



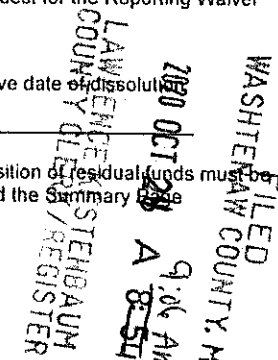
**CANDIDATE COMMITTEE
COVER PAGE**

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 1/1/2019 to 10/20/2020

<p>1 Committee I D Number C-2018-029</p> <p>2. Committee Name</p>	<p>4 Candidate Last Name Nelson First Name Elizabeth MI 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 1319 Ardmoor Ave Ann Arbor, MI 48103</p> <p>Area Code and Phone (734)997-9688 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 (734) 997-9688</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>

<p>9 TYPE OF STATEMENT</p> <p>9a <input 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 <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus _____</p>	<p>Required ONLY if candidate is not on the ballot for the current year</p> <p><input type="checkbox"/> July Quarterly <input checked="" 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</p> <p style="text-align: right;">  </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.

Current Treasurer or Designated Record keeper	<u>Peter Nelson</u>	<u>[Signature]</u>	Date	<u>10/25/2020</u>
	Type or Print Name	Signature		
Candidate	<u>Elizabeth Nelson</u>	<u>[Signature]</u>	Date	<u>10/25/2020</u>
	Type or Print Name	Signature		



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Elizabeth Nelson

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>55</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>55</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>55</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>857.75</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>152.20</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1000</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>329.79</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>55</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>384.79</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>152.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>232.59</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

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

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 all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/8/2020

Name & Address:
John Woodford
1922 Lorraine Place
Ann Arbor, MI 48103

6. Amount
\$ 50 \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/8/2020

Name & Address:
Mark Shepherd
1500 Maywood Ave
Ann Arbor, MI 48103

6. Amount
\$ 5 \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount
\$ _____ \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount
\$ _____ \$ _____

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
\$ _____

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal	55
Grand Total of All Schedules 1A (Complete on last page of Schedule)	55

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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

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 Pioneer Theater Guild Booster Club Address 600 W Stadium Blvd Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/2019</u> Date	\$ <u>150</u>
Expenditure #2 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>5/8/2020</u> Date	\$ <u>1.75</u>
Expenditure #3 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>7/8/2020</u> Date	\$ <u>0.45</u>
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	152.20
Grand Total of all Schedules 1B (Complete on last page of Schedule)	152.20

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

2. Committee Name **Committee to Elect Elizabeth Nelson**

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: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Council Member Employer Name & Business Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Email service</u> 5. Date Of Receipt: <u>4/13/2019</u> 6. Vendor Name & Address: Wix.com 2602 Mission Street San Francisco, CA 94110 Click Here for Memo Itemization	\$ <u>72</u>	\$ <u>72</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Council Member Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Website service</u> 5. Date Of Receipt: <u>4/14/2019</u> Text 6. Vendor Name & Address: Wix.com 2602 Mission Street San Francisco, CA 94110 Click Here for Memo Itemization	\$ <u>168</u>	\$ <u>240</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Council Member Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>PO Box Rental</u> 5. Date Of Receipt: <u>7/8/2019</u> 6. Vendor Name & Address: Ann Arbor Post Office 2075 W Stadium Blvd Ann Arbor MI 48103 Click Here for Memo Itemization	\$ <u>80</u>	\$ <u>320</u>

Page Subtotal	320	320
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Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Elizabeth Nelson

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: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Website domain</u> 5. Date Of Receipt: <u>8/7/2019</u> 6. Vendor Name & Address: Hover.com 96 Mowat Ave Toronto, ON M6K 3M1 Click Here for Memo Itemization	\$ <u>27.34</u>	\$ <u>347.34</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Advertisement</u> 5. Date Of Receipt: <u>10/20/2019</u> 6. Vendor Name & Address: Community Ensemble Theater 401 N Division St Ann Arbor, MI 48103 Click Here for Memo Itemization	\$ <u>85.00</u>	\$ <u>432.34</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Website Service</u> 5. Date Of Receipt: <u>3/17/2020</u> 6. Vendor Name & Address: Wix.com 2602 Mission Street San Francisco, CA 94110 Click Here for Memo Itemization	\$ <u>47.70</u>	\$ <u>480.04</u>

Page Subtotal	160.04	480.04
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Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Elizabeth Nelson

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: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Email service</u> 5. Date Of Receipt: <u>3/24/2020</u> 6. Vendor Name & Address: Wix.com 2602 Mission Street San Francisco, CA 94110 Click Here for Memo Itemization	\$ <u>72.00</u>	\$ <u>552.04</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Website service</u> 5. Date Of Receipt: <u>3/25/2020</u> 6. Vendor Name & Address: Wix.com 2602 Mission Street San Francisco, CA 94110 Click Here for Memo Itemization	\$ <u>47.70</u>	\$ <u>599.74</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Website domain</u> 5. Date Of Receipt: <u>3/29/2020</u> 6. Vendor Name & Address: Hover.com 96 Mowat Ave Toronto, ON M6K 3M1 Click Here for Memo Itemization	\$ <u>13.67</u>	\$ <u>613.41</u>

Page Subtotal	133.37	613.41
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Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Elizabeth Nelson

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: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Email service</u> 5. Date Of Receipt: <u>4/10/2020</u> 6. Vendor Name & Address: Wix.com 2602 Mission Street San Francisco, CA 94110 Click Here for Memo Itemization	\$ <u>168.00</u>	\$ <u>781.41</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>PO Box Rental</u> 5. Date Of Receipt: <u>7/24/2020</u> 6. Vendor Name & Address: Ann Arbor Post Office 2075 W Stadium Blvd Ann Arbor, MI 48103 Click Here for Memo Itemization	\$ <u>46.00</u>	\$ <u>827.41</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Elizabeth Nelson 1319 Ardmoor Ave Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: 301 E Huron St Ann Arbor, MI 48104 <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 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>Website domain</u> 5. Date Of Receipt: <u>8/7/2020</u> 6. Vendor Name & Address: Hover.com 96 Mowat Ave Toronto, ON M6K 3M1 Click Here for Memo Itemization	\$ <u>30.34</u>	\$ <u>857.75</u>

Page Subtotal **244.34** **857.75**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **857.75**

Enter this total
on line 6 of Summary
Page