



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**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: 1/1/2020 to 7/19/2020

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.

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

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**926 Loyola Drive
Ann Arbor MI 48103**

Area Code and Phone 734-657-5980
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
**1721 Weatherstone Drive
Ann Arbor MI 48106**

Area Code and Phone 734-497-0511

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 4, 2020

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 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 [Signature] Date 7/27/20

Candidate Katie Scott Signature [Signature] Date 7/27/20



1. Committee I.D. Number C 2017 013

2. Committee Name Friends to elect Katie Scott

**SUMMARY PAGE
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3255.00</u>	(18.) \$ <u>3255</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ <u>0</u>
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(20.) \$ <u>3255.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>289.60</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>0</u>	(23.) \$ <u>289.60</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.) \$ _____
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>201.88</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3255.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,516.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>289.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,227.28</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2017-013
2. Committee Name Friends to elect Kati 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>March 12, 2020</u>	
Name & Address: <u>Carlin Goldstide</u> <u>2521 Millin</u> <u>Ann Arbor MI 48103</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse</u> Employer <u>Area Agency on Aging B</u> Business Address <u>110 N. 4th Ave, Ann Arbor MI 48103</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>March 12, 2020</u>	
Name & Address: <u>Marshall Kitchens</u> <u>151 Lafayette St. Apt 317</u> <u>Pontiac MI 48342</u>		\$ <u>100.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Oakland University</u> Business Address <u>2200 Spurred Road Rochester MI 48309</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>March 12, 2020</u>	
Name & Address: <u>Barbara Hensing</u> <u>261 Corrie Rd</u> <u>Ann Arbor MI 48105</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RN</u> Employer <u>UMHS</u> Business Address <u>1000 Univ. Dr Ann Arbor MI 48108</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>March 12, 2020</u>	
Name & Address: <u>Ernie Washington</u> <u>8409 S. Huron River Dr.</u> <u>Ypsilanti MI 48197</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>self</u> Business Address <u>2750 Carpenter 5 Ann Arbor MI 48108</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 275.00

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**

1. Committee I.D. Number 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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 17 March 2020

Name & Address:
Steve Golick
437 Sumner Way
Ann Arbor MI 48103

6. Amount \$ 100.00 \$ 100.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11 March 2020

Name & Address:
Kath Linyarduk
1070 S. Genesee Ave
LA CA 90019

6. Amount \$ 125.00 \$ 125.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation not employed Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7 March 2020

Name & Address:
Travis Radina
2060 Champayne Dr.
Ann Arbor MI 48108

6. Amount \$ 50.00 \$ 50.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Director of Global Comm Alumni Employer University of Michigan

Business Address 700 Fitcher St. Ann Arbor MI

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7 March 2020

Name & Address:
Leigh Gredem
2860 Gladstone Ave
Ann Arbor MI 48104

6. Amount \$ 100.00 \$ 100.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation Administrator Employer GMU

Business Address 19855 W. Oak Drive Dearborn MI 48126

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 375.00

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**

1. Committee I.D. Number 02017-013
2. Committee Name Friends to Elect Kati Saha

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 March 2020

Name & Address:
Laurie Pohutsky
17476 Redwood A
Livonia MI 48152

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 2 March 2020

Name & Address:
James Riderson
50777 Judd Rd
Belleville MI 48111

6. Amount \$ 125.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 125.00

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

Occupation Instructor Employer University of MI

Business Address 14000 Hubbard Drive Dearborn MI 48176

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1 March 2020

Name & Address:
Stephanie White
215 Wyncott Dr.
Ann Arbor MI 48104

6. Amount \$ 500.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500.00

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

Occupation Not employed Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 26 Feb. 2020

Name & Address:
Allan Newman
2577 Newport
Ann Arbor MI 48103

6. Amount \$ 125.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 125.00

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

Occupation not employed Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 800.00

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**

1. Committee I.D. Number C 2017 013
2. Committee Name Friends to Elect Katin Gott

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>23 Feb. 2020</u>	
Name & Address: <u>Neal Elyakin</u> <u>1300 Red Oak Rd</u> <u>Ann Arbor MI 48103</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
6. 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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>15 Feb 2020</u>	
Name & Address: <u>Jessica Litaw</u> <u>533 Fifth St.</u> <u>Ann Arbor MI 48103</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
6. 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 #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>14 Feb 2020</u>	
Name & Address: <u>Neil Jain</u> <u>28735 Windgreen Dr.</u> <u>Farmington Hills MI 48331</u>		\$ <u>5.00</u>	\$ <u>5.00</u>
6. 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>14 Feb. 2020</u>	
Name & Address: <u>Bob Follen</u> <u>17750 Sharon Valley Rd.</u> <u>Manchester MI 48158</u>		\$ <u>750.00</u>	\$ <u>750.00</u>
6. If over \$100.00 cumulative, please provide: Occupation <u>Discipline Engagement</u> Employer <u>Planned Parenthood MI</u>		Click Here for Memo Itemization	
Business Address <u>115 W. Allegan Lansing MI 48933</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 205.00

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**

1. Committee I.D. Number C2017-013
2. Committee Name Friends to Elect Katie Goff

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/15/2020</u>	
Name & Address: <u>MNA PAC</u> <u>2310 Golly Oak Rd</u> <u>Okemos MI 48864</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
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 #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>6/17/2020</u>	
Name & Address: <u>Michigan Laborers Political League PAC</u> <u>118 Centennial Way SWH100</u> <u>Lansing MI 48197</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
6. 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 #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
6. 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:		\$ _____	\$ _____
6. 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 1500.00
Grand Total of All Schedules 1A 3255.00
(Complete on last page of Schedule)
Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 62017-013
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 <u>DNC BANK</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fees 11/120-6/17/17</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17</u> Date	<u>\$ 30.00</u>
Expenditure #2 Name <u>ACT BLUE</u> Address <u>PO Box 441146 Somerville MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees -</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17</u> Date	<u>\$ 109.60</u>
Expenditure #3 Name <u>County Clerk</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>late filing fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/5</u> Date	<u>\$ 50.00</u>
Expenditure #4 Name <u>County Clerk</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing Fee</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/5</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 289.60
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 289.60
 Enter this total on line 8a of Summary Page

