



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Form must be legible, typed or printed in ink and signed by Treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>7/23/12</u> to <u>8/27/12</u>	
1. Committee I.D. Number <u>C-2012-027</u>	4. Candidate Last Name <u>PETERSEN</u> First Name <u>SARAH</u> M.I. <u>H.</u>
2. Committee Name <u>COMMITTEE TO ELECT SALLY PETERSEN TO CITY COUNCIL</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor City Council Ward #2</u>
5. Committee's Mailing Address <u>2976 HICKORY LANE Ann Arbor, MI 48104</u> Area Code and Phone <u>(734) 996-5569</u> <small>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.</small>	4b. County of Residence <u>Washtenaw</u>
7. Treasurer's Business Address <u>NONE</u> Code and Phone _____	6. Treasurer's Name & Residential Address <u>JANE A. MILLER 760 WATERSHED DR. Ann Arbor, MI 48105</u> Area Code & Phone <u>(313) 330-6403</u>
	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>NONE</u> Area Code and Phone _____

COUNTY CLERK
 2012 SEP - 6
 A
 3:30
 COUNTY CLERK

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

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 JANE A. MILLER , [Signature] Date 8-30-2012
 Type or Print Name Signature

Candidate SARAH HART PETERSEN , [Signature] Date Aug 30 2012
 Type or Print Name Signature



C-2012-027

1. Committee I.D. Number _____

2. Committee Name Sally Petersen To City Council

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,200.00</u>	(18.) \$ <u>11,147.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,200.00</u>	(20.) \$ <u>11,147.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,475.58</u>	(21.) \$ <u>3,681.47</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,958.71</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>107.16</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3,065.87</u>	(23.) \$ <u>10,292.09</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>720.78</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,200.00</u>	
	(15.) = \$ <u>3,920.78</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,065.87</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>854.91</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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/26/12

Name & Address:
SALLY HART PETERSEN
2976 Hickory Lane
Ann Arbor, MI 48104

6. Amount \$ 500 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 2087

5. If over \$100.00 cumulative, please provide:
Occupation NONE 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 7/27/12

Name & Address:
SALLY HART PETERSEN
2976 Hickory Lane
Ann Arbor, MI 48104

6. Amount \$ 250 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 2337

5. If over \$100.00 cumulative, please provide:
Occupation NONE 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 7/27/12

Name & Address:
BEVERLEY B. GELTNER
3410 Woodlea Dr.
Ann Arbor, MI 48103

6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

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 7/28/12

Name & Address:
Valerie OATLEY
4823 Hillway Ct.
Ann Arbor, MI 48105

6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 900

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)
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/30/12
Name & Address:
Sally Hart Petersen
2976 Hickory Lane
Ann Arbor, MI 48104
5. If over \$100.00 cumulative, please provide:
Occupation None Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>1000</u>	\$ <u>3337</u>
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Click Here for Memo Itemization

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 7/25/12
Name & Address:
Elizabeth Dixon
1354 Wolverhampton Lane
Ann Arbor, MI 48105
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>100</u>	\$ <u>100</u>
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Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 8/2/12
Name & Address:
Sally Hart Petersen
2976 Hickory Lane
Ann Arbor, MI 48104
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>300</u>	\$ <u>3637</u>
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Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/31/12
Name & Address:
Pamela Woods
1375 Burgundy Rd.
Ann Arbor, MI 48105
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

\$ <u>100</u>	\$ <u>100</u>
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Click Here for Memo Itemization

Page Subtotal 1,500

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/2/12

Name & Address:
Chol Yi
1741 MONTERAY CT,
ANNE ARBOR, MI 48108

6. Amount \$ 200 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation REAL ESTATE Employer LIBERTY STREET PARTNERS LLC

Business Address 1741 MONTERAY CT., ANNE ARBOR, MI 48108

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt _____

Name & Address:
SALLY HAAT PETERSEN
2976 HICKORY LANE
ANNE ARBOR, MI 48104

6. Amount \$ 600 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 4237

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 _____

Name & Address: _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 _____

Name & Address: _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

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 ~~800~~
Grand Total of All Schedules 1A (Complete on last page of Schedule) ~~800~~ 3,200
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____
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"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____

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

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

CANDIDATE COMMITTEE

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.

Contribution # 1	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Name & Address: <u>Tim Petersen</u> <u>2976 Hickory Lane</u> <u>Ann Arbor, MI 48104</u>		<input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ <u>1,475.58</u>	\$ <u>1,475.58</u>
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Business Address: <u>Arboretum Ventures</u> <u>303 Detroit St., #301</u> <u>Ann Arbor, MI 48107</u>		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN	Description <u>FOOD + BEVERAGES - ELECTION NIGHT PARTY</u>	
<input type="checkbox"/> Fund Raiser Contribution		5. Date Of Receipt: <u>8/7/12</u>	6. Vendor Name & Address:	
			Click Here for Memo Itemization <input checked="" type="radio"/>	
			<u>CANDIDATE'S SPOUSE</u>	

Contribution # 2	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ _____	\$ _____
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Address:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN	Description _____	
<input type="checkbox"/> Fund Raiser Contribution		5. Date Of Receipt: _____	6. Vendor Name & Address:	
			Click Here for Memo Itemization <input type="radio"/>	

Contribution #3	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan		
Name & Address:		<input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated	\$ _____	\$ _____
If over \$100.00 cumulative, please provide: Occupation:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others		
Employer Name & Address:		<input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN	Description _____	
<input type="checkbox"/> Fund Raiser Contribution		5. Date Of Receipt: _____	6. Vendor Name & Address:	
			Click Here for Memo Itemization <input type="radio"/>	

Page Subtotal 1,475.78 1,475.78

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 1,475.78

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-1 To City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>MLIVE MEDIA GROUP</u> Address <u>155 Michigan St. Northwest</u> <u>Grand Rapids, MI</u> <u>49503-2353</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ann Arbor.com + MLIVE Advertisement</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>8/2/12 - \$1,000.00</u> <u>8/3/12 - 385.18</u>	<u>\$ 1385.18</u> Click Here for Memo Itemization Type <input checked="" type="radio"/>
Expenditure #2 Name <u>ERMIE & KELLY SORINI</u> Address <u>350 HUNTINGTON DR.</u> <u>ANN ARBOR, MI</u> <u>48104</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PARTIAL REIMBURSEMENT FOR 6/13/12 FUND RAISING EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date <u>7/30/12</u>	<u>\$ 1,000.00</u> Click Here for Memo Itemization Type <input checked="" type="radio"/>
Expenditure #3 Name <u>OFFICE MAX</u> Address <u>3705 WALKER AVE.</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	Date <u>7/31/12</u> <u>8/4/12</u>	<u>SEE Below</u> <u>\$ 243.14</u> <u>7.82</u> <u>235.32</u> Click Here for Memo Itemization Type <input checked="" type="radio"/>
Expenditure #4 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	Date <u>7/31/12</u>	<u>\$ 201.07</u> Click Here for Memo Itemization Type <input checked="" type="radio"/>
Expenditure #5 Name <u>Don Salberg</u> Address <u>3105 Lexington Dr.</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimburse For FedEx Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date <u>8/22/12</u>	<u>\$ 129.32</u> Click Here for Memo Itemization Type <input checked="" type="radio"/>

Subtotal this page 2958.71
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 2958.71

Enter this total on line 8a of 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 for 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: 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 _____	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): _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name & Address: For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	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): _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name & Address: For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	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): _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

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

None
Enter total on Line 8b
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	\$ _____
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	\$ _____
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	\$ _____
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	\$ _____
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	\$ _____

Page Subtotal

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

None
Enter this total on line 7 of the 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: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date _____ \$	_____ \$ Click for Memo Itemization Type <input checked="" type="radio"/>
Disbursement # 2 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date _____ \$	_____ \$ Click for Memo Itemization Type <input checked="" type="radio"/>
Disbursement # 3 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date _____ \$	_____ \$ Click for Memo Itemization Type <input checked="" type="radio"/>
Disbursement # 4 Name & Address: _____ <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date _____ \$	_____ \$ Click for Memo Itemization Type <input checked="" type="radio"/>

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

1. Committee I.D. Number

C-2012-027

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name

Sally Peterson 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.	4. Type of Obligation (Description)	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)
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.	5. Indicate date debt was incurred 6. Indicate original amount of debt			
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)

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

None

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 Peterson To City Council

- USE A SEPARATE SHEET FOR EACH EVENT -

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

7. Total Contributions _____

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event _____

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

None

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.