



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01 01 2013 to 12 31 2013
Mo Day Year Mo Day Year

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

2. Committee Name
Committee to Elect Sally Petersen
to City Council

4. Candidate Last Name Petersen First Name Sarah M.I. H.

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

4b. County of Residence Washtenaw

5. Committee's Mailing Address
2976 Hickory Lane
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 Jane Miller
760 Washshed Dr.
Ann Arbor, MI 48105

Area Code & Phone (313) 330-6403

7. Treasurer's Business Address
None

Area Code and Phone ()

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

Area Code and Phone ()

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General

Convention School

Special Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. Annual Statement (2013 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

Month Day Year

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.

FILED
 JAN 31 11:46
 WASHTENAW COUNTY, MI
 LAWRENCE KEENEBAUGH
 COUNTY CLERK REGISTER

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 1 17 14
Type or Print Name Signature Mo Day Year

Candidate Sarah H. Petersen, [Signature] Date 1 17 14
Type or Print Name Signature Mo Day Year



1. Committee I.D. Number C-2012 - P27
 2. Committee Name Sully Pckren 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>1000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1000.00</u>	(18.) \$ <u>1000.00</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>1000.00</u>	(20.) \$ <u>1000.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>-</u>	(21.) \$ <u>-</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>-</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>-</u>	(23.) \$ <u>0.00</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>523.12</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1000.00</u>	
	(15.) = \$ <u>1523.12</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>-</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1523.12</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027
2. Committee Name Subly Referral 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 from committees 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>11/27/2013</u> Name: <u>Mark Erskine</u> Address: <u>1531 Edinborough Rd, Ann Arbor MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$500.00	\$ 500.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/27/2013</u> Name: <u>Elizabeth Erskine</u> Address: <u>1531 Edinborough Rd, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$500.00	\$ 500.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 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		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 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		

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

\$1000.00

Enter this total on
line 3 of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027
2. Committee Name Sully Peterson for City Council

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

1. Committee I. D. Number C-2012-027
2. Committee Name Sally Peterson for City Council

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	5. Date of Receipt _____ 6. Name & Address of Vendor from whom goods or services were purchased _____ 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____ If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____ _____		

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

None

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2012-027
2. Committee Name Sally Peterson to City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 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		
Expenditure #2 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		
Expenditure #3 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		
Expenditure #4 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		
Expenditure #5 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		

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

None

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 Committee for Sully Refers to City Council

3. 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 _____ _____		
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 _____ _____		
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 _____ _____		

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



**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 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
<p>Expenditure #1 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____</p>	<p>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): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		<p>\$ _____</p>
<p>Expenditure #2 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____</p>	<p>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): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		<p>\$ _____</p>
<p>Expenditure #3 Name & Address:</p> <p>For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Statewide Proposal Name _____</p>	<p>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): _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>		<p>\$ _____</p>

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

None

Enter total on Line 8b Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 Peterson 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		
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		
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		
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		

Subtotal this page

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

me

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

1. Committee I.D. Number C-2012-027
2. Committee Name Sully 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 (Indicate type and you may assign an expenditure code)	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 endorser or guarantors, if any.	5. Indicate date debt was incurred 6. Indicate original amount of debt			
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: 	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: 	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: 	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

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 for City Council

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held _____ Month Day Year	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.