



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 <u>C-2018-33</u>		3. This Statement covers From: <u>7/27/2018</u> to <u>1/26/2019</u>	
2. Committee Name <u>ALICE LIBERSON For City Council</u>		4. Candidate Last Name <u>Liberson</u> First Name <u>ALICE</u> M.I. 4a. Office Sought Including District # or Community Served (If applicable) <u>City Council ward 3</u> 4b. County of Residence <u>Washtenaw</u>	
5. Committee's Mailing Address <u>1129 MARTIN PL</u> <u>A2 MI 48104</u> Area Code and Phone <u>7347091960</u> 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 <u>1129 MARTIN PL</u> <u>A2 MI 48104</u> Area Code & Phone <u>7347091960</u>	
7. Treasurer's Business Address <u>1129 MARTIN PLACE</u> <u>A2 MI 48104</u> Area Code and Phone _____		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. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input 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 _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input checked="" type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <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 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 _____ 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 <u>ALICE LIBERSON</u> Type or Print Name		<u>Alice Liberson</u> Date <u>1/29/2019</u> Signature	
Candidate <u>ALICE LIBERSON</u> Type or Print Name		<u>Alice Liberson</u> Date <u>1/29/2019</u> Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

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.) \$	<u>665</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2670</u>	(21.) \$ <u>2670</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1953.54</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.) \$		(23.) \$ <u>1953.54</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>665</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>2606.64</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1953.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>653.10</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

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

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)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: <u>ALICE LIBERSON</u> <u>1129 MARION PL</u> <u>AZ MI 48104</u></p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>Advertising</u></p> <p>5. Date Of Receipt: <u>7/25/2018</u></p> <p>6. Vendor Name & Address: <u>Ann Arbor Observer</u> <u>2390 Vinewood Ave</u> <u>AZ MI 48103</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>1239.00</u> \$ <u>1239.</u></p>	
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: <u>ALICE LIBERSON</u> <u>1129 MARION PL</u> <u>AZ MI 48104</u></p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>Printing - mailer</u></p> <p>5. Date Of Receipt: <u>7/25/20</u></p> <p>6. Vendor Name & Address: <u>City Printing</u> <u>413 Cross St</u> <u>Ypsil, MI 48198</u></p> <p>Click Here for Memo Itemization</p>	<p>\$ <u>1431.00</u> \$ <u>2670</u></p>	
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name & Address:</p> <p>Click Here for Memo Itemization</p>	<p>\$ _____ \$ _____</p>	

Page Subtotal 2670

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 Chapter</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 3e of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>1100 Westland Place</u> <u>Ann Arbor, MI 48104</u>		\$ <u>250.00</u>	\$ <u>250.00</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 65

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

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 C-2018-33
2. Committee Name Alva 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 <u>Ann Arbor Observer</u> Address <u>2390 Winewood Ave</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/20</u> Date	<u>\$ 1230.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Household Words</u> Address <u>P.O. Box 130117</u> <u>Ann Arbor, MI 48113</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Design Servicers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/20</u> Date	<u>\$ 300.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>City Printing</u> Address <u>411 W. Cross Street</u> <u>Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing -Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/20</u> Date	<u>\$ 1431.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Rebecca Yaciuk</u> Address <u>4545 Jaylin Street</u> <u>Keller, TX 76244</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Graphics</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date	<u>\$ \$165.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>WIX</u> Address <u> </u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/20</u> Date	<u>\$ 4.95</u> Click Here for Memo Itemization Type

Subtotal this page 469.95
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1953.54
Enter this total
on line 8a of
Summary Page