

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

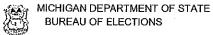
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.		3. This Statement covers From: 01/01/19 to 12/31/19				
1. Committee I.D. Number		4. Candidate Last N	lame	First	Name	M.I,
C-2016-12S		Green Green		Victoria		К
2. Occasión e Nacional		4a. Office Sought Incl	-	•	Served (If a	pplicable)
2. Committee Name		Ann Arbor District Library Board				
Victoria Green for AADL		4b. County of Residence WASHTENAW				
5. Committee's Mailing Address 303 Sycamore PI, Ann Arbor MI 48104		6. Treasurer's Name & Residential Address				
		Matthew Toschlog				
		803 Sycamore PI				
		Ann Arbor, MI	48104	•	·	
Area Code and Phone (734) 747-9632 If the address in this box is different from the commailing address on the Statement of Organization,	nittee mail may			7 0000		
be sent to this address by the filing official.		Area Code & Phone	(734) 74	7-9632		<u>, , , , , , , , , , , , , , , , , , , </u>
7. Treasurer's Business Address		Designated Record Resignated Record Rec	8. Designated Record keeper's Name and Mailing Address (If the committee has a			
803 Sycamore Pl		1 *	Matthew Toschlog			
Ann Arbor, MI 48104		803 Sycamore	_			
· ·	٠	Ann Arbor, MI	48104			
(70.4) 7.47 0000			(7			•
Area Code and Phone (734) 747-9632		Area Code and Phone		747-9632		
9. TYPE OF STATEMENT	Required ON	ILY if candidate	1.	9e. Dissolution of	Candidate	Committee
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	is not on the ballot for the		By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from		
Pre-Election or Post-Election Statement relates to:	July Quarte	erly	ti	he committee. The	e committee l	has no oustanding assets,
Primary	outy deate	ony	O	wes no lates fees	or has any ou	istanding debt.
General	October Q	uarterly	F	urther, if the dissol	ution cannot	be granted that this be
Convention			co	onsidered a reque	it for the Rep	be granted that this be porting Watter.
Special	9c. 1771	2010			当記	BH
School	[Annua	Statement (2019 Coverage Ye	_) ′ear	Effective	date of disso	寧 皇 _二
<u> </u>	od [Amen	dment to Campaign Sta	atement	·	<u> </u>	SHTENAW TO
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		9e to	onedule 1D and th	n of Tesidual e Summaly	I funds must be reported on
Date of Election, Convention or Caucus				esk	SIS	♣ ≺
					E E	¥ 29
(0) Verification: (W/A certify that all reasonable ditte	ance was used t	n the preparation of this	e etataman	t and attached cab	edules /if c=-	a) and to the heat of
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 ny/our knowledge and belief the contents are true, accurate and complete.						
Durrent Treasurer or Designated Record keeper Matthew A. T	oschlog	1 // 6		101	Doto	01/05/20
Type or Print Name		Signature		7	Date	- Commission of the Commission
Candidate Victoria K. Green		, N62			_ Date	01/05/20
Type or Print Name		Signature				

1. Committee I.D. Number C-2016-12S

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Victoria Green for AADL

3. Contifibutions a. Itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) c. Subtotal of 'Contributions' 4. Other Receipts (Schedule 1A - Column 6) 6. In-Kind Contributions A ROD OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1-IK, Column 6) 7. In-Kind Expenditures (Schedule 1B-IC, Column 6) 8. Expenditures 8. Expenditures 8. Expenditures 8. Litenized (Schedule 1B, Column 6) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8b) 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) 10. Disbursements a. Itenized (Schedule 1C, Column 6) 10. Disbursements a. Itenized (Schedule 1C, Column 6) 11. TOTAL INDICENTAL EXPENSE DISBURSEMENTS (Colliberolders or othy) 12. Debts and Obligations 12. Debts and Obligations 13. Ending Balance of last report filed (Eriet zero if no previous reports new been filed.) 4. Amount received during reporting period (Line 5, Total Contributions & Other Tecopits) 13. Ending Balance of last report filed (Eriet zero if no previous reports new been filed.) 4. Amount received during reporting period (Line 5, Total Contributions & Other Tecopits) 13. Ending Balance of last report filed (Eriet zero if no previous reports new been filed.) 4. Amount received during reporting period (Line 5, Total Contributions & Other Tecopits) 14. Ending Balance of last report filed (Eriet zero if no previous reports new been filed.) 4. Amount received during reporting period (Line 5, Total Contributions & Other Tecopits) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Line 5, Total Contributions & Other Tecopits) 17. ENDING SLAAKCE (Column 6) 18. \$ \$75.00 18. \$ \$75.00 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25 18. \$ \$94.25	DECEMBE OF THE OWNER OWNER OF THE OWNER O	Caliman	T Calumn II
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b. Unitemized (less than \$20.01 each - no Schedule) c. Subtolat of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) 6. In-Kind Contributions (Schedule 14K, Column 7) 7. In-Kind Expenditures (Schedule 1B-K, Column 6) 6. In-Kind Contributions (Schedule 1B-K, Column 6) 7. In-Kind Expenditures 8. Expenditures 8. Expenditures 8. Expenditures 8. Expenditures 9. TOTAL EXPENDITURES 8. Expenditures 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8b) 10. Disbursements 10. Internized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 11. Disbursements 12. Detts and Obligations 13. Owed by the Committee (Schedule 1E) 14. Owed to the Committee (Schedule 1E) 15. Owed to the Committee (Schedule 1E) 16. Owed to the Committee (Schedule 1E) 17. Ending Balance of last report filed (Inc. 7 total Contributions & Other Receipts) (Inc. 8 total Contributions & Other Receipts) (Inc. 7 total Contributions & Other Re	3. Contributions		
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(Add Line 3 o + Line 4) (Add Line 3 o + Line 4) (B. (B. \$ (21.)	4. Other Receipts (Schedule 1A -1, Column 6)	, , ,	
6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) 7. In-Kind Expenditures 8. Expenditures 8. Expenditures 9. Itemized (Schedule 1B, Column 6) 9. Itemized Get-Out-the-Vote (Schedule 1B-G) 10. Itemized (less than \$50.01 each - no Schedule) 11. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8b) 12. Delsbursements 13. Itemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Cificeholders Only) 10. Disbursements 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) 12. Delsb and Obligations 13. Owed by the Committee (Schedule 1E) 14. Amount value (Schedule 1E) 15. SuBTOTAL Add lines 13 and 14 (Line 5, 70.10 column 5) (Total Confibilities & \$75.00 (Line 5, 70.10 column 5) (Line 5, 70.10 column 5) (Line 5, 70.10 column 5) (Line 5, 70.10 column 6)		(5.) \$ \$75.00	(20.) \$ \$325.00
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16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (16.) - \$ \$75.00	(Line 5, Total Contributions & Other Receipts)		
17. ÈNDING BALANCÉ	16. Amount expended during reporting period	Ф7Г ОО	
(Subtract line 16 from line 15) (17.) \$ \(\psi \) 13.23 *	17. ÈNDING BALANCÉ	#40.0E	
	(Subtract line 16 from line 15)	(17.) \$ ΨΙΟ.ΔΟ **	'



ITEMIZED CONTRIBUTIONS

SCHEDULE

CANDIDATE COMMITTEE

2. Committee Name Victoria Green for AADL

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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor(Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/01/19		
Victoria Green		•
803 Sycamore PI	75	75
Ann Arbor, MI 48104	_{\$_} 75	_{\$} 75
5. If over \$100.00 cumulative, please provide:	Click Horo	for Mama Itamization
Occupation Business Systems Analyst Employer University of Michigan	– Click Here i	for Memo Itemization
Business Address Ann Arbor, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address	_	
	\$	\$
F 15 \$400.00 1		
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt		
Name & Address:	_	
	d	
	Ψ	. \$
5. if over \$100.00 cumulative, please provide:	Click Here fo	r 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	<u> </u>	
	¢	
•	Ψ	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer	-	
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
	otal (#75.00	
Page Subto	Ψ10.00	-
Grand Total of All Schedules 1 (Complete on last page of Schedu		
1 1	Enter this total on line 3a of Summary	
Pageof	Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number

C-2016-12S

CANDIDATE COMMITTEE

2. Committee Name Victoria Green for AADL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Washtenaw County Clerk		10/01/19	\$ 75
Address	Purpose: Late filing penalty	Date	
200 N. Main St., Suite 200	•	loro for Maron	Itemization Type
Ann Arbor, MI 48104	OHUK 11	ele loi Memo	iteriszation Type
,	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name			¢
		 Date	. • ———
Address	Purpose:		
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
		h	\$.
Address	Purpose:	Date	
	Click He	ere for Memo l	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
			\$
Address	Purpose:	Date	
	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
	·		\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		¥#==
Fund Reises	debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$75.00
	Grand Total of all S	Schedules 1B	¢75.00
	(Complete on last page		\$75.00

Enter this total on line 8a of Summary Page