6/29/12  
Name & Address:

STEPHEN READLINE  
161 LAURIN CT.  
ANN ARBOR, MI 48105

\$ 50 \$ 150

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

Occupation Automotive Employer Automotive Dealer Mgr.

[Click Here for Memo Itemization](#)

Business Address 411 Huron View Blvd. Ann Arbor, MI 48103

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/29/12  
Name & Address:

AGNES READLINE  
161 LAURIN CT.  
ANN ARBOR, MI 48105

\$ 50 \$ 150

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

Occupation Automotive Employer Automotive Dealer Mgr.

[Click Here for Memo Itemization](#)

Business Address 411 Huron View Blvd., Ann Arbor, MI 48103

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 7/1/12  
Name & Address:

DAVID P. CAHILL  
1418 BROADWAY ST.  
ANN ARBOR, MI 48105

\$ 25 \$ 25

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 7/1/12  
Name & Address:

BARBARA LANA DELANICEY  
2111 BELMONT RD.  
ANN ARBOR, MI 48104

\$ 25 \$ 25

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

150

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

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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

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

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 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

\$ 100 \$ 100

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 # 2 PAC Receipt? ☐ YES 4. Date of Receipt 7/15/12

Name & Address:

COURTNEY E. MCCREADIE  
1607 BROOKLYN AVE.  
ANN ARBOR, MI 48104

\$ 100 \$ 100

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7/17/12

Name & Address:

MYRA LARSON  
3575 E. HUMAN RIVER DR.  
ANN ARBOR, MI 48104

\$ 50 \$ 150

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

[Click Here for Memo Itemization](#)

Occupation PROFESSOR Employer RETIRED

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

Name & Address:

SEMRA KOKHAR  
3050 EXMOOR DR.  
ANN ARBOR, MI 48104

\$ 30 \$ 30

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

280

Grand Total of All Schedules 1A  
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Enter this total on  
line 3a of Summary  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027  
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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: <u>HELEN A. PETERS</u> <u>6008 ONONDAGA</u> <u>ANN ARBOR, MI 48104</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/26/12</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		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 _____	\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

100

Grand Total of All Schedules 1A  
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7,947

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

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

2. Committee Name Sally Petersen To City Council

Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input checked="" type="radio"/> <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal

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

NONE

Enter this total on  
line 4 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

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

2. Committee Name Sally Petersen To City Council

Name 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.

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? ☐ Yes

Name & Address:

Sorini, ERNIE  
350 HUNTINGTON DR  
ANN ARBOR, MI 48104

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

ER-ONE  
38935 ANN ARBOR RD.  
LIVONIA, MI 48150

☒ Fund Raiser Contribution

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 & BEVERAGES

5. Date Of Receipt: 6/13/12

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 996.95 \$ 996.95

Contribution #2 PAC Receipt? ☐ Yes

Name & Address:

SORINI, KELLY  
350 HUNTINGTON DR.  
ANN ARBOR, MI 48104

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

NONE

☒ Fund Raiser Contribution

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 & BEVERAGES

5. Date Of Receipt: 6/13/12

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 996.94 \$ 996.94

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

NARAYAN, Rishi  
115 W. Liberty  
ANN ARBOR, MI 48107

If over \$100.00 cumulative, please provide:

Occupation: PRINTING

Employer Name & Address:

Underground Printing  
1114 S. UNIVERSITY  
ANN ARBOR, MI 48104

☐ Fund Raiser Contribution

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 T-SHIRTS

5. Date Of Receipt: 6/28/12

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 212.00 \$ 212.00

Page Subtotal 2,205.89

Grand Total of all Schedules 1-IK  
(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  
2. Committee Name Sally Petersen To City Council

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Dollar Bill Copying</u> Address <u>611 Church St.</u> <u>Ann Arbor, MI</u> <u>48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6/12</u> Date	<u>\$ 476.62</u>
<b>Expenditure #2</b> Name <u>Sawicki &amp; Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI</u> <u>48126</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/18/12</u> Date	<u>\$ 641.30</u>
<b>Expenditure #3</b> Name <u>Sawicki &amp; Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI</u> <u>48126</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/21/12</u> Date	<u>\$ 641.30</u>
<b>Expenditure #4</b> Name <u>Underground Printing</u> Address <u>1114 S. University</u> <u>Ann Arbor, MI</u> <u>48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/12</u> Date	<u>\$ 482.30</u>
<b>Expenditure #5</b> Name <u>Dollar Bill Copying</u> Address <u>611 Church St.</u> <u>Ann Arbor, MI</u> <u>48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6/12</u> Date	<u>\$ 55.11</u>

Subtotal this page 2,296.63

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

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Kolosos Printing</u> Address <u>1214 S. UNIVERSITY</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser <u>48104</u>	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/13/12</u> Date	<u>\$ 65.44</u>
<b>Expenditure #2</b> Name <u>Kolosos Printing</u> Address <u>2055 S. STADIUM BLVD</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser <u>48103</u>	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/12</u> Date	<u>\$ 1282.71</u>
<b>Expenditure #3</b> Name <u>GEORGETOWN GIFTS</u> Address <u>3215 WASHINGTON AVE</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser <u>48104</u>	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/12</u> Date	<u>\$ 225.00</u>
<b>Expenditure #4</b> Name <u>Kolosos Printing</u> Address <u>2055 S. STADIUM</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser <u>48103</u>	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/29/12</u> Date	<u>\$ 216.51</u>
<b>Expenditure #5</b> Name <u>Ann Arbor Observer</u> Address <u>201 CATHERINE ST.</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser <u>48104</u>	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/16/12</u> Date	<u>\$ 612.30</u>

Subtotal this page 2,401.96

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

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>Imprint.com</u></p> <p>Address <u>4850 Wright Rd., Ste. 100</u> <u>STAFFORD, TX</u> <u>77477</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Waistbands</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/18/12</u> Date</p>	<p><u>\$ 416.00</u></p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #2</p> <p>Name <u>Kolossos Printing</u></p> <p>Address <u>2055 W. STADINUM</u> <u>Ann Arbor, MI 48103</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Printing</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/20/12</u> Date</p>	<p><u>\$ 473.60</u></p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #3</p> <p>Name <u>Ann Arbor Observer</u></p> <p>Address <u>201 Catherine St.</u> <u>Ann Arbor, MI</u> <u>48104</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Advertising</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/20/12</u> Date</p>	<p><u>\$ 500.00</u></p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #4</p> <p>Name <u>ERANIE AND KELLY BORINI</u></p> <p>Address <u>350 Huntington Dr.</u> <u>Ann Arbor, MI</u> <u>48104</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Food + Beverage</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/21/12</u> Date</p>	<p><u>\$ 400.00</u></p> <p>Click Here for Memo Itemization Type </p>
<p>Expenditure #5</p> <p>Name <u>Michigan Chinese American News</u></p> <p>Address <u>4979 S. Ridgeside Circle</u> <u>Ann Arbor, MI</u> <u>48105</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Advertising</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/19/12</u> Date</p>	<p><u>\$ 200.00</u></p> <p>Click Here for Memo Itemization Type </p>

Subtotal this page 1989.60

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2012-027  
2. Committee Name SALLY PETERSEN-1 To City Council

3. Name and address of person or vendor to whom paid		4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Facebook</u> Address <u>1601 Willow Rd.</u> <u>Menlo Park, CA</u> <u>94025</u> <input type="checkbox"/> Fund Raiser		Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>SEE BELOW</u> Date <u>VARIOUS DATES 6/21/12 - 7/19/12</u>	<u>\$ 210.29</u>
<b>Expenditure #2</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
<b>Expenditure #3</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
<b>Expenditure #4</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____
<b>Expenditure #5</b> Name _____ Address _____ <input type="checkbox"/> Fund Raiser		Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____

Subtotal this page 210.29

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 6898.48

Enter this total  
on line 8a of  
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2012-027

2. Committee Name

SALLY PETERSEN TO CITY COUNCIL

Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type

Page Subtotal

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

NONE

Enter this total  
on line 7 of  
the Summary  
Page



# EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

## SCHEDULE 1 B - G

### CANDIDATE COMMITTEE

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

2. Committee Name Sally Peterson To City Council

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:	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):  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, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____
Expenditure #2 Name & Address:	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):  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, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____
Expenditure #3 Name & Address:	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):  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, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____

Subtotal this page

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

Enter total  
on Line 8b  
Summary Page



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number

C-2012-027

2. Committee Name

SALLY PETERSEN TO CITY COUNCIL

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type <input checked="" type="radio"/>	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type <input checked="" type="radio"/>	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type <input checked="" type="radio"/>	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type <input checked="" type="radio"/>	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		

Subtotal this page

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

None  
Enter this total  
on line 10a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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



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

1. Committee I.D. Number

C-2012-027

2. Committee Name

SALLY PETERSEN TO CITY COUNCIL

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <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> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

NONE

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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

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

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>6/10/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>18</u>	5. Type of Fund Raising Activity <u>AFTERNOON GET TOGETHER</u>	6. Address and Name (if any) of the place where the activity was held. <u>161 LAURIN CT. ANN ARBOR, MI 48104</u> <input checked="" type="checkbox"/> Private Residence
--	---	---	--

7. Total Contributions \$500.00  
8. Other Receipts —  
9. Gross Receipts (Add lines 7 and 8) \$500.00  
10. Total Cost of Event \$40.00  
(Total Cost 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 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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027  
2. Committee Name SALLY PETERSEN to City Council

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>6/13/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>COCKTAIL PARTY</u>	6. Address and Name (if any) of the place where the activity was held. <u>350 HUNTINGTON</u> <u>ANN ARBOR, MI</u> <u>48104</u> <input checked="" type="checkbox"/> Private Residence
--	---	---	--

7. Total Contributions \$500.00  
8. Other Receipts —  
9. Gross Receipts (Add lines 7 and 8) \$500.00  
10. Total Cost of Event \$2,393.89  
(Total Cost 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 (%)
<u>Committee to</u>		
<u>Elect Sally Petersen</u>	<u>100%</u>	<u>16.7%</u>
<u>Kelly &amp; Ernie Sorini</u>	<u>—</u>	<u>83.3%</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.