CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	^{n:} 9/13/17	to 12/31	/17
1. Committee I.D. Number C-2017-013		Candidate Last Name Scott	First Katie	Name	M.1. M
2. Committee Name		4a. Office Sought Including Di Board Member - Loca		/ Served (If applic	cable)
Friends to Elect Katie Scott		4b. County of Residence WA	ASHTENAW		
5 Committee's Mailing Address 2075 West Stadium PO Box 3945 Ann Arbor MI 48106		6. Treasurer's Name & Reside Laura Mason 1721 Weatherstone Ann Arbor MI 48108	Drive	14.9 <u></u>	
Area Code and Phone If the address in this box is different from the commit mailing address on the Statement of Organization, ribe sent to this address by the filing official.	ttee nail may	Alea Code & Phone	97-0511	LAWRENCE COUNTY CU	WASHTENA
7. Treasurer's Business Address 2075 West Stadium PO Box 3945 Ann Arbor MI 48106		8. Designated Record keeper Designated Record keeper)	's Name and Mailing	STENBAU K/REGIST	7 7 7
726-4035 Area Code and Phone		Area Code and Phone	, 14.	四章。へ	<u>=</u>
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to:	Required ON is not on the current year:		by the committee to	the candidate or orgiven, and no lo committee has n	y any outstanding debt his or her spouse is here onger collectible from o oustanding assets, ding debt
✓Primary General Convention	October Q	uarterly	Further, if the dissolutionsidered a reques	•	•
Special School	Pc. Annuai	Statement (2017) Coverage Year	Effective o	late of dissolution	ı
Caucus	(Comp	Iment to Campaign Statement lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Note: The disposition Schedule 1B and the		s must be reported on
Date of Election, Convention or Caucus August 7, 2018					
10. Verification: I\We certify that all reasonable diligen my\our knowledge and belief the contents are true, ac	ice was used in curate and con	n the preparation of this statement	ent and attached sche	dules (if any) and	I to the best of
Current Treasurer or Laura Mason Designated Record keeper Type or Print Name		Signature	717	- Date	/31/18
Candidate		, latin &	coff	1 Date	/31/18
Type or Print Name		Signature			

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends to Elect Katie Scott

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	2913	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	0040
c. Subtotal of "Contributions"	(3c.) \$ 2913	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 2913	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	•	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-iK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
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)	0	0
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	0	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	-
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ (14.) + \$ 2913 (15.) = \$ (16.) - \$ (17.) \$ 1084.17 1828.83 *	

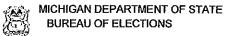
CANDIDATE COMMITTEE

C-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

CANDIDATE COMMITTEE 2. Committee Name		
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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/1/2017 Name & Address: Fremont Scott DO 776 Arlington, Birmingham MI 48009	500.00	\$500
5. If over \$100.00 cumulative, please provide: Physician Employer Henry Ford Health System Employer Business Address Type of Contribution: Direct Loap from a person Fund Raiser	Click Here f	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/1/2017 Name & Address Mary P Scott 776 Arlington, Birmingham MI	\$500 \$	\$ 500 \$
5. If over \$100.00 cumulative, please provide: Homemaker Occupation Employer Business Address	Click Here fo	or Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 9/29/17 Name & Address: Katie Scott, 926 Loyola Drive, Ann Arbor MI 48103	\$ 200 Click Here for	\$200 \$
5. If over \$100.00 cumulative, please provide: RN Occupation Employer Business Address Michigan Medicine Employer Drive, Ann Arbor MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/1/17 Name & Address Candice Owley 9620 West Greenfield Ave West Allis WI 43214	\$ 20	20
5. If over \$100.00 cumulative, please provide:		Φ
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

C-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

CANDIDATE COMMITTEE		2. Committee Name	- LICOL	Natio Ocott
Enter contributor's name and address. If contribution is from an individed middle initial. Check box to indicate if contribution is from a Political Co-Committee (PAC) Report all contributions regardless of amount.	lual, e ommit	tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Roname & Address: Cristina Wright 4532 Hunt Club Drive, apt 1A	Receip	10/19/17		
Ypsilanti MI 48197			25 \$	25 \$
5. If over \$100.00 cumulative, please provide:			Click Hore	for Memo Itemization
Occupation Employer		, , , , , , , , , , , , , , , , , , , ,	Olicit Here	TOT WELFIO ILETTIZATION
Business Address				
Type of Contribution: Direct Loan from a person		Fund Raiser		
Name & Address Katie Scott 926 Loyola Drive	eceipt	10/1/2017	2	202
Ann Arbor MI 48103			\$	_ \$
5. If over \$100.00 cumulative, please provide: RN Occupation Employer			Click Here f	or Memo Itemization
Business Address 1500 East Medical Center Drive, An	nn A	rbor Mi		
Type of Contribution:		Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of ReName & Address:	eceipt	10/22/17		
Angie Jensen		···	00	
305 S Lane St			_{\$} 20	ၞ 20
Blissfield MI 49228				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 Re Name & Address Kieran Scott	eceipt	10/22/17		
926 Loyola Drive			20	00
Ann Arbor MI 48103			\$	_{\$} 20
5. If over \$100.00 cumulative, please provide:			Oliver Hanne to	
Occupation Employer			Click Here to	r Memo Itemization
Business Address				İ
Type of Contribution:	<u> </u>	Fund Raiser		ļ
Loan nom a person			67	
		Page Subtotal	U/	-
		Total of All Schedules 1A		



Enter this total on

line 3a of Summary Page.

CANDIDATE COMMITTEE

C-2017-013

1. Committee I.D. Number

2. Committee Name

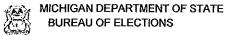
Friends to Elect Katie Scott

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 Name & Address: Lori Batzlof 116 Southern Kalamazoo MI	PAC Receipt' 49001		YES 4. Date of Receipt 10/22/17	100	100
5. If over \$100.00 cum Occupation Business Address			de: Employer	\$ Click Here	for Memo Itemization
Type of Contribution:	✓ Direct		Loan from a person Fund Raiser		
3. Contribution #2 Name & Address Laura Mason 1721 Weatherst Ann Arbor MI 48			YES 4. Date of Receipt 10/22/17	100 \$	100 \$
5. If over \$100.00 cum RN Occupation	-	_ E	e: UMHS mployer I Center Drive, Ann Arbor MI	Click Here f	or Memo Itemization
Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: Bill Emory 390 First Ave Ypsilanti MI 481	PAC Receipt?		YES 4. Date of Receipt 10/22/17	_{\$} 20	20 - \$
5. If over \$100.00 cum	ulative, please pro	vid	9 :	Click Here fo	r Memo Itemization
Occupation		. 6	mployer		
Business Address Type of Contribution:	Direct		Loan from a person Fund Raiser		
3. Contribution # 4 Name & Address Kate Van Horn 4500 W Liberty F Ann Arbor MI 48		<u>L</u>	YES 4. Date of Receipt 10/22/17	* 35	25
5. If over \$100.00 cumu	ılative, please pro	vide	:	Click Horo for	Mana Hambaria
Occupation		_	Employer	Click Here to	r Memo Itemization
Business Address				•	
Type of Contribution:	✓ Direct		Loan from a person Fund Raiser		
· · · · · · · · · · · · · · · · · · ·				245	

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

Enter this total on line 3a of Summary Page.





CANDIDATE COMMITTEE

C-2017-013

Page,

1. Committee I.D. Number

2. Committee Name

Friends to Elect Katie Scott

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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address: I ad Wysor 610 N. Miami	•	
Ypsilanti MI 48198	25 \$	25 \$
5. If over \$100.00 cumulative, please provide:	Click Hors	for Manage Hand and
Occupation Employer	Click Here	for Memo Itemization
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/22/17		
Name & Address Ann Jackson		
1910 Crestland	50	50
Ann Arbor MI 48104	\$	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address: Ann Stevens		
1307 Harbrook Ave Ann Arbor MI 48103	\$	100 - \$
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 10/22/17 Name & Address Katie Scott		
926 Loyola Drive	250	452
Ann Arbor MI 48103	\$	45Z \$
5. If over \$100.00 cumulative, please provide: RN	Click Here for	r Memo Itemization
Occupation Employer		
Business Address 1500 East Medical Center Drive, Ann Arbor Mi		
Type of Contribution: Direct Loan from a person Fund Raiser		+
Page Subtotal	425	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	

CANDIDATE COMMITTEE

C-2017-013

1. Committee I.D. Number

2. Committee Name

Friends to Elect Katie Scott

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? YES 4. Date of Receipt 10/22/17 Name & Address: Michael Scott	_	
10754 Ludlow		
Huntington Woods MI 48070	250 \$	250
5. If over \$100.00 cumulative, please provide: Physician Employer Employer	Click Here	for Memo Itemization
Business Address 2333 Biddle Ave Wyandotte MI 48192		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address		
Robert Boley		
1619 Dicken Dr Ann Arbor MI 48103	\$	100 \$
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address: Greg Funck 577 Waymarket Drive	\$ 27	<u></u> 27
Ann Arbor MI 48103	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/22/17 Sarah Rominski		
506 Maple Ridge St Ann Arbor MI 48103	50 \$. \$
5. If over \$100.00 cumulative, please provide:	OE-1. 11 (-	
Occupation Employer	Olick Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	427	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		



Enter this total on line 3a of Summary

Page.

CANDIDATE COMMITTEE

C-2017-013 1. Committee I.D. Number

2. Committee Name

Friends to Elect Katie Scott

middle initial. Check box	Enter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle 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.					7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date of	Rece	eipt 10/22/17		1 date of receipt/
Name & Address: Jennifer Andreoli		II				
9471 Hidden Lan	e					
Dexter MI 48130					100 \$	100 \$
5. If over \$100.00 cumul	ative, please pro	ovide:			Click Horo	for Memo Itemization
Occupation		Employer			Olick Fiere	tor werno nemization
Business Address		Control III				
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
3. Contribution #2	PAC Receipt?		Recei	pt 10/22/17	,	
Name & Address				-		
Tammy Austin						
7912 East U Ave					50	50
Vicksburg MI 490	97				Φ	_ \$
5. If over \$100.00 cumula	ative, please pro	vide:			Click Here t	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address: Justin Waugh 529 6th Street	PAC Receipt?	YES 4. Date of	Rece	ipt 10/22/17	100	100
Ann Arbor MI 481	വദ				\$	- \$
5. If over \$100.00 cumula		vide:			Click Here fo	or Memo Itemization
	, p					
-						
Business Address Type of Contribution:	Direct	Loan from a person	Ī	Fund Raiser		
3. Contribution # 4 Name & Address Erica Huebner	PAC Receipt?			10/22/17		
1620 Hillridge Roa					20	20
Ann Arbor MI 4810)3				\$	\$
5. If over \$100.00 cumula	tive, please prov	ride:			Olista I tanas fa	. N. d
Occupation		. Employer			Click Here to	r Memo Itemization
Business Address						
	Direct	Loan from a person	П	Fund Raiser		
la de la companya de	· · · · · · · · · · · · · · · · · · ·			Page Subtotal	270	
			_	<u> -</u>		-
A		(Co		nd Total of All Schedules 1A ete on last page of Schedule)		_



Enter this total on

line 3a of Summary Page.

CANDIDATE COMMITTEE

C-2017-013

1. Committee I.D. Number

2. Committee Name

Friends to Elect Katie Scott

Enter contributor's name and address. If contribution is from an individual, enter last name, first na 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.	ame, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address: Jake Altman 8900 Saline Milan Road	 50	50
Saline MI 48176	\$	
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		TO METTO RETIFICATION
Business Address	_	
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/22/17 Name & Address John Boley		
2717 Frederick Ave Kalamazoo MI 49008	50	\$ 50 \$
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/30/17 Name & Address:		
Laura Mason 1721 Weatherstone Drive Ann Arbor MI	\$ 25 \$	125 _ \$
5. If over \$100.00 cumulative, please provide: RN UMHS	Click Here fo	or Memo Itemization
Occupation Employer 1500 East Medical Center Drive, Ann Arbor MI	•	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 12/16/17 Name & Address Antoinette Wilson 13860 Kenwood St Oak Park MI	25 \$	25 . \$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo —	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Sub Grand Total of All Schedules		



(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

CANDIDATE COMMITTEE

C-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

C	ANDIDATE	COMMITTEE		2. Committee Name	TOTAL TO LICCE	Natie Ocoti
Enter contributor's name middle initial. Check bo Committee (PAC) Repo	x to indicate if cor	ntribution is from a Political (ridual Comr		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Sarah McLaughl 3017 Fairview Av		YES 4. Date of	Rece	11/29/17	_	
Alameda CA 945					5 \$	5 *
5. If over \$100.00 cumu	lative, please pr	ovide:	ord	Health System	Click Here	for Memo Itemization
Occupation		Employer	oiu	Treatti System	Ollok Floro	TO MONO RETHIZACON
Business Address Type of Contribution:	Direct	Loan from a person	Т	Fund Raiser		
3. Contribution #2	PAC Receipt?	The state of the s	Recei	pt 11/28/17		
Name & Address Celia Westlotorn 1012 Mormon St Folsom, CA 9563	McDonald reet		i vece	μ	2 \$	
5. If over \$100.00 cumul Homema					Click Here	for Memo Itemization
Business Address				·		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address: Kate Schatz 329 Haight Ave Alameda, CA 945	PAC Receipt?	YES 4. Date of	Rece	ipt 11/28/17	\$ 1	_ \$
5. If over \$100.00 cumul	ative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Employer				
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address Noa Gottlieb 63 Pitt Street, Apt New York, NY 100		YES 4. Date of	Rece	ipt 11/21/17	1 \$. \$
5. If over \$100.00 cumula	itive, please prov	vide:				
Occupation		Employer			Click Here fo	r Memo Itemization
Business Address		· 				
Type of Contribution:	Direct	Loan from a person	П	Fund Raiser		
				Page Subtotal	9	
			Gra	nd Total of All Schedules 1A		-
		(C		ete on last page of Schedule)		_J



Enter this total on line 3a of Summary Page.

1. Committee I.D. Number

2. Committee Name

C-2017-013

Friends to Elect Katie Scott

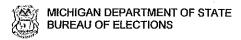
CANDIDATE COMMITTEE

middle initial. Check I	Enter contributor's name and address. If contribution is from an individual, enter last name, first name niddle 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 Name & Address: Susan Danielso	PAC Receipt	?	YES 4. Date of Rec	ceipt	10/22/17		e and officially
3644 Huron Riv	er Drive						
Ann Arbor MI 4	8103					100 \$	100 \$
5. If over \$100.00 cun Self	nulative, please p	'ovi	le:			Click Here	for Memo Itemization
Occupation	T. T		Employer				To morno tromization
Business Address		_	7 · · · · · · · · · · · · · · · · · · ·				
Type of Contribution:		يبيا	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Reco	eipt -			
						\$	<u> </u>
5. If over \$100.00 cum	ulative, please pr	bivo	e:			Click Here f	or Memo Itemization
Occupation		_ E	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Rec	æipt			
						\$	- \$ <u> </u>
5. If over \$100.00 cum	ulative, please pro	vid				Click Here fo	r Memo Itemization
Occupation		_ !	Employer				
Business Address			·				
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Rec	eipt -			
						\$	\$
5. If over \$100.00 cum	ulative, please pro	vide	:			Click Hara for	· Memo Itemization
Occupation			Employer				WOITO ROTHZALION
Business Address							
Type of Contribution:	Direct		Loan from a person] F	und Raiser		
					Page Subtotal	100	

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



line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2017-013

1. Committee I. D. Number

Friends to Elect Katie Scott

CANDIDATE COMMITTEE	2. Committee Name						
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount				
Expenditure #1							
Name Square		10/3/17	_{\$} 49				
	Payment processing	Date	\$ 45				
1455 Market Street, Suite 600	Purpose:	Date					
San Francisco, CA 94103,	Click	Here for Mem	o Itemization Type				
,							
· · · · · · · · · · · · · · · · · · ·	Check box if this expenditure is payment of debt or obligation reported on previous	f					
Fund Raiser	statement						
Expenditure #2							
Name Fivenson Studios		10/4/17	_s 206				
·	Graphic design	Date	\$ 200				
Address	Purpose:	Date					
1214 S. University Ave Unit 4075	Ollate						
Ann Arbor, MI 48104	Click	Here for Memo	Itemization Type				
	Check box if this expenditure is payment of	•					
Fund Raiser	debt or obligation reported on previous statement						
Expenditure #3	Statement						
Name HOMES							
Trains HOTATES		102217	_{\$} 349.80				
Address	Food Purpose:	Date	<u> </u>				
Address 2321 Jackson Avenue	r uipose.						
Ann Arbor, MI 48103	Click I	Here for Memo	Itemization Type				
	Check box if this expenditure is payment of						
Fund Raiser	debt or obligation reported on previous						
Expenditure #4	statement		<u> </u>				
Name PNC Bank							
Tide Tide Dark		101217	s 19.99				
Address	Checks	Date	\$ 10.00				
195 Maple Road	Purpose:						
Ann Arbor 48103	Click h	lere for Momo	Itomization Time				
· ·	 	iere ioi meulo	Itemization Type				
П	Check box if this expenditure is payment of debt or obligation reported on previous						
Fund Raiser	statement						
Expenditure #5							
Name Allied Media		- 1011	3				
	Banner	0124	7 \$ 67.84				
Address 240 North Ecowoy Drivo	Purpose:	Date	\$ 				
240 North Fenway Drive Fenton MI 48230							
FORUM VII 4023U		lere for Memo	Itemization Type				
-	Check box if this expenditure is payment of debt or obligation reported on previous						
Fund Raiser	statement						
	Subtot	tal this page	692.63				
	Grand Total of all S	Chadulas 10					
	(Complete on last page						

Page 10 of 2

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2017-013

1. Committee I. D. Number

2. Committee Name Friends to Elect Katie Scott

6 Nime and address of a second and a decision and a	2. Contracted Harris		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name WIX		102617	_{\$} 120
	Website	Date	\$ 120
1455 Market Street, Suite 600	Purpose:	Date	
San Francisco, CA 94103, Click Here for Mem			
	<u> </u>		io nomization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Fivenson Studios		111417	
		111711	_{\$} 206
Address	Graphic design	Date	-
1214 S. University Ave Unit 4075	Fulpose.		
Ann Arbor, MI 48104	Click	lere for Mem	o Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name Facebook		40445	
1 dobbook		12/1/17	s 22.85
Address,	Purpose:	Date	. Ψ <u></u>
Facebook Headquarters	Turpose.		
1 Hacker Way	Click Here for Memo Itemization Type		
Menlo Park, CA 94025	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #4			
Name ActBlue		121117	
	Fees		_{\$} 2.55
Address DO Dov. 4444.40	Purpose:	Date	
PO Box 441146			
Somerville, MA 02144-0031	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
<u> </u>	statement		
Expenditure #5			
Name Facebook		112717	
	Ad .	112/1/	_{\$} 24.67
^{Address} Facebook Headquarters	Purpose:	Date	<u> </u>
1 Hacker Way	·		
Menlo Park, CA 94025	15-7	ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtots	al this page	376.07
	Junior	pago	0.001
	Grand Total of all So		
	(Complete on last page a	n Schedule) i	



Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2017-013

1. Committee J. D. Number

Friends to Elect Katie Scott

CANDIDATE COMMITTEE	2. Committee Name	ine ocott	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Square		101117	_{\$} 15.47
	Fees	Date	\$ 15.47
Address 1455 Market Street Suite 600	Purpose:	- Date	
San Fransisco CA 94103	c	lick Here for Mem	o Itemization Type
	Check box if this expenditure is paymen		
Fund Raiser	debt or obligation reported on previous	It of	
	statement		
Expenditure #2			
Name			\$
Address		Date	Ψ
Address	Purpose:		
	CI	ick Here for Mem	temization Type
			,,,
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous	t of	
<u></u>	statement		
Expenditure #3			
Name			
A delegan		Date	\$
Address	Purpose:	_ Date	
	Clic	ck Here for Memo	Itemization Type
	Check box if this expenditure is payment		
Fund Raiser	debt or obligation reported on previous	Oi .	
Expenditure #4	statement		
Name			
THE STATE OF THE S			
Address		Date	\$
	Purpose:		
	Clic	k Here for Memo	Itemization Type
	Check box if this expenditure is payment		
Fund Raiser	debt or obligation reported on previous	OT	
	statement		
Expenditure #5			
Name			
Address	Durage	Date	\$
nuulos	Purpose:	Date	
	Clic	k Here for Memo	Itemization Type
<u>_</u>	Check box if this expenditure is payment of	of	
Fund Raiser	debt or obligation reported on previous statement		
	Sub	ototal this page	15.47
	Grand Total of a (Complete on last pa		1084.17



Enter this total on line 8a of Summary Page