



**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.

<p>1. Committee I.D. Number 46-5291753</p>		<p>3. This Statement covers From: 10/25/2014 to 11/04/2014</p>	
<p>2. Committee Name MANLEY FOR SCHOOL BOARD</p>		<p>4. Candidate Last Name MANLEY First Name PATRICIA M.I. A. 4a. Office Sought Including District # or Community Served (If applicable) TRUSTEE - ANN ARBOR SCHOOL BOARD 4b. County of Residence WASHTENAW</p>	
<p>5. Committee's Mailing Address P.O. Box 2951 ANN ARBOR MI 48106 Area Code and Phone 734-645-2832 <small>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.</small></p>		<p>6. Treasurer's Name & Residential Address PATRICIA A. BERRY 1081 GREEN ROAD ANN ARBOR MI 48105 Area Code & Phone 734-665-8175</p>	
<p>7. Treasurer's Business Address NONE Area Code and Phone _____</p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) CAROL MCFERRIN 3123 POTOMAC CT. ANN ARBOR, MI 48108 Area Code and Phone 734-677-0803</p>	
<p>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 checked="" 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 11/04/2014</p>		<p>Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input 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.)</p>	
		<p>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.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper PATRICIA A BERRY Type or Print Name</p>		<p>Patricia A Berry Signature Date 12/08/2014</p>	
<p>Candidate PATRICIA A. MANLEY Type or Print Name</p>		<p>Patricia A. Manley Signature Date 12/08/2014</p>	

FILED
 WASHTENAW COUNTY
 DEC - 8 P 12:41
 LAWRENCE KESTER
 COUNTY CLERK/REC.



1. Committee I.D. Number 46-5291753

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name MANLEY FOR SCHOOL BOARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,433.45</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,433.45</u>	(18.) \$ <u>11,978.45</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,433.45</u>	(20.) \$ <u>11,978.45</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>- 0 -</u>	(21.) \$ <u>3,350.82</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,304.30</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>4,304.30</u>	(23.) \$ <u>11,688.35</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>N/A</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>N/A</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>N/A</u>	(24.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>- 0 -</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>3,415.95</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,433.45</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,849.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,304.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>545.10</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46-5291753
2. Committee Name MANLEY FOR SCHOOL BOAR

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>10/27/14</u>	
Name & Address: <u>DEREN JOYCE & MICHAEL</u> <u>2640 POWELL</u> <u>ANN ARBOR, MI 48104</u>		\$ <u>30.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MUSICIAN</u> Employer <u>SELF-EMPLOYED</u>		Click Here for Memo Itemization	
Business Address <u>2640 POWELL, ANN ARBOR, MI 48104</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/27/14</u>	
Name & Address: <u>MIAL, LOETTA</u> <u>1200 MINBLEWOOD</u> <u>ANN ARBOR, MI 48105</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/27/14</u>	
Name & Address: <u>MORRISON MARION</u> <u>1075 RIVER ISLE DR.</u> <u>MEMPHIS TN. 38103</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/27/14</u>	
Name & Address: <u>MCNUSTON, NORMA</u> <u>1298 WOLVERHAMPTON LN.</u> <u>ANN ARBOR, MI 48105</u>		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 450.00
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 46-5291753
2. Committee Name MANLEY FOR SCHOOL BOARD

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/29/14

Name & Address:
THOMAS LAURITA
14 EASTBURY CT.
ANN ARBOR, MI 48105

6. Amount \$ 193.90 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 393.90

5. If over \$100.00 cumulative, please provide:
Occupation V.P. HUMAN RES. Employer University of Michigan [Click Here for Memo Itemization](#)

Business Address ANN ARBOR

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/29/14

Name & Address:
MANLEY PATRICIA (CANDIDATE)
2645 POWELL
ANN ARBOR MI 48104

6. Amount \$ 4.55 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1,469.55

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/29/14

Name & Address:
PERLY MIRIAM
311 E. ANN ST.
ANN ARBOR, MI 48104

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/29/14

Name & Address:
WILLIAMS, RUTH
41591 GLADE RD
CANTON MI 48104

6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal \$348.45

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 46-5291753
2. Committee Name MANLEY FOR SCHOOL BOARD

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/29/14

Name & Address:
MELAMPY, BRADLEY & ELIZABETH
2620 POWELL AVE
ANN ARBOR MI 48104

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/30/14

Name & Address:
PALMER, ZERILDA R
756 DARTMOUTH RD.
ANN ARBOR, MI 48103

6. Amount \$ 35.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 35.00

5. If over \$100.00 cumulative, please provide:
Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/30/14

Name & Address:
BELL ANCA ROSE & JOSEPH
4000 N. OCEAN DR. APT 1802
SINGER ISLAND FL 33404

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation PRES. WCC Employer WASHTENAW COMMUNITY COLLEGE

Business Address 4800 E HURON RIVER DR. ANN ARBOR, MI 48105

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/31/14

Name & Address:
MANLEY LAMONT
2645 POWELL AVE
ANN ARBOR MI 48104

6. Amount \$ 400.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 400.00

5. If over \$100.00 cumulative, please provide:
Occupation SYST. ENGR Employer UNIV. OF MICH

Business Address ANN ARBOR

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 5635.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 1433.45

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 46-5291753
2. Committee Name MANLEY FOR SCHOOL BOARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>UNITED SONZ INC</u> Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILER + POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/14</u> Date	<u>\$ 3500.00</u>
Expenditure #2 Name <u>UNITED SONZ INC.</u> Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILER + POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/14</u> Date	<u>\$ 270.50</u>
Expenditure #3 Name <u>WASHTENAW COUNTY CLERK</u> Address PO BOX 8645 300 N. MAIN ST. ANN ARBOR, MI 48107 <input type="checkbox"/> Fund Raiser	Purpose: <u>LATE FILING FEE CREDIT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/14</u> Date	<u>\$ 175.00</u>
Expenditure #4 Name <u>NORMA MCQUISTON</u> Address 1398 WOLVERHAMPTON ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>PAYMENT OF LOAN</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/14</u> Date	<u>\$ 300.00</u>
Expenditure #5 Name <u>U.S. POST OFFICE</u> Address GREEN ROAD STATION ANN ARBOR, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>PURCHASE OF POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/14</u> Date	<u>\$ 58.80</u>

Subtotal this page \$ 4,304.30
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 4,304.30

Enter this total
on line 8a of
Summary Page



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

1. Committee I.D. Number 46-529-1753
2. Committee Name MANLEY FOR SCHOOL BOARD

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 endorsers 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 type="checkbox"/> Yes Owed to or by: <u>NORMA McQUISTON</u> <u>1398 WOLVERHAMPTON</u> <u>ANN ARBOR, MI 48105</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	<u>11/4/14</u> \$ <u>300.00</u> _____ _____ _____ _____	\$ <u>300.00</u>	\$ <u>-0-</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) -0-

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) -0-

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.