



C-2018-029

1. Committee I.D. Number _____

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Elizabeth Neison

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6499.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6499.00</u>	(18.) \$ <u>6499.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>15.62</u>	(19.) \$ <u>15.62</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6514.62</u>	(20.) \$ <u>6514.62</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1652.27</u>	(21.) \$ <u>1652.27</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3247.53 \$3272.53	Itemized expenditures amended after typo fixed on Schedule 1B page 3
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3247.53 \$3272.53	(23.) \$ 3247.53 \$3272.53
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3627.11</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
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>6514.62</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6514.62</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 3247.53 \$3272.53	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 3267.09 \$3242.09	

FILED
 IN TARRANT COUNTY, TX
 SEP -5 A 8:52
 COUNTY CLERK
 TARRANT COUNTY, TEXAS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2018-029

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Elizabeth Nelson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>City Printing Company, Inc</u> Address <u>411 W Cross St</u> <u>Ypsilanti MI 48198</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>6/19/2018</u> Date	<u>\$ 463.22</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>City Printing Company, Inc</u> Address <u>411 W Cross St</u> <u>Ypsilanti MI 48198</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>6/21/2018</u> Date	<u>\$ 519.30</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Unit Packaging</u> Address <u>119 Enterprise Dr</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/21/2018</u> Date	<u>\$ 700.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Rae Brigham</u> Address <u>1330 Ardmoor Ave</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/26/2018</u> Date	<u>\$ 400.00</u> Click Here for Memo Itemization Type <div style="border: 2px solid black; padding: 2px; display: inline-block;">Amended to fix typo Subtotal also amended</div>
Expenditure #5 Name <u>Pioneer Tip Off Club</u> Address <u>4024 Rolling Meadow Lane</u> <u>Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Golf Scramble Sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/2018</u> Date	\$ 500.00 \$75.00 Click Here for Memo Itemization Type <div style="border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">\$2157.62</div>
Subtotal this page			\$2157.62
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Enter this total on line 8a of Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2018-029

1. Committee I. D. Number _____
2. Committee Name Committee to Elect Elizabeth Nelson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PayPal Address 2211 North First Street San Jose, California 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/2018</u> Date	<u>\$ 33.74</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 **33.74**

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

~~324.53~~

**New grand total after fixing
typo on page 3 of 4**

\$3272.53

Enter this total
on line 8a of
Summary Page

