

CANDIDATE COMMITTEE COVER PAGE

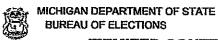
FOR OFFICIAL USE ONLY

COVER PAGE			, or	
Report must be legible, typed or printed in ink an the treasurer (or designated record keeper) and or	d signed by candidate.	3. This Statement covers F	rom: 10/35/3014 to	11/04/2014
1. Committee I.D. Number 46 -629/752		4. Candidate Last Name MANLEY 4a. Office Sought Including	First Name PATRIA District # or Community Served	
2. Committee Name MANLEY FOR SCHOOL	BOARD	TRUSTEE.	- ANN ARBORS NASHTENAW	, ,,
5. Committee's Mailing Address		6. Treasurer's Name & Res	sidential Address	
POBOX 2951 ANN ARBOR MI 4810.		1081 GRE	A. BELLY EN KOAD OL MI 48105	ب
Area Code and Phone 234-645-8	8.32		'''' ''''	
If the address in this box is different from the commailing address on the Statement of Organization, be sent to this address by the filing official.	ittee	Area Code & Phone 23	4-665-8175	l
7. Treasurer's Business Address	:	8. Designated Record keeper Designated Record keeper LAROL ///	per's Name and Mailing Address	$=$ \sim
		3123 Poto	MAC Ct. 25	T DEC.
		ANN 42RO	P. MI 48108	-8 - AW CC
Area Code and Phone		Area Code and Phone	734-677-188	ס פֿט
		Area Code and Phone	9e Dissolution of Cabild	ate Committee
9a. Pre-Election OR 9b. Post-Election	is not on the		By checking this item if	We derify any netstanding debt
Pre-Election or Post-Election Statement relates to:	current year: July Quarte		by the committee to the can by discharged and forgiven, the committee. The commit	didate or his or her spouse is here and no longer collectible from tee has no oustanding assets,
Primary	Joury Quart	ony	owes no lates fees or has an	y oustanding debt.
⊠ General	October Q	uarterly	Further, if the dissolution car considered a request for the	nnot be granted, that this be
Convention			Jones of the request for the	reporting vicives.
Special School	9c. Annua	Statement () Coverage Year	Effective date of d	issolution
Caucus	9d. Amend	dment to Campaign Statemer		•
	(Comp	lete Item 9a, 9b, 9c or 9e to e which Statement is being		dual funds must be reported on ary Page.
Date of Election, Convention or Caucus				
11/04/2014	-			
10. Verification: I/We certify that all reasonable dilige	ence was used i	n the preparation of this state	ment and attached schedules (ii	f any) and to the best of
myour knowledge and belief the contents are title, a	accurate and co	mplete.		1 /
Current Treasurer or Designated Record keeper (ATRICIA H	BERRY	Takee	u Cheken	12/18/2014
Type or Print Name		Signature	Date Pate	- Jajor Jajor 7
Candidate PATRICIA A. MAN	KEY	, Patricia a.	Manley Date	12/08/2014
Type or Print Name	_/	Signature	l +	1/
Authority granted under P.A. 388 of 1976			· //	

SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 46-529/753 2. Committee Name MANKEY FOR SCHOOL BOAR)

RECEIPTS		
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>/ 433-45</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1, 433.45	(18.) \$ 11, 978.45
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ 6 -
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1, 4 33. 45	(20.) \$ 11, 978, 45
IN-KIND CONTRIBUTIONS & EXPENDITURES		·
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 3.350.82
7. In-Kind Expenditures (Schedule 18-IK, Column 6)	(7.) \$	(22)\$
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.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 4,304.30	(23.) \$ // 688.35
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$N/A	
b. Unitemized (less than \$50.01 each - no Schedule)	a./.n	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	110h) e ~ 6 ~	
	(12b.) \$BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 3, 415.95	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 1,433.45	
15. SUBTOTAL Add lines 13 and 14	(15.)= \$ 4,849.40	·
16. Amount expended during reporting period	(16.) - s 4304 30	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 545./O.	



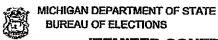
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee J.D. Number 46-5391753
2. Committee Name MANUEY FOR SCHOOL BOAR

Or statement of the Committee of the Com		
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.	56. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/37/14 Name & Address: DELEN JOYCE & MICHAEL 2440 POWELL ANN ARROL, MI 48/04	\$ 30.00	
5. If over \$100.00 cumulative, please provide:		T
Occupation MUSICIAN Employer SELF- EMPLOYED	Click Here for	or Memo Itemization
Business Address <u>2640 POWELL</u> , ANN ARBOR, MI 48104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/37/14 Name & Address MIAL, JOETTA JJDD MINBIE WOOD		
ANN ARROL.MI 48105	\$ 100,00	\$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Kettrecl Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/31/14 Name & Address: 10/31/14 MBRLISON MALION 1075 KIVER ISLE DR. MEMPHIS TN. 38/03	\$ 20.00	s 30.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation KETIRED Employer		
Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt /0/37/14 Name & Address MCAUISTON. NORMA 1298 WOLVER HAMPTON LN. ANN ARBOL, MI 48105	\$ 3 00.00	\$ 600.00
5. If over \$100.00 cumulative, please provide:	-	
Occupation KETIRED Employer	Click Here for N	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
L Page Subtotal	450.00	
Grand Total of All Schedules 1A	700.00	
(Complete on last page of Schedule)	Enter this total on	
Page \int of 3	line 3a of Summary	

Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

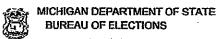
CANDIDATE COMMITTEE

1. Committee I.D. Number 46-539/753
2. Committee Name MANLEY FOR SCHOOK BOAR

ONIADIDATE COMMITTEE 2. Committee Manie 7	777600- 7 7	<u> </u>
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? YES 4. Date of Receipt 10/39/14 Name & Address: THOMAS LAULITA IN EASTBURY Ct. ANN ALBOL. MI 48/05		
f # 10 edos os		5 393.90
Occupation V.P. Human LES. Employer Christels 14 of Mich. Business Address ALL KLBOL.	Click Here to	or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/39/14 Name & Address ,		
MANLEY GATRICIA (CANDIDATE)	_	
1645 POWELL ANN ALBOR MI 48104	\$ 4.55	\$1,469.55
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation NET/LED Employer	-	
Business Address	•	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/39/14 Name & Address: PREV MILIAM, 3/1 E. ANN St. ANN ALBOR, MI 48104	\$ /00.00	s /00.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation KETIRED Employer		
Type of Contribution: Direct Loan from a person Fund Raiser	-	
Contribution #4 PAC Receipt? YES 4. Date of Receipt / A / 2 0 / 2 / 2		
WILLIAMS, RUTH		-
41591 GLADE RD CANTON MI 48104	\$ 50.00	\$ /00.00
. If over \$100.09 cumulative, please provide:		
Occupation XETILED Employer	Click Here for I	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	×348.45	
Grand Total of All Schedules 1A	7, 7, 7	
(Complete on last page of Schedule)	Enter this total on	

Page 3 of 3

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Nur	nber	46-5391753				
2. Committee Name	111	ANULEY	FOR	ScH	ook	DOAR

CANDIDATE COMMITTEE 2. Commutee Name 2/1/	made / /	AC CONTENT
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 10/39/14 Name & Address: MELAMPY, BRADLEY ELIZABETH Blo 20 POWELL AVE ANN ARBOR, MI 48/04	\$ 100.00	s /00.00
	\$ 700.00	\$700.00
5. If over \$100.00 cumulative, please provide: Occupation Employer	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 /0/30/14		
Name & Address PALMEL, ZERILDA R		
756 DARTHOOR R.D. ANN ARBOR, MI 48102	\$ 35.00	s 35.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation KET/RED Employer	-	
Business Address		•
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt 10/30/14 Name & Address: BELL ANCH ROSE & DSEPH HODD N. QUEAN DR. AFT 1802 SINGEL ISLAND FL 32404	\$ /00.00	\$/00.00
5. If over \$100.00 cumulative, please provide:	Click Here for I	Viemo Itemization
		VICITIO I(CITIZAUO))
Occupation <u>RES. WCC</u> Employer <u>(HSHTENAW COMMUNITY (C</u> Business Address <u>H800 E HC/LON KIVER DL. ANN ALBO</u> L, W Type of Contribution: \(\begin{align*}\begin	11 48105	
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/3//14 ANLEV LAMONT 2645 POWELL AVE	1/00	-
	s 400.00	\$ 400.00
occupation 5457. Engr Employer Linux, of Mich	Click Here for N	lemo Itemization
Business Address ANN ABBOL		
Type of Contribution: Direct Loan from a person Fund Raiser	. •	
Page Subtotal ,	8635,00	
Grand Total of All Schedules 1A	1433.45	

Page 3 of 3

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES

14-5201752

SCHEDULE 1B	1. Committee I. D. Number 70 0017	
CANDIDATE COMMITTEE	2. Committee Name MANKEY FOR	SOHOOL BOARD
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure#1 Name UNITED SONZ INC		19/37/14 \$ 3500.0
Address 105 W. Michigan Ave. Ypsilanti, MI 48197	Purpose: MALLER + POSTAG	Date Click Here for Memo Itemization Type
Fund Raiser Expenditure #2	debt or obligation reported on previous statement	
Name UNITED SONZ INC. Address 105 W. Michigan Ave.	Purpose: MA/LEC = 1057AB	/0/30/14 \$ 270.5
Ypsilanti, MI 48197		ick Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is paymen debt or obligation reported on previous statement	t of
Expenditure #3 Name WASHTENAW CounTI CLERK		ululut a roza
Address POBOK 8645 BOON. MAIN St. ANN ARBOR, MI 48109	 	ax nere for wello itemization Type
Fund Raiser	L_Check box if this expenditure is payment debt or obligation reported on previous statement	tof
Expenditure #4 Name NORMA MOQUISTON Address 1398 WOLVERHAMPTON ANN ALBOL, MI 48105	Purpose: PAYMENT Of LOA	
Fund Raiser	Clic Check box if this expenditure is payment debt or obligation reported on previous statement	k Here for Memo Itemization Type of
Expenditure#5 Name U.S. POST DFFILE Address GREEN ROAD STATION ANN ALBOL MI 48105	Purpose: PURCHASE OF POSTA	11/30/14 \$ 58.80
Fund Raiser	Clic Check box if this expenditure is payment debt or obligation reported on previous statement	k Here for Memo Itemization Type of
	Sul	ntotal this page 4304.30

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

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

CANDID	ATE	COMMI	TTEE
OF THE LOT	,	COMM	

1. Committee I.D. Number 46-539-1753

2. Committee Name MANLEY FOR SCHOOL BOALS

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Deb	ts and obligations owed <u>to</u> or urpose checked.)	r forgiven <u>by</u> the co	mmittee.
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? Yes Owed to ar by: NORMA MCCUISTON 1398 WOLVELHAMPTON ANN ALBOR, MI 48105	4. Type: LOAN	11/4/14 \$ 300.00	,	
ANN ALBOL, MI 48105	6. Original Amount of Debt: \$ 300.00	\$: \$	s <u>300.00</u>	\$O
If bank loan, name of endorser or guarantor:	•	\$!	·
		Amo	unt Endorsed: \$	 _
Debt #2 . Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$	*	
•	6. Original Amount of Debt	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$_	•
Debt #3 Corp? Yes		All	2014 E11001260: 4-	
Owed to or by:	4. Туре:	\$	•	
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$	Y	FORGIVEN
If bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$	-
		Para Outri	O. 1 P. 1.0	_6 -
			Outstanding debt)	
· (Co	implete on last page of Schedule s	nowing amounts owed by or	to the committee)	Enter this total on line 12a "owed

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.

by"" or line 12b "owed to" of the Summary Page

Page _____ of ____