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: 7/21/2019 to 10/20/2019

1. Committee I.D. Number

C 2017-013

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

4a. Office Sought Including District # or Community Served (If applicable)

Board Member - Local

2. Committee Name

Friends to Elect Katie Scott

4b. County of Residence Washtenaw

5. Committee's Mailing Address

426 Loyola Dr.
Ann Arbor MI 48103

Area Code and Phone 734 657 5180

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 Dr.
Ann Arbor MI 48106

Area Code & Phone 734. 497. 0511

7. Treasurer's Business Address

1721 Weatherstone Dr.
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

_____

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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding 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 OCT 25 2019
Type or Print Name Signature

Candidate Katie Scott , [signature] Katie Scott Date Oct 25 2019
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee I.D. Number __C 2017-013__

2. Committee Name __Friends to Elect Katie Aiott__

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
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.) $ 0
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	N/A	(19.) $ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	0	(20.) $ 0
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0	(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	0	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	0	(23.) $ 0
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.) $	286.88
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0
15. SUBTOTAL Add lines 13 and 14	(15.) = $	286.88
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	0
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	286.88

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number _C 2017·013_

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? ☐ YES   4. Date of Receipt _____
Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES   4. Date of Receipt _____
Name & Address

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 3 PAC Receipt? ☐ YES   4. Date of Receipt _____
Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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3. Contribution # 4 PAC Receipt? ☐ YES   4. Date of Receipt _____
Name & Address

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____   Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

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	Page Subtotal	0
	Grand Total of All Schedules 1A (Complete on last page of Schedule)	0

Enter this total on line 3a of Summary Page.

Page _1_ of _2_

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number _C 2017 013_

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

Address

Purpose: _____ Date _____ $ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

☐ Fund Raiser

Expenditure #2

Name

Address

Purpose: _____ Date _____ $ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

☐ Fund Raiser

Expenditure #3

Name

Address

Purpose: _____ Date _____ $ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

☐ Fund Raiser

Expenditure #4

Name

Address

Purpose: _____ Date _____ $ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

☐ Fund Raiser

Expenditure #5

Name

Address

Purpose: _____ Date _____ $ _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

☐ Fund Raiser

Subtotal this page: 0

Grand Total of all Schedules 1B
(Complete on last page of Schedule): 0

Enter this total
on line 8a of
Summary Page