



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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: 7/23/2018 to 8/27/2018

1. Committee I.D. Number  
**C2017-013**

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  
**2017 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 48106**

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 \_\_\_\_\_

8. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper)

Area Code and Phone \_\_\_\_\_

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 (\_\_\_\_\_) Coverage Year

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

9e. Dissolution of Candidate Committee

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

FILED  
WASHTENAW COUNTY, MI  
2018 SEP -6 P 2:11  
LAWRENCE KESTENBAUM  
COUNTY CLERK/REGISTRAR

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 [Signature] Date 8/6/2018

Candidate Katie Scott Signature [Signature] Date 8/6/2018



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number C2017-013

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Friends to Elect Katie Scott

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1904</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1904</u>	(18.) \$ <u>16,756</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1904</u>	(20.) \$ <u>16,756</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>587.08</u>	(21.) \$ <u>637.08</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>9841.01</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>9841.01</u>	(23.) \$ <u>16,421.13</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>n/a</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>n/a</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>n/a</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>8271.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1904</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,175.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9841.01</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>334.87</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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? <input type="checkbox"/> YES	4. Date of Receipt <u>7/25/18</u>	
Name & Address: <u>Nicole Sabatine</u> <u>2505 Kipling Ave</u> <u>Berkley MI 48072</u>		\$ <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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/25/18</u>	
Name & Address: <u>Ned Staebler</u> <u>2030 Hill Street</u> <u>Ann Arbor MI 48104</u>		\$ <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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/18</u>	
Name & Address: <u>Anthony Sammour</u> <u>1414 S. Harris Road</u> <u>Ypsilanti MI 48198</u>		\$ <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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/27/18</u>	
Name & Address: <u>Susan Danielson</u> <u>3644 West Huron River Drive</u> <u>Ann Arbor MI 48103</u>		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Psychologist</u> Employer <u>Collaborative Health Center</u> Business Address <u>38807 Ann Arbor Road, Suite 9, Livonia MI 48150</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **250**

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/27/18

Name & Address:  
Kathryn Oppenheim  
1120 Granger Avenue  
Ann Arbor MI

6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: Occupation RN Employer University of Michigan [Click Here for Memo Itemization](#)  
Business Address 1500 East Medical Center Drive, Ann Arbor MI 48108

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 7/27/18

Name & Address:  
Lynn Duffey  
1885 Ledbury Drive  
Bloomfield Hills MI 48304

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ [Click Here for Memo Itemization](#)  
Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 7/27/18

Name & Address:  
Allison Stewart  
1653 Weeping Willow Court  
Superior Charter Township MI 48198

6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ [Click Here for Memo Itemization](#)  
Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 7/27/18

Name & Address:  
Renee McKinney  
458 Madison Street  
Grosse Pointe Farms MI 48236

6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ [Click Here for Memo Itemization](#)  
Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 225

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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? <input type="checkbox"/> YES      4. Date of Receipt <u>7/27/18</u> Name & Address: Kelly Franklin 4342 Edmore Road Waterford MI 48329  6. 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	\$ <u>25</u>	\$ <u>25</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/28/18</u> Name & Address: Tracy Birchmeier 2222 Fuller Ct Apt 303 Ann Arbor MI 48105  6. 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	\$ <u>25</u>	\$ <u>25</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/28/18</u> Name & Address: Sheri Divers 17217 Stoepel Street Detroit MI 48221  6. 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	\$ <u>30</u>	\$ <u>30</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>7/27/18</u> Name & Address: Jan Barbar 1609 Glastonbury Road Ann Arbor MI 48103  6. 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	\$ <u>50</u>	\$ <u>50</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **130**

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

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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? <input type="checkbox"/> YES 4. Date of Receipt <u>7/28/18</u> Name & Address: Richard Jackson 1910 Crestland St. Ann Arbor MI 48104		25 \$	25 \$
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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/28/18</u> Name & Address: Katie Pontifex 6413 Savanna Way Holt MI 48842		25 \$	25 \$
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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/28/18</u> Name & Address: Mitch Seymour 2435 Merrill Ypsilanti MI 48197		500 \$	500 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>Scientist</u> Employer <u>Self</u> Business Address <u>2435 Merrill, Ypsilanti MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/28/18</u> Name & Address: Cristina Wojack 403 Village Green Blvd Apt #208 Ann Arbor MI 48105		25 \$	25 \$
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **575**

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

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/29/18  
Name & Address:  
David Hughes  
7249 Whispering Oak Drive  
Sylvania OH 43560  
6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

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 7/29/18  
Name & Address:  
Benjamin Curl  
413 South Holmes Street  
Lansing MI 48192  
6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

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 7/30/18  
Name & Address:  
Chemari Combs  
1150 Paddock Place #202  
Ann Arbor MI 48108  
6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

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 7/30/18  
Name & Address:  
Susan Perry  
1708 Fair Street  
Ann Arbor MI 48103  
6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

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 300

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

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/31/18

Name & Address:  
**Beverly Davidson**  
2002 Alice Street  
Ann Arbor MI 48103

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

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 #2 PAC Receipt?  YES 4. Date of Receipt 8/1/18

Name & Address:  
**Brian Murphy**  
1314 Brackenridge Ave  
DuPont, WA 98327

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

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 8/1/18

Name & Address:  
**Alexander Deatrick**  
5630 Meadow Lane  
Ann Arbor, MI 48105

6. Amount \$ 27 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 27

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 # 4 PAC Receipt?  YES 4. Date of Receipt 8/1/18

Name & Address:  
**Nikhil Shimpi**  
476 Clinton Ave, Apt. 1AA  
Brooklyn, NY 11238

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

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

Page Subtotal **84**

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

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2017-013  
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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 7/31/18  
Name & Address:  
Kyle Zick  
6403 Pocklington  
Britton MI 48229  
6. Amount \$ 40 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 40

5. If over \$100.00 cumulative, please provide:  
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 7/25/18  
Name & Address:  
International Brotherhood of Electrical Workers  
Local 252  
7920 Jackson Road, Ann Arbor MI 48103  
6. Amount \$ 250 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ [Click Here for Memo Itemization](#)  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 8/15/18  
Name & Address:  
Susan Nehring  
3290 Creek Dr  
Ann Arbor MI 48106  
6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ [Click Here for Memo Itemization](#)  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

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 \_\_\_\_\_ [Click Here for Memo Itemization](#)  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal **340**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **1904**

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

C2017-013

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 <u>Allied Media</u>  Address 240 North Fenway Drive Fenton MI 48230  <input type="checkbox"/> Fund Raiser	Purpose: <u>Stationary</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/18</u> Date	\$ <u>360.63</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>Allied Media</u>  Address 240 North Fenway Drive Fenton MI 48230  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign lit &amp; mail</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/18</u> Date	\$ <u>1372.95</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>Allied Media</u>  Address 240 North Fenway Drive Fenton MI 48230  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign lit &amp; mail</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/18</u> Date	\$ <u>2745.02</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>Facebook</u>  Address 1 Hacker Way Menlo Park CA 94025  <input type="checkbox"/> Fund Raiser	Purpose: <u>Digital Advertising</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/18</u> Date	\$ <u>117.72</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>Allied Media</u>  Address 240 North Fenway Drive Fenton MI 48230  <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>8/2/18</u> Date	\$ <u>2728.62</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page

**7324.94**

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**

C2017-013

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 <b>ACT BLUE</b>  Address PO Box 441146 Sommerville MA 02144  <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>8/3/18</u> Date	<u>\$ 57.26</u>  Click Here for Memo Itemization Type
Expenditure #2 Name <b>Allied Media</b>  Address 240 North Fenway Drive Fenton MI 48230  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign lit</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/19</u> Date	<u>\$ 324.72</u>  Click Here for Memo Itemization Type
Expenditure #3 Name <b>PNC</b>  Address 195 Maple Road Ann Arbor MI 48103  <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>8/9/18</u> Date	<u>\$ 92.09</u>  Click Here for Memo Itemization Type
Expenditure #4 Name <b>Change Media</b>  Address 1000 S Washington Ave, Suite 101 Lansing MI 48910  <input type="checkbox"/> Fund Raiser	Purpose: <u>Digital Advertising</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/18</u> Date	<u>\$ 1500.00</u>  Click Here for Memo Itemization Type
Expenditure #5 Name <b>MEANS Production</b>  Address 5698 McMillan Ave Detroit MI 48209  <input type="checkbox"/> Fund Raiser	Purpose: <u>Digital Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/14/18</u> Date	<u>\$ 550.00</u>  Click Here for Memo Itemization Type

Subtotal this page **2524.07**

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

**9849.01**

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK

C2017-01

1. Committee I. D. Number

Friends to Elect Katie Scott

CANDIDATE COMMITTEE

2. Committee Name

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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
	5. Date of Receipt		
6. Name & Address of Vendor from whom goods or services were purchased			

Contribution # 1 PAC Receipt?  Yes

Name & Address:  
Katie Scott  
926 Loyola Drive  
Ann Arbor MI 48103

If over \$100.00 cumulative, please provide:  
Occupation: RN

Employer Name & Business Address:  
University of Michigan  
1500 East Medical Center Dr  
Ann Arbor MI 48104

Fund Raiser Contribution

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated  
 Goods or Services Purchased by Candidate or Others  
 Goods or Services Purchased by Candidate or Others- LOAN

Description: Appreciation dinner

5. Date Of Receipt: 8/7/18

6. Vendor Name & Address:  
HOMES Brewery  
2321 Jackson Ave  
Ann Arbor MI 48103

Click Here for Memo Itemization

7. Amount or Fair Market Value: \$ 587.08

8. Cumulative for Election Cycle: \$ 1039.08

Contribution # 2 PAC Receipt?  Yes

Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

Fund Raiser Contribution

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated  
 Goods or Services Purchased by Candidate or Others  
 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?  Yes

Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

Fund Raiser Contribution

4.  Endorsement or Guarantee of Bank Loan  
 Goods Donated or Loaned  Services Donated  
 Goods or Services Purchased by Candidate or Others  
 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	587.08
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	587.08

Enter this total on line 6 of Summary Page