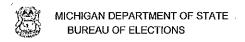


## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	l signed by andidate.	3. This Statement covers From	<sup>n:</sup> 07/24/20	to 09/0	5/20		
1. Committee I,D, Number	•	4. Candidate Last Name		First Name	•	M.I.	
C-2018-33		Liberson	Alice	€		J	
20,000		4a. Office Sought Including Di	strict # or Comm	nunity Served (If ap	plicable)		
2. Committee Name		Ann Arbor City Council ward 3			Y		
Alice Liberson for City Counci	il	4b. County of Residence WA	SHTENAW		7018	第 5 二	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	72	SEP	113 mm	-
1129 Martin Place		Alice Liberson		은유	1	701	
Ann Arbor, MI 48104		11129 Martin Place	A	罗齐	5	ED A LYNOO	
		Ann Arbor, MI 4810	+	X		Š	
				<b>一</b>	5 =		
Area Code and Phone (734) 709-1960 If the address in this box is different from the commit	ittaa			Sis	× 5		
mailing address on the Statement of Organization, r		Area Code & Phone (734) 7	709-1960	西	主一		
be sent to this address by the filing official.							
7. Treasurer's Business Address 1129 Martin Place		8. Designated Record Keepe     Designated Record Keeper)	rs name and A	naiess (ii the comi	nuee nas a		
Ann Arbor, MI 48104							
Milit Alboi, Wil 40104							
Area Code and Phone	<u> </u>	Area Code and Phone					
9. TYPE OF STATEMENT		NI V if a sudidate	9e. Dissoluti	ion of Candidate C	Committee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :	by the commit	ing this item I/We c	e or his or h	er spouse i	is here
Pre-Election or Post-Election Statement relates to:		f = ab .	the committee	I and forgiven, and . The committee h	no longer co .as no ousta	ollectible fro Inding asse	om ets,
X Primary	July Quar	teriy	owes no lates	fees or has any our	standing del	pt.	
General	October C	Quarterly	Eurthor if the	dissolution cannot t	ho arented	that this ha	
			considered a r	equest for the Repo	orting Waive	सावर प्राइ <b>४</b> ८ अ.	
Convention	<u></u>						
Special	9c. Annua	al Statement ()	Effe	ctive date of dissolu	ution		
School		Coverage Year	8	15/2019	2		
Caucus	9d, Amer	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to					
	Indica	ite which Statement is being		position of residual and the Summary F		be reported	d on
	amen	ded.)	0011000010 12	and the comment t	ago.		
Date of Election, Convention or Caucus							
08/07/20							
10. Verification: I\We certify that all reasonable dilige my\u00e4our knowledge and belief the contents are true, a	ence was used accurate and c	in the preparation of this statem omplete.	ent and attache	d schedules (if any	) and to the	best of	
Current Treasurer or Alice Liberson	n	110 m t	10000	<sub>የ</sub> ህ	9/5/20	118	
Designated Record keeper Type or Print Name		Signature	1	Date			-
i i i i i i i i i i i i i i i i i i i		Λ <b>Λ</b>	// 1				
Candidate Alice Liberson		1 Klue	Jiber	Date _	9/5/20	)18	-
Type or Print Name		Signature	- 				



### **SUMMARY PAGE** CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2018-33</u>
2. Committee Name Alice Liberson Sor City Council

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$665	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 10, 30 /
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.) \$ 3477 0 10/6.90	(21.)\$ 1016.90
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 4623.54	,
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.) \$ 4623.54	(23.)\$ 4623.54
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		,
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40L) ¢	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	(0.1.)
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> </ol>	(13.) \$ 1941.64	
Amount received during reporting period     (Line 5, Total Contributions & Other Receipts)	(14.)+\$ <u>2681.90</u>	•
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 46 23 .54	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 4623.54	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$*	



### ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number <u>C-3018-33</u>

CANDIDATE COM	AITTEE 2. Committee Name ALICE LIBERS	on For City Counci
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 Salue
Contribution # 1 PAC Receipt? Yes Name & Address: ALICE LIBERSON #12 q MARAIN PI Ann Arbon, MI 48104	4.	1016.90 \$ 2016.90
If over \$100.00 cumulative, please provide: Occupation:	Description Advertising	
Employer Name & Business Address:	5. Date Of Receipt: 7/25/2018 6. Vendor Name & Address:	k Here for Memo Itemization
Fund Raiser Contribution	Ann Arbor Observer Click 239 OWINEWOOD Ave A2 MI 48103	
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt:  6. Vendor Name & Address:	
	Click	Here for Memo Itemization
Fund Raiser Contribution		·
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	: Here for Memo Itemization
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



### ITEMIZED IN-KIND CONTRIBUTIONS

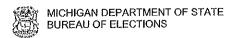
**SCHEDULE 1-IK** 

1. Committee I. D. Number

C-2018-33

Page

CANDIDATE COMM	MITTEE 2. Committee Name ALICE LIBER	cson tox	- CITY COC
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? Yes  Name & Address:  ALICE LIB CRS ON  1129 MARTIN P2  Ann Arbor, M1 48104  If over \$100.00 cumulative, please provide:  Occupation:	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description Trinting - Mariler	1016.90 s	101690
Employer Name & Business Address:  Retired  Fund Raiser Contribution	5. Date Of Receipt: 7/25/20 6. Vendor Name & Address: City Printing H13 Cross St. NPSi, m1 48198	ck Here for Memo ite	mization
Contribution # 2 PAC Receipt? Yes Name & Address  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description  5. Date Of Receipt:	\$	
Fund Raiser Contribution	6. Vendor Name & Address: Clic	k Here for Memo Iter	nization
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address: Clic	k Here for Memo Iter	nization
Fund Raiser Contribution	Page Subtotal	·	
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	Enter this total	
	,	on line 6 of Summa	агу



# SCHEDULE 1B CANDIDATE COMMITTEE

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		04/30/20	\$ 64.06
Address	Purpose: Web Hosting	Date	<del></del>
Arizona		lere for Memo	Itemization Type
	Check box if this expenditure is payment of		• •
Fund Raiser	debt or obligation reported on previous		
Expenditure #2	statement		
Name Unit Packaging		07/23/20	. 4400.07
Offit I dokaging		Date	\$ <u>1130.87</u>
Address	Purpose: Mailing - Postage		
119 Enterprise Drive Ann Arbor, MI 48103	Click H	ere for Memo	Itemization Type
Alli Alboi, Mil 40 100	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name Juliet Pressel		08/24/20	00.40
	Purpose: Copying	Date	\$ <u>38.16</u>
Address Ann Arbor, MI	Purpose: OSPYIII9		
48104	Click H	ere for Memo I	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		•
Fund Raiser	statement		
Expenditure #4			
Name A of Dlug	1	06/04/20	
Name Act Blue		70/04/20	\$ 82 50
Address		Date	\$ <u>82.50</u>
	Purpose: Data Base	Date	
Address	Purpose: Data Base Click Hi	Date	\$ 82.50 temization Type
Address Michigan Dems	Purpose: Data Base  Click He Check box if this expenditure is payment of	Date	
Address Michigan Dems	Purpose: Data Base Click Hi	Date	
Address Michigan Dems Lansing, MI	Purpose: Data Base  Click He Check box if this expenditure is payment of debt or obligation reported on previous	Date	
Address Michigan Dems Lansing, MI  Fund Raiser	Purpose: Data Base  Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	temization Type
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5	Purpose: Data Base  Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	Date ere for Memo I	
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5 Name WIX	Purpose: Data Base  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement  Purpose: Web Site	Date ere for Memo I 05/23/18 Date	temization Type  \$ <u>168.00</u>
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5 Name WIX  Address	Purpose: Data Base  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement  Purpose: Web Site  Click He Check box if this expenditure is payment of	Date ere for Memo I 05/23/18 Date	temization Type
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5 Name WIX  Address	Purpose: Data Base  Click How the Check box if this expenditure is payment of debt or obligation reported on previous statement  Purpose: Web Site  Click How the Check Base	Date ere for Memo I 05/23/18 Date	temization Type  \$ <u>168.00</u>
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5 Name WIX  Address NY,NY	Purpose: Data Base  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement  Purpose: Web Site  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	Date ere for Memo I 05/23/18 Date	\$ 168.00
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5 Name WIX  Address NY,NY	Purpose: Data Base  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement  Purpose: Web Site  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtot:	Date  D5/23/18  Date  Date al this page	temization Type  \$ <u>168.00</u>
Address Michigan Dems Lansing, MI  Fund Raiser  Expenditure #5 Name WIX  Address NY,NY	Purpose: Data Base  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement  Purpose: Web Site  Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	Date  D5/23/18  Date  Date  al this page  chedules 1B	\$ 168.00

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Enter this total on line 8a of Summary Page



# SCHEDULE 1B CANDIDATE COMMITTEE

1, Committee I. D. Number	

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5, Date	6. Amount
Expenditure #1			
Name Ann Arbor Observer		07/25/20	\$ 1239.00
	Purpose: Advertising	Date	1200.00
Address 2390 Winewood Ave			
Ann Arbor, MI 48103	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Household Words		08/12/20	\$ 300.00
7 10 40 0 17 0 14 0	Purpose: Design Servicers	Date	* <u>300.00</u>
Address	Purpose: Design Convicers		
P.O. Box 130117	Click I	Here for Memo	Itemization Type
Ann Arbor, MI 48113			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3			
Name City Printing		07/25/20	\$ 1431.00
_	Purpose: Printing -Mailer	Date	Ψ 1-101.00
Address 411 W. Cross Street	rurpose,		
Ypsilanti, MI 48198	Click I	Here for Memo	Itemization Type
'	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Rebecca Yaciuk			
11000000 1 dolar		 Date	\$ \$165.00
Address	Purpose: Graphics	Date	
4545 Jaylin Street	Click	toro for Mama	Itemization Type
Keller, TX 76244		tere for Memo	nemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name WIX	•	07/30/20	
* * * *	Purpose: Web Hosting	Date	\$ <u>4.95</u>
Address	Purpose:	24.5	
	l	lere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
-	Subto	tal this page	9 🖰

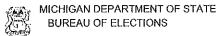
2. Committee Name

(Complete on last page of Schedule) 4623.54

Enter this total on line 8a of

Summary Page

Grand Total of all Schedules 1B

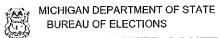


### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

### CANDIDATE COMMITTEE

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.	e. 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address:  Jordan Siegel 1A Emmons PI		45.55
Cambridge, MA 02138	<sub>\$</sub> 40.00	<sub>\$</sub> 40.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here to 	or Memo Itemization 👻
Business Address		ļ
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES  4. Date of Receipt  Name & Address		
Sierra Club Michigan Chapterr 109 E. Grand River Ave Lansing, MI 48906	<sub>\$</sub> 100.00	<sub>\$_</sub> 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🔻
Occupation Employer		1.000
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/02/20 Name & Address:		
Stephen and Ellen Ramsburg 1503 Cambridge Rd Ann Arbor, MI 48104	<sub>\$</sub> 150.00	§ 150.00
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 # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
Agnes anfd Stephen Reading 161 Lauren Ct. Ann Arbor, MI 48105	<sub>\$</sub> 125.00	<sub>\$</sub> 125.00
5. If over \$100.00 cumulative, please provide:	Click Hara for	Memo Itemization
Occupation Retired Employer		WIGHTO REMIZATION
Business Address		- Investigation of the second
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	otal \$415.00	1
Grand Total of All Schedules (Complete on last page of Schedu		
Page of	line 3a of Summary Page.	



### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

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 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 08/05/20 Name & Address: Alan and Melodie Solway 1607 Kirkway Rd Bloomfield Hills, MI 48302	<sub>\$</sub> 250.00	<sub>\$</sub> 250.00
5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Alan Solway, MD	Click Here fo	or Memo Itemization
Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt  Name & Address		
Allegations on the Arabit Arab	s Part Sp.	s 22000-
5. If over \$100.00 cumulative, please provide:  Occupation Employer	Click Here fo	r Memo Itemization
Business Address  Type of Contribution:		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt  Name & Address:		
	\$	\$
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 # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		S. F. S.
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$2000 250	

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



Enter this total on line 3a of Summary Page.