



**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.

3. This Statement covers From: 10/22/18 to 11/26/18

1. Committee I.D. Number
46-5291753

2. Committee Name
Manley For School Board

4. Candidate Last Name Manley First Name Patricia M.I. A.

4a. Office Sought Including District # or Community Served (If applicable)
Trustee of AAPS School Board

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**Manley For School Board
PO Box 131158
Ann Arbor, MI**

Area Code and Phone (734) 395-8235
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
**Patricia A. Berry
1081 Green Road
Ann Arbor, MI 48105**

Area Code & Phone (734) 665-8175

7. Treasurer's Business Address
None - Retired

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
None

Area Code and Phone _____

FILED
WASHTENAW COUNTY, MI
2018 DEC 21 3:48
LAWRENCE M. STENBAUM
COUNTY CLERK REGISTER

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/06/18

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

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 lates 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 Patricia A. Berry Type or Print Name
Patricia A. Berry Signature Date 12/21/18

Candidate Patricia Ashford Manley Type or Print Name
Patricia A. Manley Signature Date 12/21/18



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>475.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>475.00</u>	(18.) \$ <u>1,975.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>475.00</u>	(20.) \$ <u>1,975.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,786.19</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,786.19</u>	(23.) \$ <u>2,786.19</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,117.86</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,975.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,092.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,786.19</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,306.67</u> *	

*(\$475 + \$1,500 UNITEMIZED
SOLIZ REIMBURSEMENT)*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

1. Committee I.D. Number 46-5291753

CANDIDATE COMMITTEE

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 10/22/18

Name & Address:
Kern, James A.
8452 New Haven Way
Canton, MI 48187

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

\$ 100.00 \$ 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 10/22/18

Name & Address:
Holdaway-Hayes, Susan
2605 Powell Ave.
Ann Arbor, MI 48104-6469

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

\$ 20.00 \$ 20.00

5. If over \$100.00 cumulative, please provide:
Occupation _____ 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 10/22/18

Name & Address:
Sipp, Gregory
3520 Barryknoll Drive
Ann Arbor, MI 48108

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

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation Artist Employer Self-Employed

Business Address 3520 Barryknoll Dr., Ann Arbor, MI 48108

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 10/22/18

Name & Address:
Johnson, Joanna
4520 Blossom Hill Trail
Ann Arbor, MI 48108

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

\$ 20.00 \$ 20.00

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$240.00

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 <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>10/24/18</u> Name & Address: McDonald, Bettye 2657 Salisbury LN Ann Arbor, MI 48103 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	\$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: Easley, Karen 151 S. Dancer Dexter, MI 48130 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	\$ <u>80.00</u>	\$ <u>80.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: Hill, Marysa 2493 Georgetown Blvd. Ann Arbor, MI 48105 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	\$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: Jordan, Elaine 2181 Hemlock Dr. Ann Arbor, MI 48108 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	\$ <u>20.00</u>	\$ <u>95.00</u> Click Here for Memo Itemization

Page Subtotal **\$140.00**

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**

1. Committee I.D. Number 46-5291753

CANDIDATE COMMITTEE

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 10/24/18

Name & Address:
Willis, Beverly
3098 Chelsea Circle
Ann Arbor, MI 448108

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

\$ 20.00 \$ 20.00

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 # 2 PAC Receipt? YES 4. Date of Receipt 10/24/18

Name & Address:
United Sonz
105 W. Michigan Ave.
Ann Arbor, MI 48197

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

\$ 1,500.00 \$ 1,500.00

5. If over \$100.00 cumulative, please provide: [Memo Itemization Below](#)

Occupation _____ Employer _____

Business Address United Sonz Reimbursement for Cancelled Printing & Mailing

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/24/18

Name & Address:
United Sonz
105 W. Michigan Ave.
Ypsilanti, MI 48197
Reimbursement for cancelled printing and mailing

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

\$ (1,500.00) \$ (1,500.00)

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

Occupation _____ Employer _____

Business Address United Sonz - Printer

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/21/18

Name & Address:
Emmendorfer, Joann
516 Gott St.
Ann Arbor, MI 48102-3144

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

\$ 75.00 \$ 75.00

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

Page Subtotal **\$95.00**

Grand Total of All Schedules 1A (Complete on last page of Schedule) **\$475.00**

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 University Lithoprinters Address 4150 Varsity Drive Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing & Mailing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/18</u> Date	<u>\$ 1,674.74</u> Click Here for Memo Itemization Type
Expenditure #2 Name United Sonz Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Purchase of Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/18</u> Date	<u>\$ \$530.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Patricia Ashford Manley Address 2645 Powell Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>RoboCall, Postage, Champagne</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/18</u> Date	<u>\$ 466.88</u> Memo Itemization Below
Expenditure #4 Name Memo Itemization Address RoboCall Time Purchase - \$283 Postage - \$150 Champagne - Election Day Celebration - \$33.88 <input type="checkbox"/> Fund Raiser	Purpose: <u>RoboCall, Postage, Champagne</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/18</u> Date	<u>\$ (466.88)</u> Click Here for Memo Itemization Type
Expenditure #5 Name Norma McCuiston Address 3975 Ridgmaar Square Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement for Food Purchase</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/06/18</u> Date	<u>\$ 114.57</u> Memo Itemization Below

Subtotal this page **\$2,786.19**
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 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
<p>Expenditure #1 Name Memo Itemization</p> <p>Address Norma McCuiston Marco's Pizza - \$43.91 Kroger - \$23.38 Happy's Pizza - \$26.78 Busch's - \$20.50</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Election Day Celebration</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>11/06/18</u> Date</p>	<p><u>\$ (114.57)</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2 Name Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3 Name Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4 Name Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5 Name Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page **\$0.00**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$2,786.19**

Enter this total on line 8a of Summary Page