## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

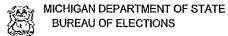
COVER PAGE					
ort must be legible, typed or printed in ink and signed by reasurer (or designated record keeper) and candidate.	3. This Statemen	nt covers From: 7/23/12 to 8/27/12			
1, Committee I.D. Number	4. Candidate L	ast Name First Name M.I.			
C-2012-027	1	RSEN SARAh H.			
2. Committee Name	)	nt Including District # or Community Served (If applicable)			
COMMITTEE TO ELECT	HAN H	rebon City Courcil WARD #2			
SALLY PESERSEN TO CITY COURCE	4b. County of Re				
5. Committee's Mailing Address 2976 HICKORP LAKE	1	ame & Residential Address			
ANN ARBOR, MI		e A. Miller			
48104		O WATERSHED DR.			
Area Code and Phone (734) 996 - 5569	Hor	IN ARBOR, MI 48105			
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.	Area Code & Pho	one (313)330-6403			
7. Treasurer's Business Address	8. Designated R Designated Rec	ecord keeper's Name and Mailing Address (If the committee has a ord keeper)			
		Ar-			
HOME		MONE 3			
Code and Phone	Area Code and F				
9. TYPE OF STATEMENT					
9a. Pre-Election OR 9b. Post	Election	9c. Annual Statement ( Coverage Year)			
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c					
Pre-Election or Post-Election Statement relates to:	Pre-Election or Post-Election Statement relates to:				
Primary	eral	9e. Dissolution of Candidate Committee			
Convention Scho	ool	Effective Date of Dissolution			
Special Cauc	eus	By checking this item, I\We certify that the committee has no assets or			
Date of Election, Convention or Caucus		outstanding debts, including fate filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all rec Schedules. Direct contributions, in-kind contributions, loans, expen	juired Campaign S	1			
I Schedules. Direct contributions, in-kind contributions, loans, expending any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	ditures, and outsta d since the informa	anding debts count against the \$1,000 Reporting Waiver threshold.  ation was shown on the committee's Statement of Organization, an			
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany th before the filing deadline of a required campaign statement, th					
<ol> <li>Verification: I\We certify that all reasonable diligence was used in my\our knowledge and belief the contents are true, accurate and contents.</li> </ol>	the preparation o	/2 /			
Current Treasurer or  Designated Record keeper TAHE A. MillER	( \ \ //	Max man sals			
Designated Record keeper	Signature	Date 8-30 701 C			
	N.M.	Al Malana a			
Candidate SARAH HART PETERSENT	Gally,	May 10/12 Date 8-30-2012			
Type or Print Name Authority granted under P.A. 388 of 1976	Signature				

SUMMARY PAGE

1. Committee I.D. Number

2. Committee Name Sally Petusen To City Council

CANDIDATE COMMITTEE	2. committee ; teams	
RECEIPTS	Column I This Period	Column II
3. Contributions	rais renou	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3</u> 200.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,200.00</u>	(18.)\$ 11,147.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,200.00</u>	(20.)\$ 11,147.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	``````````````````````````````````````	,
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,475,38</u>	(21.)\$ 3,681.47
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2,958.71	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 107,16	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3,065.87	(23.)\$ 10, 292.09
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	quisselei <sup>ne.</sup>
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
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)	BALANCE STATEMENT  (13.) \$ $720.78$ (14.) + \$ $3,200.00$ (15.) = \$ $3,920.78$ (16.) - \$ $3,065.87$ (17.) \$ $854.97$	



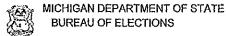
### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

### **CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_\_ C-2012-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name iniddle 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.	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/26/12 Name & Address:  SAIV HART PETERSEN	<u>.                                      </u>	
2976 HICKORY LANE ANNI ARBOR, MI 48104	\$ 500	\$ 2087
5. If over \$100.00 cumulative, please provide:	Olistations for	Manage transfer to the control of th
Occupation NONE Employer	Glick Here for	Memo Itemization 💸
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		`,
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/2.7/12  Name & Address		
SALLY HART PETERSEN	المجاهد المادة المجاهد المادة	_
2916 Hickory LANE	s 250	<u> 2337</u>
Par Anter, MI 48104		
5. If over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization 💸
Occupation HONE Employer_		
Business Address		
e of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/27/12		
BENEALEY B. GELTMER	_	
3410 Woodles DR	\$ 50	s 50
ANN ARbon, MI 48103	Click Horo for h	Ioma Itamization
5. If over \$100.00 cumulative, please provide:	Click Here for iv	lemo Itemization 🜎
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7./28//2.	· ,	
VALERIE DATLEY 4823 HILLWAY CT.		
	\$ 100	\$ 100
ANN ANDON, MI 48105.  5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for M -	lemo Itemization 💸
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	otal 900	
Grand Total of All Schedules		
(Complete on last page of Schedu		
Page of	line 3a of Summary Page.	



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027

2. Committee Name SAII'Y PETERSEN TO CITY COUNCIL

nter contributor's name and address. If contribution is from an individual, enter last name, first name, iniddle 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 7/30//2		
GAILY HART Petersey		
2976 Hickory LAIR	1000	2277
ANN ARBOR, MIZ 48104	\$ 1000	<u>s 3337</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization 🛪
Occupation HOVE Employer		
Business Address		, ,
Type of Contribution: Direct Loan from a person Fund Raiser		<b>N N N</b>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25//2		
Relizabeth Dixor		
1354 Wolverhamptan Lane	. 100	\$ 100
ANN Moser, MZ 48105	\$_000	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization 🛪
Occupation Employer		
Business Address  Direct Loan from a person Fund Raiser		·
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/2//2		
GOLLY HART Peterseer		
2976 Hickory LANG	\$ 300	\$ 3637
Anni Anton me 48104	Click Horo for	Marga Itamization #
5. If over \$100.00 cumulative, please provide:	Click riere loi	Memo Itemization 🜎
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/3///2	· .	
PANELO WOOD  1375 BURGUINT RD.  PANH PANE OR MI HEAT  5. If over \$100.00 cumulative, please provide:		·
1375 BURGULAY ID.	,100	\$ 100
ANH PREDE, MI YELLS		<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 💸
Occupation Employer		
Business Address		}
Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal	1,500	
Grand Total of All Schedules 1A	1/500	
(Complete on last page of Schedule)	Enter this total on	
Page 2 of 3	line 3a of Summary Page.	

## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027

2. Committee Name SAILY PETERSEN TO CITY COUNCIL

nter contributor's name and address. iniddle initial. Check box to indicate if c Committee (PAC) Report <u>all</u> contribution	ontribution is from a Political Co	iual, enter last name, first name, ommittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receip Name & Address:	ot? YES 4. Date of R	teceipt 8/2/12	-	,
1741 MONTERRY C AND GRADE MIT 5. If over \$100.00 cumulative, please			<u> </u>	\$ 200
Occupation Ren Estate	provide: EmployerEMPLOYER	STREET PRATUENT	Click Here f	or Memo Itemization 🜎
Business Address 1741 Mo.	KTERRY CT., FR		P108	,
Type of Contribution: Direct	Loan from a person	Fund Raiser		`\
3. Contribution #2 PAC Receipt Name & Address SAIIY HART PETE	RSEN	eceipt	•	//2
2976 HICKORY AMN ANDER, MI			\$ 600	\$ 4237
5. If over \$100.00 cumulative, please			Click Here fo	or Memo Itemization 😝
Occupation	Employer			
Business Address	· · · · · · · · · · · · · · · · · · ·			
e of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt Name & Address:	? YES 4. Date of R	eceipt		
		:	\$	\$
5. If over \$100.00 cumulative, please p	provide:		Click Here for	r Memo Itemization 💍
Occupation	Employer	•		
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		· .
3. Contribution # 4 PAC Receipt Name & Address	? YES 4. Date of F	Receipt	` <b>,</b>	
			\$	\$
5. If over \$100.00 cumulative, please p	provide:		Click Here for	Memo Itemization
Occupation	Employer		Olick Hele loi	Werlo Remization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
· · · · · · · · · · · · · · · · · · ·		Page Subtotal	<b>100</b> 800	<b>-l</b>
	(Co	Grand Total of All Schedules 1A omplete on last page of Schedule)	Marie V	3,200

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Enter this total on line 3a of Summary Page.



# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

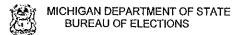
1. Committee I.D. Number C-2012-027

SAILY Petersen To City Carricil

		ommittee Name	TERSEN 10 CITY CONICI
Name & Address From Whom Received	Date of Receipt	5. Type of Receipt	
Receipt #1 Name & Address:	Date of Receipt	Loan from a Lending In	stitution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type 🧔
	Fund Raiser	Other (Specify)	<del></del>
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending In	stitution
Hamo a Hadroot.		Interest	,
		_	\$
•	· · · · · · · · · · · · · · · · · · ·	Refund \Rebate	Click for Memo Itemization Type
· · · · · · · · · · · · · · · · · · ·	Fund Raiser	Other (Specify)	
Receipt #3 [ Name & Address:	Date of Receipt	Loan from a Lending Inc	stitution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
г		Other (Specify)	
Receipt #4 D	Fund Raiser		
Name & Address:		Loan from a Lending Ins	stitution
	•	Interest	\$
	•	Refund \Rebate	Click for Memo Itemization Type 🔘
[	Fund Raiser	Other (Specify)	
Receipt #5 D: Name & Address:	ate of Receipt	Loan from a Lending ins	tifution
Hamo & Addiess.		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #6 Date Name & Address:	e of Receipt	Loan from a Lending Ins	stitution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type 🗘
Г	Fund Raiser	Other (Specify)	
Receipt #7 Date	of Receipt		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
Name & Address:		Loan from a Lending In	stitution \$
		Interest	· · · · · · · · · · · · · · · · · · ·
		Refund \Rebate	Click for Memo Itemization Type 🔘
Г	Fund Raiser	Other (Specify)	
			Page Subtotal
		Grand Total of All	Schedules 1A -1 NOWE
		(Complete on last p	page of Schedule)

Enter this total on line 4 of Summary Page

Page \_\_\_\_\_ of \_\_\_\_

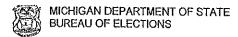


Page \_\_\_\_\_ of \_\_\_\_

## **ITEMIZED IN-KIND CONTRIBUTIONS**

Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes	SCHEDULE 1-IK	SCHEDULE 1-IK		16-02	··········	
S. Date of Receipt   S. Dat	CANDIDATE COMM	CANDIDATE COMMITTEE 2. Committee Name 59/13	Y PETER	SEM TO CI	ty Cou	M
Name & Address:    Services Donated   Services Dona	me first. Check box to indicate if contribution rom a Political Committee or an Independent mmittee (Both are commonly called PACs).	theck box to indicate if contribution  5. Date of Receipt  6. Name & Address of Vendor from whom goods of purchased		Fair Market	for Electic Cycle (Th	on rough
Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN  If over \$100.00 cumulative, please provide:	ne & Address:  The Petersent  The Petersent  The Hickory Lank  We Area, MT 48104  Ever \$100.00 cumulative, please provide:  Everpation:  Poloyer Name & Business Address:  Rebertum Ventures  By Detroit St., #301  Man Arbert, MT 48107  Fund Raiser Contribution  Attribution #2  PAC Receipt? Yes	Goods Donated and Services D  HICKORY LANK Goods or Services Purchased by Candidate or  John M. 4804 Goods or Services Purchased by Candidate or  Joseph M. Goods or Services Purchased by Candidate or  Joseph M. Goods or Services Purchased by Candidate or  Joseph M. Goods or Services Purchased by Candidate or  Description Food + Burnetter  Services D  Goods or Services Purchased by Candidate or  Description Food + Burnetter  Services D  Goods or Services Purchased by Candidate or  Description Food + Burnetter  Services D  Condition + Burnetter  Services D  Description + Burnetter  Services Purchased by Candidate or  Description + Burnetter  Services D  Description + Burnetter  Services D  Services Purchased by Candidate or  Description + Burnetter  Services Purchased by Candidate or  Description + Burnetter  Services D  Services Purchased by Candidate or  Description + Burnetter  Services Purchased	r Others \$_ r Others- LOAN - E   ecrip	ick Here for Memo li	Wely temization	0
Contribution #3 PAC Receipt? Yes 4. Endorsement or Guarantee of Bank Loan	ver \$100.00 cumulative, please provide:	Goods Donated or Loaned Services Do Goods or Services Purchased by Candidate o Goods or Services Purchased by Candidate o Description  5. Date Of Receipt:	or Others \$ or Others- LOAN	-		0
Goods Donated or Loaned Services Donated \$\$  Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN  Description  Description  5. Date Of Receipt:  Employer Name & Address:  Click Here for Memo Itemization	tribution #3 PAC Receipt? Yes ne & Address:  ver \$100.00 cumulative, please provide: upation:	#3 PAC Receipt? Yes 4. Endorsement or Guarantee of Bank Loa ess:  Goods Donated or Loaned Services Donated or Services Purchased by Candidate or Goods or Services Purchased by Candidate or Description  Description  5. Date Of Receipt:	Others Others-LOAN	\$ ck Here for Memo It	emization	0
Fund Raiser Contribution	und Raiser Contribution	er Contribution				
Page Subtotal 1,475.78 1,475.78  Grand Total of all Schedules 1-IK (Complete on last page of Schedule)			Page Subtotal	1,475.78	1,475,	78

Enter this total on line 6 of Summary Page



## **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2012-027
2. Committee Name SAILY Peterse-1 To City Cosycil

Name			
. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name MLIVE MEDIA GROUP	Purpose: MLIVE Palientism	SEE Belo	Ws 139510
Address 155 Michigan ST. Harhuest	Purpose: MLIVE Advention	Date	10000
GRANT RADION ME	1	Here for Memo	Itemization Type 🗘
60040 RAPIDI, ME 49503-2353	Check box if this expenditure is payment of	8/2/12	#1,000,00
Fund Raiser	debt or obligation reported on previous	8/3/12-	- 385/B
Expenditure #2		<del></del>	······································
Name ERNIE & Kelly SORINI Address	Permonserrant For 6/13/12	7/30/12 Date	\$ <u>1,000</u> ,00
Address 350 HUNTINGTON DR.	Purpose: FUND RAISIAGE		
ANN AMBOR, MI	EVENT Click!	Here for Memo	Itemization Type 🗘
48104 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	<i>5.</i>	EE Belog	2
Name Office MAX		Altar	\$ 243,14
Address 3765 WAShenOW Ave.	Purpose: Printtalla	Date	*U504786-
Aria Anden, MI	Click I	lere for Memo f	temization Type 🗘
48104	Check box if this expenditure is payment of	7/31/12	7.82
Fund Raiser	debt or obligation reported on previous	8/4/12	235.32
Expenditure #4	statement		
Name Dollan Bill Copying		1/31/12	\$201.07
Address Will Chunch ST.	Purpose: Minting	/ Date	-
ANN AMbor, MI	_ Click H	lere for Memo I	temization Type 🗘
Fund Raiser 48104	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name DON SAIbeRG	Reimburse For	2/27/10	
Address 3105 Lexington DR.	Reimburse For Purpose: FED Ex Printing	Date	* \$ <u>/29.32</u>
ANIN ARbor, MI	Click H	ere for Memo I	temization Type 🐶 📗
Fund Raiser 48105	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtot	al this page	2958.71
	Grand Total of all S	chedules 1B	
	(Complete on last page	of Schedule)	2958.71

Enter this total on line 8a of Summary Page

## EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

#### SCHEDULE 1 B - G

#### **CANDIDATE COMMITTEE**

1.	Committee I.D. Number	C-2010-021
2.	Committee Name 591	MY Pekesen to City Course C

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED 3. Name and address of person or vendor to whom the 4. Type of Activity 6. Amount 5. Date expenditure was made -Expenditure #1 Election Day Busing of Voters To The Polls Name & Address: Slate Cards Challengers Poll Workers Poll Watchers Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type For Activity Type b-f, check one: In-Kind Independent Check box if this expenditure is payment of debt or obligation reported on previous statement If in support of, or in opposition to, a ballot proposal, check one: Support Oppose Statewide Proposal Name Local Proposal Name Indicate County Expenditure #2 Name & Address: Election Day Busing of Voters To The Polls Slate Cards Challengers Poll Watchers Poll Workers Date Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type 🗘 For Activity Type b-f, check one: In-Kind Independent Check box if this expenditure is payment of If in support of, or in opposition to, a ballot proposal, check one: debt or obligation reported on previous statement Support Oppose Statewide Proposal Name Indicate County Local Proposal Name ... Expenditure #3 Election Day Busing of Voters To Name & Address: The Polls Slate Cards Challengers Poll Watchers e. Poll Workers Date Get-Out-The Vote Activity (Specify): For Activity Type b-f, check one: Click Here for Memo Itemization Type 🜍 Independent In-Kind Check box if this expenditure is payment of debt or obligation reported on previous statement If in support of, or in opposition to, a ballot proposal, check one: Oppose Support Statewide Proposal Name\_ Local Proposal Name Indicate County

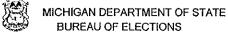
> Grand Total of all Schedules 1B-G) (Complete on last page of Schedule

Subtotal this page

Enter total on Line 85

Summary Page

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#### **ITEMIZED IN-KIND EXPENDITURES**

## SCHEDULE 1B - IK

### **CANDIDATE COMMITTEE**

1. Committee I. D. Number	C -2012 -	- /
2. Committee Name SAIIY	Petersen to	City Council

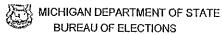
	2. Committee Name 27771 7 07	
. Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure     (Check appropriate box and fill in description)	5. Date: 6. Fair Market Value
Expenditure #1 Name & Address:	Donation of goods or services to a Ballot Question Committee     Donation of assets to tax exempt charitable Institution     Donation of assets to Political Party Committe     Other  Description	Date e Click here for Memo Itemization Type
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date  Click here for Memo Itemization Type
Expenditure #3 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date  Click here for Memo Itemization Type
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	\$S  Date  Click here for Memo Itemization Type
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date  Click here for Memo Itemization Type
·		Page Subtotal

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

Enter this total on line 7 of the Summary

Page

Page \_\_\_\_ of \_\_\_



#### INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C** CANDIDATE COMMITTEE

	( '	,,,000004	1
, Committee I. D. Number	-		6

Sally Petersen to City Council

(For use by officeholders only)	Committee Name 29/16 10/0	reserving C	119 000	<u>~</u> {_
3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount o Disburseme	
Disbursement # 1	Purpose			
Name & Address:				
		Date	_ \$	
		Click for Memo It	emization Type	Ø
 	Disbursement Code			
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		· · · · · · · · · · · · · · · · · · ·	
Disbursement # 2 Name & Address:	Purpose			
		Date	\$	
		Click for Memo Ite	emization Type	0
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code			
Disbursement # 3 Name & Address:	Purpose			
		Date	\$	_
		Click for Memo Ite	mization Type	0
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code			
Disbursement # 4 Name & Address:	Purpose	· · · · · · · · · · · · · · · · · · ·	, <u>, , , , , , , , , , , , , , , , , , </u>	
	<del></del>	Date	<u> </u>	-
		Click for Memo Ite	mization Type	0
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser			
		Subtotal this page		- June
	Grand Tota (Complete on la	of all Schedules 1C st page of Schedule)	MONE	

LEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Enter this total on line 10a of Summary Page

Page \_\_\_\_ of \_\_\_\_



## DEBTS AND OBLIGATIONS

**SCHEDULE 1E** 

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2012-027

2. Committee Name SALY Potenson to City Courtain

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.)	
(Description) each payment payment to Balance at date on debt of this period.	each payment payment to date on debt Balance at close of this period (Item 6 minus
Debt #1 Corp? Yes Owed to or by:  4. Type: \$  5. Date Debt Was Incurred: \$	\$\$
·\$	\$ FORGIVEN
If bank loan, name of endorser or guarantor: Amount Endorsed: \$	Amount Endorsed: \$
Debt #2 Corp? Yes Owed to or by:  4. Type:\$	
5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt:</u> \$	\$
\$\$	FORGIVEN
If hogic loop name of and an analysis of the state of the	
Debt #3 Corp? Yes Amount Endorsed: \$	Amount Endorsed: \$
Owed to or by: 4. Type: \$	<u> </u>
5. <u>Date Debt Was Incurred</u> :	\$
6. Original Amount of Debt:	s   s
	FORGIVEN
If bank loan, name of endorser or guarantor:  Amount Endorsed: \$	

Page Subtotal (Outstanding debt)

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

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.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

#### **FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2012-027

2. Committee Name Sally Petersen To City Course C

- USE A SEPARATE SHEET FOR EACH EVENT -							
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held				
			Private Residence				
7. Total Contributions							
8. Other Receipts			Nork				
9. Gross Receipts (Add lines	s 7 and 8)		14000				
10. Total Cost of Event (Total Cost includes In-Kind	Contributions and All Expenditures	Made For the Event)	The management of the second o				
11. Check if event was	a joint fund raiser and complete the	following:					
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)				
_		<del> </del>					
		-					
	<del></del>						
		·	· · · · · · · · · · · · · · · · · · ·				
	····						

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.