



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

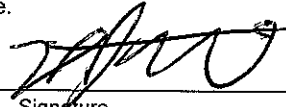

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number C-2018-029</p> <p>2. Committee Name Committee to Elect Elizabeth Nelson</p>	<p>3. This Statement covers From: <u>8/28/2018</u> to <u>10/21/2018</u></p> <p>4. Candidate Last Name Nelson First Name Elizabeth M.I. A</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council Ward 4</p> <p>4b. County of Residence WASHTENAW</p>
<p>5. Committee's Mailing Address PO Box 2243 Ann Arbor, MI 48106-2243</p> <p>Area Code and Phone <u>(734) 997-9688</u></p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address Peter J Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103</p> <p>Area Code & Phone <u>(734) 997-9688</u></p>
<p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>

FILED
 WASHTENAW COUNTY, MI
 2018 OCT 26 A 10:38
 LAUREN E. KESTENBAUM
 COUNTY CLERK/REGISTRAR

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/6/2018</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>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</p> <p><input 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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>Current Treasurer or Designated Record keeper <u>Peter Nelson</u></p> <p>Type or Print Name</p>	<p></p> <p>Signature</p>	<p>Date <u>10/25/2018</u></p>
<p>Candidate <u>Elizabeth Nelson</u></p> <p>Type or Print Name</p>	<p></p> <p>Signature</p>	<p>Date <u>10/25/2018</u></p>



1. Committee I.D. Number C-2018-029

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Elizabeth Nelson

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2405.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2405.00</u>	(18.) \$ <u>10789.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>15.62</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2405.00</u>	(20.) \$ <u>10804.62</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>576.97</u>	(21.) \$ <u>2311.21</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.) \$ <u>1109.97</u>	
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.) \$ <u>1109.97</u>	(23.) \$ <u>9251.51</u>
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>3500.00</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>258.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2405.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2663.08</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1109.97</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1553.11</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2018-029

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

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 <u>all</u> contributions 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>9/1/2018</u> Name & Address: Michael Martin 115 Depot St Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Developer</u> Employer <u>First Martin Corporation</u> Business Address <u>115 Depot St, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>250</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Marcia Higgins for City Council 1308 E Stadium Blvd Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Kai Petainen 2222 Fuller Ct #801A Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Jason Morgan 2860 Gladstone Ave Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>30</u>	\$ <u>30</u> Click Here for Memo Itemization

Page Subtotal

480

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**

C-2018-029

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

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 <u>all</u> contributions 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>9/30/2018</u> Name & Address: Edward Steinman 621 5th St Ann Arbor, MI 48103	\$ <u>100</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Cecile Lamb 1606 Dicken Dr Ann Arbor, MI 48103	\$ <u>200</u>	\$ <u>225.16</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Anne Brod 1310 Russell Rd Ann Arbor, MI 48103	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Thomas Stulberg 1202 Traver St Ann Arbor, MI 48105	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **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**

C-2018-029

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

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 <u>all</u> contributions 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>9/30/2018</u> Name & Address: Charles Lewis 330 S 7th St Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>100</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Kathy Griswold 3565 Fox Hunt Dr Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ <u>25</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Peter Eckstein 2551 Londonderry Rd Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>175</u>	\$ <u>365</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/30/2018</u> Name & Address: Elizabeth Hunter 827 Bruce St Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>25</u>	\$ <u>45</u> Click Here for Memo Itemization

Page Subtotal **275**

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**

C-2018-029

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

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 <u>all</u> contributions 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>9/30/2018</u> Name & Address: <u>Jonah Copi</u> <u>225 Briarcrest Dr #206</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$ <u>50</u>	\$ <u>50</u> Click Here for Memo Itemization
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/2018</u> Name & Address: <u>Peter Nelson</u> <u>1319 Ardmoor Ave</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Ford Motor Company</u> Business Address <u>15303 Commerce Dr South, Dearborn MI 48120</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1000</u>	\$ <u>1581.97</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/2018</u> Name & Address: <u>Kay Holsinger</u> <u>2300 Kent St</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100</u>	\$ <u>200</u> Click Here for Memo Itemization
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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal **1150**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **2405**

Enter this total on
line 3a 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 Midwest Buttons Address 25735 Leach St Roseville, Michigan 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign buttons</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/2018</u> Date	\$ <u>16.50</u> Click Here for Memo Itemization Type
Expenditure #2 Name City Printing Company, Inc Address 411 W Cross St Ypsilanti MI 48198 <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>9/17/2018</u> Date	\$ <u>143.10</u> Click Here for Memo Itemization Type
Expenditure #3 Name Midwest Buttons Address 25735 Leach St Roseville, Michigan 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>campaign buttons</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/26/2018</u> Date	\$ <u>15.75</u> Click Here for Memo Itemization Type
Expenditure #4 Name Square Address 1455 Market St Suite 600 San Francisco, CA 94103 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>credit card fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2018</u> Date	\$ <u>3.58</u> Click Here for Memo Itemization Type
Expenditure #5 Name Facebook Address 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2018</u> Date	\$ <u>9.00</u> Click Here for Memo Itemization Type

Subtotal this page

187.93

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

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 City Printing Company, Inc Address 411 W Cross St Ypsilanti MI 48198 <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>10/42018</u> Date	<u>\$ 438.84</u> Click Here for Memo Itemization Type
Expenditure #2 Name Unit Packaging Address 119 Enterprise Dr Ann Arbor, MI 48103 <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>10/11/2018</u> Date	<u>\$ 315.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Ann Arbor Post Office Address 2075 W Stadium Blvd Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2018</u> Date	<u>\$ 35.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Ann Arbor Post Office Address 2075 W Stadium Blvd Ann Arbor MI 48103 <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>10/15/2018</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Ann Arbor Post Office Address 2075 W Stadium Blvd Ann Arbor MI 48103 <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>10/20/2018</u> Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type

Subtotal this page

918.84

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

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, CA 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>10/21/2018</u> Date	\$ <u>3.20</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page

3.20

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

1109.97

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number C-2018-029
2. Committee Name Committee to Elect Elizabeth Nelson

CANDIDATE COMMITTEE

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	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: Peter Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Ford Motor Company 15303 Commerce Dr South Dearborn, MI 48120 <input checked="" 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>fundraiser food and beverages</u> 5. Date Of Receipt: <u>9/30/2018</u> 6. Vendor Name & Address: Pretzel Bell 225 S Main St Ann Arbor, 48104 Click Here for Memo Itemization	\$ <u>576.97</u>	\$ <u>581.97</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & 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: Click Here for Memo Itemization	\$ _____	\$ _____
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & 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: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **576.97**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **567.97**

Enter this total
on line 6 of Summary
Page



C-2018-029

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name Committee to Elect Elizabeth Nelson

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. 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.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	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)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103	4. Type: <u>Loan to committee</u> 5. <u>Date Debt Was Incurred:</u> <u>6/26/2018</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2000</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>2000</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: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103	4. Type: <u>Loan to committee</u> 5. <u>Date Debt Was Incurred:</u> <u>7/23/2018</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>1000</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: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103	4. Type: <u>Loan to committee</u> 5. <u>Date Debt Was Incurred:</u> <u>8/27/2018</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **3500**
Grand Total of all Schedules 1E **3500**
(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

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.



C-2018-029

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name Committee to Elect Elizabeth Nelson

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9/30/2018</u>	4. Number of Individuals Attending or Participating (whichever is greater) <p style="text-align: center;">30</p>	5. Type of Fund Raising Activity <p style="text-align: center;">reception</p>	6. Address and Name (if any) of the place where the activity was held. Pretzel Bell 225 S Main St Ann Arbor MI 48104 <input type="checkbox"/> Private Residence
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7. Total Contributions \$1055.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$1055.00

10. Total Cost of Event \$580.55
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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.