



**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.

<p>1. Committee I.D. Number <b>C-2016-12S</b></p>		<p>3. This Statement covers From: <u>01/01/20</u> to <u>01/28/21</u></p>	
<p>2. Committee Name <b>Victoria Green for AADL</b></p>		<p>4. Candidate Last Name <b>Green</b> First Name <b>Victoria</b> M.I. <b>K</b> 4a. Office Sought Including District # or Community Served (if applicable) <b>Ann Arbor District Library Board</b> 4b. County of Residence <b>WASHTENAW</b></p>	
<p>5. Committee's Mailing Address <b>803 Sycamore Pl, Ann Arbor MI 48104</b>  Area Code and Phone <u>(734) 747-9632</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></p>		<p>6. Treasurer's Name &amp; Residential Address <b>Matthew Toschlog</b> <b>803 Sycamore Pl</b> <b>Ann Arbor, MI 48104</b>  Area Code &amp; Phone <u>(734) 747-9632</u></p>	
<p>7. Treasurer's Business Address <b>803 Sycamore Pl</b> <b>Ann Arbor, MI 48104</b>  Area Code and Phone <u>(734) 747-9632</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) <b>Matthew Toschlog</b> <b>803 Sycamore Pl</b> <b>Ann Arbor, MI 48104</b>  Area Code and Phone <u>(734) 747-9632</u></p>	
<p>9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus _____</p>		<p>Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (2020) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p>9e. Dissolution of Candidate Committee <input checked="" type="checkbox"/> 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 the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution <u>01/28/21</u>  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper <b>Matthew A. Toschlog</b> Type or Print Name</p>		<p><i>[Signature]</i> Signature Date <u>01/28/21</u></p>	
<p>Candidate <b>Victoria K. Green</b> Type or Print Name</p>		<p><i>[Signature]</i> Signature Date <u>01/28/21</u></p>	

LAWRENCE WESTENBAUM  
 COUNTY CLERK/REGISTRAR  
 2021 JAN 29 A 9:40  
 FILED  
 WASHTENAW COUNTY, MI



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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Victoria Green for AADL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$325.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$325.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$19.25</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$19.25</u>	(23.) \$ <u>\$369.25</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$19.25</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ _____	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$19.25</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$19.25</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-12S  
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 <b>Victoria Green</b>  Address <b>803 Sycamore Pl Ann Arbor, MI 48104</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Refund of contribution</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/20/21</u> Date	<u>\$ 19.25</u>
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	_____ Date	\$ _____
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	_____ Date	\$ _____
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	_____ Date	\$ _____
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	_____ Date	\$ _____

Subtotal this page **\$19.25**  
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$19.25**

Enter this total on line 8a of Summary Page

