



**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: 8/28/18 to 10/20/18

1. Committee ID 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
**2075 West Stadium
PO Box 3945
Ann Arbor MI 48106**

Area Code and Phone 734-728-4035

If the address in this box is different than 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 Post-Election

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus
November 6, 2018

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

July Quarterly

October Quarterly

9c. Annual Statement (_____) Covers 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 filing 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. Verifications: 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** (Type or Print Name)  (Signature) Date: 10.26.18

Candidate: **Katie Scott** (Type or Print Name)  (Signature) Date: 10/26/18



C2017-013

1. Committee ID Number

Friends to Elect Katie Scott

2. Committee Name

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0	(18.) \$ 16,756.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Lines 3c + Line 4)	(5.) \$ 0	(20.) \$ 16,756.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-BK, Column 7)	(6.) \$ 0	(21.) \$ 637.08
7. In-Kind Expenditures (Schedule 1B-BK, Column 8)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 167.04	
b. Itemized Get-Out-the-Vote (Schedule 1B-C)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 167.04	(23.) \$ 16,588.17
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 334.87	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) \$ 0	
15. SUBTOTAL Add lines 13 and 14	(15.) \$ 334.87	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) \$ 167.04	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 167.83	



**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: Facebook 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>9/4/18</u> Date	<u>\$ 18.69</u>
Expenditure #2 Name: PNC Address: 195 Maple Road Ann Arbor 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/18</u> Date	<u>\$ 24.00</u>
Expenditure #3 Name: ACT BLUE 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>10/10/11</u> Date	<u>\$ 4.35</u>
Expenditure #4 Name: WIX Address: 1455 Market St., Suite 600 San Francisco 94103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/11</u> Date	<u>\$ 120.00</u>
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

167.04

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

167.04

Enter this total on line 6a of Summary Page