



**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: 9/13/17 to 12/31/17

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

2. Committee Name
Friends to Elect Katie Scott

4. Candidate Last Name **Scott** First Name **Katie** M.I. **M**

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**2075 West Stadium
PO Box 3945
Ann Arbor MI 48106**

Area Code and Phone 734-726-4035

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.

6. Treasurer's Name & Residential Address
**Laura Mason
1721 Weatherstone Drive
Ann Arbor MI 48108**

Area Code & Phone 734-497-0511

7. Treasurer's Business Address
**2075 West Stadium
PO Box 3945
Ann Arbor MI 48106**

Area Code and Phone 726-4035

8. Designated Record keeper's Name and Mailing Address (the committee has a Designated Record keeper)

Area Code and Phone _____

FILED
WASHTENAW COUNTY, MI
2018 JAN 31 P 4:32
LAWRENCE F. ESTENBAUM
COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
August 7, 2018

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2017) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

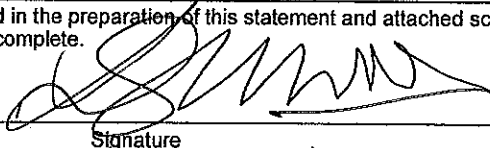
9e. By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

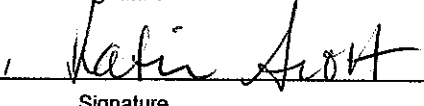
Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Laura Mason Signature  Date 1/31/18

Candidate Katie Scott Signature  Date 1/31/18



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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends to Elect Katie Scott

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2913</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2913</u>	(18.) \$ <u>2913</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2913</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1084.17</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>1084.17</u>	(23.) \$ <u>1084.17</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>0</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>2913</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2913</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1084.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1828.83</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> 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: Occupation <u>Physician</u> Employer <u>Henry Ford Health System</u> Business Address <u>15855 19 Mile, Clinton Township MI 48038</u>				Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

3. Contribution #2	PAC Receipt? <input type="checkbox"/> 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: Occupation <u>Homemaker</u> Employer _____ Business Address _____				Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	9/29/17		
Name & Address: Katie Scott, 926 Loyola Drive, Ann Arbor MI 48103				200	200
				\$	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>Michigan Medicine</u> Business Address <u>1500 East Medical Center Drive, Ann Arbor MI 48103</u>				Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

3. Contribution # 4	PAC Receipt? <input type="checkbox"/> 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: Occupation _____ Employer _____ Business Address _____				Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal 1220

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-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/19/17</u>	
Name & Address: Cristina Wright 4532 Hunt Club Drive, apt 1A Ypsilanti MI 48197		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/1/2017</u>	
Name & Address: Katie Scott 926 Loyola Drive Ann Arbor MI 48103		\$ <u>2</u>	\$ <u>202</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>UMHS</u> Business Address <u>1500 East Medical Center Drive, Ann Arbor MI</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Angie Jensen 305 S Lane St Blissfield MI 49228		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Kieran Scott 926 Loyola Drive Ann Arbor MI 48103		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **67**

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-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

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 <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>10/22/17</u>	
Name & Address: Lori Batzloff 116 Southern Kalamazoo MI 49001		\$ <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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Laura Mason 1721 Weatherstone Drive Ann Arbor MI 48108		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>UMHS</u> Business Address <u>1500 East Medical Center Drive, Ann Arbor MI</u> 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	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Bill Emory 390 First Ave Ypsilanti MI 48197		\$ <u>20</u>	\$ <u>20</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Kate Van Horn 4500 W Liberty Road Ann Arbor MI 48103		\$ <u>25</u>	\$ <u>25</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

~~210~~ **245**

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Tad Wysor 610 N. Miami Ypsilanti MI 48198		\$ <u>25</u>	\$ <u>25</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Ann Jackson 1910 Crestland Ann Arbor MI 48104		\$ <u>50</u>	\$ <u>50</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Ann Stevens 1307 Harbrook Ave 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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Katie Scott 926 Loyola Drive Ann Arbor MI 48103		\$ <u>250</u>	\$ <u>452</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>UMHS</u> Business Address <u>1500 East Medical Center Drive, Ann Arbor MI</u> 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 **425**

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-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Michael Scott 10754 Ludlow Huntington Woods MI 48070		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Henry Ford Health System</u> Business Address <u>2333 Biddle Ave Wyandotte MI 48192</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Robert Boley 1619 Dicken Dr Ann Arbor MI 48103		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Greg Funck 577 Waymarket Drive Ann Arbor MI 48103		\$ <u>27</u>	\$ <u>27</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Sarah Rominski 506 Maple Ridge St Ann Arbor MI 48103		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **427**

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Jennifer Andreoli 9471 Hidden Lane Dexter MI 48130		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Tammy Austin 7912 East U Ave Vicksburg MI 49097		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Justin Waugh 529 6th Street Ann Arbor MI 48103		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Erica Huebner 1620 Hillridge Road Ann Arbor MI 48103		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 270

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: Jake Altman 8900 Saline Milan Road Saline MI 48176		\$ <u>50</u>	\$ <u>50</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/17</u>	
Name & Address: John Boley 2717 Frederick Ave Kalamazoo MI 49008		\$ <u>50</u>	\$ <u>50</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/30/17</u>	
Name & Address: Laura Mason 1721 Weatherstone Drive Ann Arbor MI		\$ <u>25</u>	\$ <u>125</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>UMHS</u> Business Address <u>1500 East Medical Center Drive, Ann Arbor MI</u> 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	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/16/17</u>	
Name & Address: Antoinette Wilson 13860 Kenwood St Oak Park MI		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **150**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

C-2017-013

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3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/29/17</u>	
Name & Address: <u>Sarah McLaughlin</u> <u>3017 Fairview Ave</u> <u>Alameda CA 94501</u>		5 \$ _____	5 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Henry Ford Health System</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/28/17</u>	
Name & Address: <u>Celia Westlorn McDonald</u> <u>1012 Mormon Street</u> <u>Folsom, CA 95630</u>		2 \$ _____	2 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/28/17</u>	
Name & Address: <u>Kate Schatz</u> <u>329 Haight Ave</u> <u>Alameda, CA 94501</u>		1 \$ _____	1 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/21/17</u>	
Name & Address: <u>Noa Gottlieb</u> <u>63 Pitt Street, Apt 4R</u> <u>New York, NY 10002</u>		1 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 9
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-2017-013

1. Committee I.D. Number

Friends to Elect Katie Scott

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 <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>10/22/17</u>	
Name & Address: Susan Danielson 3644 Huron River Drive Ann Arbor MI 48103		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>self</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
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 _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **100**

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

2913

Enter this total on
line 3a 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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Square Address 1455 Market Street, Suite 600 San Francisco, CA 94103, <input type="checkbox"/> Fund Raiser	Purpose: <u>Payment processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/17</u> Date	\$ <u>49</u>
Expenditure #2 Name Fivenson Studios Address 1214 S. University Ave Unit 4075 Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Graphic design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/17</u> Date	\$ <u>206</u>
Expenditure #3 Name HOMES Address 2321 Jackson Avenue Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>102217</u> Date	\$ <u>349.80</u>
Expenditure #4 Name PNC Bank Address 195 Maple Road Ann Arbor 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>101217</u> Date	\$ <u>19.99</u>
Expenditure #5 Name Allied Media Address 240 North Fenway Drive Fenton MI 48230 <input type="checkbox"/> Fund Raiser	Purpose: <u>Banner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/17</u> Date	\$ <u>67.84</u>

Subtotal this page **692.63**

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-2017-013

1. Committee I. D. Number _____
2. Committee Name Friends to Elect Katie Scott

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX Address 1455 Market Street, Suite 600 San Francisco, CA 94103, <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>102617</u> Date	\$ <u>120</u>
Expenditure #2 Name Fivenson Studios Address 1214 S. University Ave Unit 4075 Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Graphic design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>111417</u> Date	\$ <u>206</u>
Expenditure #3 Name Facebook Address Facebook Headquarters 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/1/17</u> Date	\$ <u>22.85</u>
Expenditure #4 Name ActBlue Address PO Box 441146 Somerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>121117</u> Date	\$ <u>2.55</u>
Expenditure #5 Name Facebook Address Facebook Headquarters 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>112717</u> Date	\$ <u>24.67</u>
Subtotal this page			376.07
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-2017-013

1. Committee I. D. Number _____
2. Committee Name Friends to Elect Katie Scott

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Square Address 1455 Market Street Suite 600 San Fransisco CA 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>101117</u> Date	\$ <u>15.47</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 **15.47**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1084.17**

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on line 8a of
Summary Page