



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: 07/24/20 to 09/05/20

1. Committee I.D. Number
C-2018-33

2. Committee Name
Alice Liberson for City Council

4. Candidate Last Name Liberson First Name Alice M.I. J

4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City Council ward 3

4b. County of Residence WASHTENAW

5. Committee's Mailing Address
**1129 Martin Place
Ann Arbor, MI 48104**

6. Treasurer's Name & Residential Address
**Alice Liberson
11129 Martin Place
Ann Arbor, MI 48104**

Area Code and Phone (734) 709-1960
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.

Area Code & Phone (734) 709-1960

7. Treasurer's Business Address
**1129 Martin Place
Ann Arbor, MI 48104**

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone 734 7091960

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

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.)

Date of Election, Convention or Caucus

08/07/20

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 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

8/5/2018

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 Alice Liberson
Type or Print Name

Signature

Date

9/5/2018

Candidate Alice Liberson
Type or Print Name

Signature

Date

9/5/2018



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-33
2. Committee Name Alice Liberson for City Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>665</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>10,301</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2270 1016.90</u>	(21.) \$ <u>1016.90</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4623.54</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4623.54</u>	(23.) \$ <u>4623.54</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1941.64</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2681.90</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4623.54</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4623.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2018-33

CANDIDATE COMMITTEE

2. Committee Name ALICE LIBERSON For City Council

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>ALICE LIBERSON</u> <u>129 MARANTPI</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Advertising</u> 5. Date Of Receipt: <u>7/25/2018</u> 6. Vendor Name & Address: <u>Ann Arbor Observer</u> <u>2390 Winewood Ave</u> <u>A2 MI 48103</u>	<u>\$ 1016.90</u>	<u>\$ 2016.90</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

1016.90 2016.90

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

2016.90

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

C-2018-33

CANDIDATE COMMITTEE

2. Committee Name

ALICE LIBERSON FOR CITY COUNCIL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: ALICE LIBERSON 1129 MARTIN PL Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Retired	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Printing - mailer</u> 5. Date Of Receipt: <u>7/25/20</u> 6. Vendor Name & Address: <u>City Printing</u> <u>413 Cross St.</u> <u>Ypsil, MI 48198</u>	\$ 1016.90 \$ 1016.90	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	

Page Subtotal

1016.90

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2018-33**
2. Committee Name **Alice Liberson for City Council**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Go Daddy Address Arizona <input type="checkbox"/> Fund Raiser	Purpose: Web Hosting <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/20 Date	\$ 64.06
Expenditure #2 Name Unit Packaging Address 119 Enterprise Drive Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: Mailing - Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/23/20 Date	\$ 1130.87
Expenditure #3 Name Juliet Pressel Address Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: Copying <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/20 Date	\$ 38.16
Expenditure #4 Name Act Blue Address Michigan Dems Lansing, MI <input type="checkbox"/> Fund Raiser	Purpose: Data Base <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/20 Date	\$ 82.50
Expenditure #5 Name WIX Address NY,NY <input type="checkbox"/> Fund Raiser	Purpose: Web Site <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/23/18 Date	\$ 168.00

Subtotal this page

1483.59

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 _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Ann Arbor Observer Address 2390 Winewood Ave Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: Advertising <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/20 Date	\$ 1239.00 Click Here for Memo Itemization Type
Expenditure #2 Name Household Words Address P.O. Box 130117 Ann Arbor, MI 48113 <input type="checkbox"/> Fund Raiser	Purpose: Design Servicers <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	08/12/20 Date	\$ 300.00 Click Here for Memo Itemization Type
Expenditure #3 Name City Printing Address 411 W. Cross Street Ypsilanti, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: Printing -Mailer <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/25/20 Date	\$ 1431.00 Click Here for Memo Itemization Type
Expenditure #4 Name Rebecca Yaciuk Address 4545 Jaylin Street Keller, TX 76244 <input type="checkbox"/> Fund Raiser	Purpose: Graphics <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	 Date	\$ \$165.00 Click Here for Memo Itemization Type
Expenditure #5 Name WIX Address <input type="checkbox"/> Fund Raiser	Purpose: Web Hosting <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/20 Date	\$ 4.95 Click Here for Memo Itemization Type

Subtotal this page

3139.95

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

4623.54

Enter this total
on line 8a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-33
2. Committee Name Alice Liberson for Council

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>07/27/20</u> Name & Address: <u>Jordan Siegel</u> <u>1A Emmons Pl</u> <u>Cambridge, MA 02138</u>		\$ <u>40.00</u>	\$ <u>40.00</u>
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Sierra Club Michigan Chapperr</u> <u>109 E. Grand River Ave</u> <u>Lansing, MI 48906</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/02/20</u> Name & Address: <u>Stephen and Ellen Ramsburg</u> <u>1503 Cambridge Rd</u> <u>Ann Arbor, MI 48104</u>		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ 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 _____ Name & Address: <u>Agnes and Stephen Reading</u> <u>161 Lauren Ct.</u> <u>Ann Arbor, MI 48105</u>		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ 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 \$415.00

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-2018-33
2. Committee Name Alice Liberson for City Council

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>08/05/20</u> Name & Address: <u>Alan and Melodie Solway</u> <u>1607 Kirkway Rd</u> <u>Bloomfield Hills, MI 48302</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>Alan Solway, MD</u> Business Address <u>32410 5 Mile Rd Livonia 48154</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 _____ Name & Address: <u>Alice Liberson</u> <u>1420 Main St</u> <u>Ann Arbor, MI 48104</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ 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 _____ 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		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	

Page Subtotal \$2,000.00 250

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

\$2,000.00 665

Enter this total on
line 3a of Summary
Page.