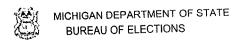


CANDIDATE COMMITTEE

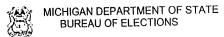
FOR OFFICIAL USE ONLY

COVER PAGE			
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:	7/24/2018 to 1/24/2 First Name	019
Committee I.D. Number	4. Candidate Last Name		M.I.
2-2018-33	Liberson	ALICE	
C 9018-33		ct # or Community Served (If applicable)	
	4a. Office Sought including bisting	il ward 3	
2. Committee Name	CITY COUNC	11 0000	
2. Committee Name ALLE LIBERSON For City Council			
	4b. County of Residence	ashtenau	
5. Committee's Mailing Address	6. Treasurer's Name & Resident	ial Address	
	1129 mARTIN	Place	
1129 MARTIN PL	102	LI.	
A2 m1 48104	H M1 4810	′ /	
		85	2
Area Code and Phone 7347091960		2	WASHTE
		a a 19/0	主
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 734	+011160	
	8 Designated Record Keeper's	Name and Address (If the committee has	FILED WAY COUNTY, M
7. Treasurer's Business Address	Designated Record Keeper)	Name and Address (in the ERK)	- M
1129 MARTIN PLACE		X S	80
A2 m1 48104		and D	5
He mi 48101		NB.	7
		AU AU	7
		西宝。	<u> </u>
		2)	5.5
Area Code and Phone	Area Code and Phone		
		9e. Dissolution of Candidate Committee	e
9. TYPE OF STATEMENT Required	ONLY if candidate the ballot for the	By checking this item I/We certify an	y outstanding debt
9a. Pre-Election OR 9b. Post-Election is not on current year.		by the committee to the candidate or his oby discharged and forgiven, and no longer	or her spouse is nere
Pre-Election or Post-Election Statement relates to:		the committee. The committee has no or	islanding assets,
July Q	uarterly	owes no lates fees or has any oustanding	debt.
Primary			
	er Quarterly	Further, if the dissolution cannot be grant	ed, that this be
General		considered a request for the Reporting W	aiver.
Convention			
Special 9c. A	nnual Statement ()	Effective date of dissolution	
	Coverage Year	Ellective date of dissolution	
School	mendment to Campaign Statement		
Caucus	Complete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds n	nust be reported on
in	dicate which Statement is being	Schedule 1B and the Summary Page.	
ar	mended.)		
Date of Election, Convention or Caucus			
Date of Election, Convention of Cadada			
2 2		I the stand a standard of any) and to	o the best of
10. Verification: I/We certify that all reasonable diligence was the accurate a	used in the preparation of this stater	nent and attached schedules (II any) and t 1	J (10 DOOL 01
my\our knowledge and belief the contents are true, accurate a	na complete.	1	i
Current Treasurer or	11 Din L	1/29	12019
Designated Record keeper ALICE LIBURS Type or Print Name	OIII Welley	Date	,
Type or Print Name	Signature	1	
	1) n. 4	1-9	12019
	11111	NULLAN - Detail Of I	10-01
Candidate ALICE LIBERSON	1 grungs	Date 1	



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

CANDIDATE COMMITTEE	Column I	Column II
RECEIPTS	This Period	Cumulative this election cycle
3. Contributions	. (/ 6	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	(18.)\$ /0, 30/
c. Subtotal of "Contributions"	(3c.) \$	(19.)\$
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	n (, a n	(21.)\$ 2670
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2 (0 7 0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) 0
EXPENDITURES		
8. Expenditures	(8a.) \$	
a. Itemized (Schedule 1B, Column 6)		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	(23.)\$ 1953.54
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ 1 1 2 - 1
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.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	(13.)	

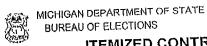


ITEMIZED IN-KIND CONTRIBUTIONS **SCHEDULE 1-IK**

ITEMIZED IN-KIND CONTR	1. Committee I. D. Number C-2018 -33
SCHEDULE 1-IK	1. Committee I. D. Number Cody Com Lord City Loung
CANDIDATE COMM	ITTEE 2, Committee Name 1111 CE 1100
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 for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: ALICE LIBERSON 1129 MARTIN PL A2 MI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 Description Alvertising 5. Date Of Receipt: 7/2 5/2018 6. Vendor Name & Address: Ann Arbor Observer Click Here for Memo Itemization 2390 Vine wood Avec
Fund Raiser Contribution	A2 m1 48103
Contribution #2 PAC Receipt? Yes Name & Address ALICE LIB ERSON 1129 MARTIN PL A 2 MI 4810 4 If over \$100.00 cumulative, please provide:	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 Printing Mailer
Occupation: Employer Name & Address:	5. Date Of Receipt: 175/20 6. Vendor Name & Address: City Printing His cross st Yfsi, mi 48198
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization
Fund Raiser Contribution	Page Subtotal 2670
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)
	Enter this total

Page

Page ___ 1 of _______1



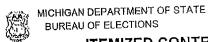
Page _____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name Alice Liberson for Council

CANDIDATE COMMITTEE 2. SSAMME	6. Amount	7. Cumulative for
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.	Q. Apricult	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/27/20 Name & Address: AJOrdan Siegel 1A Emmons PI Cambridge, MA 02138	§40.00	\$40.00
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Recelpt? VES 4. Date of Receipt Name & Address		
Sierra Club Michigan Chapterr 109 E. Grand River Ave		_{\$} 100.00
Lansing, MI 48906 5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
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 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer	\$ 150.00 Click Here f	\$\frac{150.00}{\text{for Memo Itemization}}
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		_
Agnes anfd Stephen Reading 161 Lauren Ct.	_{\$} 125.00) \$ 125.00
Ann Arbor, MI 48105	Click Hora	for Memo Itemization
If over \$100.00 cumulative, please provide: Occupation Retired Employer	- Click Here	TOT MOTHER TOTAL
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subl Grand Total of All Schedules (Complete on last page of Sched	1A	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Alice Liberson for City Council

CANDIDATE COMMITTEE 2, Committee Name	O Elboroon.	Z Ourselation for
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 ame & Address: Alan and Melodie Solway 1607 Kirkway Rd Bloomfield Hills, MI 48302	_§ 250.00	,
S. If over \$100,00 cumulative, please provide: Occupation MD Employer Alan Solway, MD Business Address 32410 5 Mile Rd Livonia 48154	Click Here f	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
A Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address A Date of Receipt A Date of Receipt	s pellange	s <u>24</u>
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here f	or Memo Itemization
Business Address		
3. Contribution # 3 PAC Recelpt? YES 4. Date of Receipt Name & Address:	\$	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here f	or Memo Itemization 🔀
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	-	
Business Address Loan from a person Fund Raiser		
Type of Contribution: Loan from a person Point Naise Page Subto	tol \$2.000 A.S	50
Grand Total of All Schedules 1		15

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

Enter this total on line 3a of Summary Page.

2 0 2



ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2018-33</u>

2. Committee Name Alice Liberson for City Council

and the share world	4. Purpose (Regulred Information)	5. Date	6. Amount
3. Name and address of person or vendor to whom paid	T. I dipose (regalies mass)		
Expenditure #1		04/30/20	. 64.06
Name Go Daddy	Mah Hastins	Date	\$ <u>64.06</u>
Address	Purpose: Web Hosting		
Arizona		Click Here for Memo It	emization Type
	Check box if this expenditure is payme	ent of	
, I Batan	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2		07/23/20	s 1130.87
Name Unit Packaging	Mailing Dootogo	Date	\$ 1130.07
Address	_{Purpose:} <u>Mailing - Postage</u>		
119 Enterprise Drive		Click Here for Memo It	emization Type
Ann Arbor, MI 48103	[ont of	
	Check box if this expenditure is paymedebt or obligation reported on previous	STR OI	
Fund Raiser	statement		
Expenditure #3			
Name Juliet Pressel		08/24/20	\$38.16
o and the part of	Purpose: Copying	Date	
Address Ann Arbor, MI		Ollate I have for Morro II	tomization Type
48104	\	Click Here for Memo I	GUITAUON LYPE
	Check box if this expenditure is paym debt or obligation reported on previous	ent of	•
Fund Raiser	statement		
Expenditure #4			
Name Act Blue		06/04/20	\$ 82.50
/ (Ot Blace	Data Base	Date	* UZ.00
Address	Purpose: Data Base		
Michigan Dems		Click Here for Memo I	temization Type
Lansing, MI	Check box if this expenditure is payn	nent of	
 - 	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name WIX	1	05/23/18	\$168.00
Address	Purpose: Web Site	Date	<u> </u>
NY,NY		Click Here for Memo	Itemization Type
	Check box If this expenditure is payr		
	debt or obligation reported on previous		
Fund Raiser	statement	Subtotal this page	masca
			1483.59
	Grand Tot	al of all Schedules 1B ast page of Schedule)	
			Enter this total
	er jakar	0.1	on line 8a of
•			Summary Page

Page 1 of 2



ITEMIZED EXPENDITURES

ITEMIZED EXPENDITURES	(22010 - 33
SCHEDULE 1B	Committee I. D. Number <u>C - 2018 - 3 3</u>
CANDIDATE COMMITTEE 2.0	Committee Name Alice Liberson for City Cour
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	07/25/20 \$ 1238.00
Address	Purpose: Advertising Date
2390 Winewood Ave	Click Here for Memodismization Type
Ann Arbor MI 48103	
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	
Name Household Words	08/12/20 \$ 300.00
Address	Purpose: Design Servicers Date
P.O. Box 130117	
Ann Arbor, MI 48113	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Ralser	debt or obligation reported on previous statement
Expenditure #3	
Name City Printing	07/25/20 \$ 1431.00
Address	Purpose: Printing -Mailer Date 1431.00
411 W. Cross Street	
Ypsilanti, MI 48198	Click Here for Memo Itemization Type
	Licheck box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #4	
Name Rebecca Yaciuk	. 0405.00
Address	Purpose: Graphics ———— \$ \$165.00
4545 Jaylin Street	Purpose:
Keller, TX 76244	Click Here for Memo tlemization Type
,	Check box if this expenditure is payment of
Fund Reiser	debt or obligation reported on previous statement
Expenditure #5	
Name WIX	
	Web Hesting 97/30/20 \$4.95
Address	Purpose: Web Hosting Date \$4.95
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page
	Grand Total of all Schedules 1B
	STATE OF LITT

(Complete on last page of Schedule) Enter this total on line 8a of Summary Page