



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.

1. Committee I.D. Number <b>C-2017-013</b>		3. This Statement covers From: <u>07/21/20</u> to <u>10/18/20</u>	
2. Committee Name <b>Friends of Katie Scott</b>		4. Candidate Last Name First Name M.I. <b>Scott Katie</b>	
5. Committee's Mailing Address <b>926 Loyola Dr. Ann Arbor, MI 48103</b>		4a. Office Sought Including District # or Community Served (If applicable)	
5. Committee's Mailing Address (continued) <b>Area Code and Phone (734) 657-5980</b>		4b. County of Residence	
6. Treasurer's Name & Residential Address <b>Bradley OConner 1228 Hull Ave. Ann Arbor, MI 48198</b>		6. Treasurer's Name & Residential Address (continued) <b>Area Code &amp; Phone (734) 474-3935</b>	
7. Treasurer's Business Address <b>Area Code and Phone</b>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <b>Area Code and Phone</b>	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/03/20</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement ( <u>    </u> Coverage Year ) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		<b>9e. Dissolution of Candidate Committee</b> <input type="checkbox"/> 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 <u>10/23/20</u> Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<b>10. Verification:</b> 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 <b>Bradley OConner</b> Type or Print Name		 Signature	
		Date <u>10/23/20</u>	
Candidate <b>Katie Scott</b> Type or Print Name		 Signature	
		Date <u>10/23/20</u>	

FILED  
 SHAWNAW COUNTY MI  
 OCT 23 P 3:50  
 KESSEBAUM  
 CLERK/REGISTRAR



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
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$250.00</u>	(18.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$250.00</u>	(20.) \$ <u>\$3,505.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ _____	(21.) \$ _____
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ _____	(23.) \$ <u>\$291.10</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$3,227.38</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$250.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>\$3,477.38</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$3,477.38</u>	



**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 10/09/20  
Name & Address:  
Clark Pellett  
680 N. Lake Shore Dr.  
Chicago, IL 60611

\$ <u>250</u>	\$ <u>250</u>
---------------	---------------

5. If over \$100.00 cumulative, please provide:  
Occupation Attorney Employer Self Employed  
Business Address 680 N. Lake Shore Dr. Chicago, IL 60611

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ _____	\$ _____
----------	----------

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ _____	\$ _____
----------	----------

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

\$ _____	\$ _____
----------	----------

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_

[Click Here for Memo Itemization](#)

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal **\$250.00**

Grand Total of All Schedules 1A **\$250.00**  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.

