



**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 01/01/15 to 01/31/15

1. Committee I.D. Number  
**C-2014-004**

2. Committee Name  
**Sally Hart Petersen for Mayor**

4. Candidate Last Name **Petersen** First Name **Sally** M.I. **H**

4a. Office Sought Including District # or Community Served (If applicable)  
**Mayor, Ann Arbor**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**2976 Hickory Lane  
Ann Arbor, MI 48104**

Area Code and Phone (734) 996-5569  
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  
**Perry Zielak  
3386 Columbus Lane  
Ann Arbor, MI 48103**

Area Code & Phone (847) 736-9615

7. Treasurer's Business Address  
**N/A**

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

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  
**N/A**

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 outstanding assets, owes no lates 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  
01/15/15

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 Perry Zielak  
Type or Print Name Signature \_\_\_\_\_ Date 1/30/15

Candidate Sally Hart Petersen  
Type or Print Name Signature \_\_\_\_\_ Date 2/3/15

FILED  
 WASHTENAW COUNTY, MI  
 2015 FEB - 3 P 11:04  
 LAWRENCE KESTER  
 COUNTY CLERK/REGISTRAR



1. Committee I.D. Number C-2014-004

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Sally Hart Petersen for Mayor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>100.36</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$100.36</u>	(18.) \$ <u>\$52,076.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$8.08</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$100.36</u>	(20.) \$ <u>\$52,084.08</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$4,707.09</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<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.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$52,083.90</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>-\$100.36</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$100.36</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$0.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u> *	

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2014-004  
2. Committee Name Sally Hart Petersen for Mayor

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>01/14/15</u> Name & Address: <b>Sally Hart Petersen</b> <b>2976 Hickory Lane</b> <b>Ann Arbor, MI 48104</b> 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	\$ <u>100.36</u>	\$ <u>18671.44</u>
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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	\$100.36
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$100.36

Enter this total on line 3a of Summary Page.

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2014-004  
2. Committee Name Sally Hart Petersen for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Bank of Ann Arbor</b> Address 125 S. Fifth Ave. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>payment of overdraft funds</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type <i>Already reported on annual statement, so no new expenditure</i>	<u>01/14/15</u> Date	\$ <u>100.36</u>
Expenditure #2 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 Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #3 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 Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #4 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 Click Here for Memo Itemization Type	_____ Date	\$ _____
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 Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **\$100.36** *Ø*  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) **\$100.36** *Ø*  
 Enter this total on line 8a of Summary Page



**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 08/26/14 to 12/31/14

1. Committee I.D. Number  
**C-2014-004**

2. Committee Name  
**Sally Hart Petersen for Mayor**

4. Candidate Last Name First Name M.I.  
**Petersen Sally H**

4a. Office Sought Including District # or Community Served (If applicable)  
**Mayor, Ann Arbor**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**2976 Hickory Lane  
Ann Arbor, MI 48104**

Area Code and Phone (734) 996-5569  
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  
**Perry Zielak  
3386 Columbus Lane  
Ann Arbor, MI 48103**

Area Code & Phone (847) 736-9615

7. Treasurer's Business Address  
**N/A**

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

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)  
**N/A**

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 (2014 )  
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 outstanding assets, owes no lates 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 Perry Zielak Signature [Signature] Date 1/30/15  
Type or Print Name

Candidate Sally Hart Petersen Signature [Signature] Date 2/3/15  
Type or Print Name



1. Committee I.D. Number C-2014-004

2. Committee Name Sally Hart Petersen for Mayor

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,008.64</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,008.64</u>	(18.) \$ <u>\$51,975.64</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$8.08</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$1,008.64</u>	(20.) \$ <u>\$51,983.72</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$4,707.09</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,138.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$2,138.21</u>	(23.) \$ <u>\$52,083.90</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$100.36</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,029.21</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,008.64</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>\$2,037.85</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$2,138.21</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>-\$100.36</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2014-004  
2. Committee Name Sally Hart Petersen for Mayor

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>10/28/14</u> Name & Address: <b>Sally Hart Petersen</b> 2976 Hickory Lane Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>City Council Member</u> Employer <u>City of Ann Arbor</u> Business Address <u>301 E. Huron St. Ann Arbor, MI 48107</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>18571.08</u>  <a href="#">Click Here for Memo Itemization</a>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/01/14</u> Name & Address: <b>Jane Miller</b> 760 Watershed Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>Ford Motor Company</u> Business Address <u>1 American Rd. Dearborn, MI 48126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>508.64</u>	\$ <u>608.64</u>  (Memo Itemization) Waived campaign reimbursement check issued.
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/01/14</u> Name & Address: <b>Chol Yi</b> 1741 Monterey Ct. Ann Arbor, MI 48108 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	\$ <u>100</u>	\$ <u>100</u>  (Memo Itemization) Waived campaign reimbursement check issued.
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/30/14</u> Name & Address: <b>Perry Zielak</b> 3386 Columbus Lane Ann Arbor, MI 48105 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	\$ <u>100</u>	\$ <u>100</u>  <a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$1,008.64**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **\$1,008.64**

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2014-004  
2. Committee Name Sally Hart Petersen for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Facebook</u>  Address <u>1601 Willow Rd.</u> <u>Menlo Park, CA 94025</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ads</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/14</u> Date	<u>\$ 234.02</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>NGP VAN</u>  Address <u>1101 15th St, NW, Suite 500</u> <u>Washington, DC 20005</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online donation page</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/14</u> Date	<u>\$ 150</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>University Translators Services LLC</u>  Address <u>PO Box 3768</u> <u>Ann Arbor, MI 48106</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign language interpreters</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/14</u> Date	<u>\$ 193.44</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>Sage Payment Solutions</u>  Address <u>1750 Old Meadow Rd. #300</u> <u>Mclean, VA 22102</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online processing fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/14</u> Date	<u>\$ 7.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>NGP VAN</u>  Address <u>1101 15th St, NW, Suite 500</u> <u>Washington, DC 20005</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online donation page</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/14</u> Date	<u>\$ 150</u>  <a href="#">Click Here for Memo Itemization Type</a>
Subtotal this page			<b>\$734.46</b>
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**

1. Committee I. D. Number C-2014-004  
2. Committee Name Sally Hart Petersen for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>NGP VAN</b>  Address 1101 15th St, NW, Suite 500 Washington, DC 20005  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online donation page</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/14</u> Date	<u>\$ 150</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>NGP VAN</b>  Address 1101 15th St, NW, Suite 500 Washington, DC 20005  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online donation page</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/02/14</u> Date	<u>\$ 150</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>SMG Strategies Inc</b>  Address PO Box 1464 Holland, MI 49422  <input type="checkbox"/> Fund Raiser	Purpose: <u>Consultation fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/14</u> Date	<u>\$ 1000</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Sage Payment Solutions</b>  Address 1750 Old Meadow Rd. #300 Mclean, VA 22102  <input type="checkbox"/> Fund Raiser	Purpose: <u>Online processing fees</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/01/14</u> Date	<u>\$ 94.75</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Bank of Ann Arbor</b>  Address 125 S. Fifth Ave. Ann Arbor, MI 48104  <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank overdraft fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/14</u> Date	<u>\$ 9.00</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page	<b>\$1,403.75</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>\$2,138.21</b>

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2014-004  
2. Committee Name Sally Hart Petersen for Mayor

This Schedule itemizes:

a  Debts and obligations owed by or forgiven the committee OR b  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input checked="" type="checkbox"/> Yes Owed to or by:  Bank of Ann Arbor 125 S. Fifth Ave. Ann Arbor, MI 48104	4. Type: <u>Overdraft sum</u>  5. <u>Date Debt Was Incurred:</u> <u>12/09/14</u>  6. <u>Original Amount of Debt:</u> <u>\$ 100.36</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____          \$ <u>0.00</u>	_____          \$ <u>100.36</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____  5. <u>Date Debt Was Incurred:</u> _____  6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____          \$ _____	_____          \$ _____  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____  5. <u>Date Debt Was Incurred:</u> _____  6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____          \$ _____	_____          \$ _____  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$100.36**  
Grand Total of all Schedules 1E **\$100.36**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.