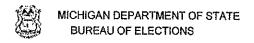
COVER PAGE

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 Statement covers From: 8/28/12 to 10/21/12			
1. Committee I.D. Number (-20/2-027	4. Candidate Last Name First Name M.I. Peter Sen Sarah H.			
2. Committee Name to Elect Committee to Elect	4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor Ciry Counce Ward #2			
Committee to Elect Committee to Elect Sally Petersen to City Council	4b. County of Residence Washknaw			
	6. Treasurer's Name & Residential Address			
n Abry mt	Jane A. Miller 160 Watershed Dr.			
2916 Hickory lane Ann Albor, mt 48104	Ann Alber, MI 48105			
Area Code and Phone 734 996-5569				
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 & Phone 3/3 3506403			
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a			
· · · · · · · · · · · · · · · · · · ·	Designated Record keeper)			
none				
11011	110ne 9 9			
	2 2 A			
Code and Dhome				
Code and Phone	Area Code and Phone			
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post	Election 9c. Annual Statement (Coverage Year)			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
Primary	eral 9e. Dissolution of Candidate Committee			
Convention	Effective Date of Dissolution			
Special	By checking this item, IWWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if			
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for			
weemper 6,2016	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 re	quired Campaign Statements. The Campaign Statements must include all applicable iditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.			
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	ed since the information was shown on the committee's Statement of Organization, an a campaign Statement. If a request for a Reporting Waiver is not received on or nat campaign statement cannot be waived.			
	n the preparation of this statement and attached schedules (if any) and to the best of			
$\sim M/\Omega$				
Current Treasurer or Designated Record keeper Type or Print Name	Signature Date			
Candidate Sarah Hart Petersen	Charlota Halenes - 10/26/11			
Type or Print Name	Signature Date			

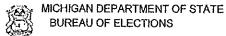


SUMMARY PAGE

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

2. Committee Name Sally Pekisen to City Council

CANDIDA LE COMMIT LEE	,	
RECEIPTS	Column I This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(1)
c. Subtotal of "Contributions"	(3c.) \$ 1900.00	(18.) \$ 13047,00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 130 47.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	· · · · · · · · · · · · · · · · · · ·	47
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 3,681.47
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	222179	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 2,231,"	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	7 88
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2, 231, ⁷⁹	(23.) \$ 12, 523, 88
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)	(100.) 4	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(10h) 6	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 854.91	
(Enter zero if no previous reports have been filed.)	10000	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ 700.	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 2759,	
16. Amount expended during reporting period	(16.) - \$ 2,231, 79	·
(Add lines 9 and 11)	623 12 1	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	T



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.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9/12/12 Name & Address: Sally Hart Pokisen 2914 Ibrakory Lane Ann Arbor, MY 48104	\$ 1500,00	s 5 237.00
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation NONE Employer	Olick Hele to	i Werno Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	• .	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/12/12 Name & Address Elizabeth Davies Elikine 3 10 N. Hamilton St. #2 Yesilanti, MC 48197	\$ 500.00	\$ 500.00°
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 😝
Occupation NONE Employer		
Business Address		
e of Contribution: Direct Loan from a person Fund Raiser		ļ
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/12/12 Name & Address:	7	
Mark Erskine 310 N. Hami Hon St. #2 Yesilanh, MI 48197	\$ 400,00	\$ 500,00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization 💍
Occupation NonE Employer_		
Business Address		
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	Olick Field for	Wetto iternzation
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1900.00	· · · · · · · · · · · · · · · · · · ·
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1900.00 Enter this total on	
- 1 . 1	line 3a of Summary Page.	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

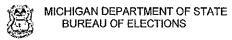
1. Committee I.D. Number L-2012-027
2. Committee Name Sally Polessen to City Council

O. Name B. Address Francisco		mmittee Name Julici pa	6. Amount
3. Name & Address From Whom Received	Date of Receipt Date of Receipt	5. Type of Receipt	
Receipt #1 Name & Address:		Loan from a Lending Inst	\$
		Interest	Y
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Inst	titution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
Receipt #3	Date of Receipt	Loan from a Lending Inst	itution
Name & Address:		Interest	\$
			Click for Memo Itemization Type
		Other (Specify)	
	Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt	Loan from a Lending Inst	
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
,	Fund Raiser	Other (Specify)	<u> </u>
Receipt #5	Date of Receipt	Loan from a Lending Insti	tution
Name & Address:		Interest	\$
		=	Click for Memo Itemization Type
		Other (Specify)	
	Fund Raiser		
Receipt #6 Dame & Address:	ate of Receipt	Loan from a Lending Inst	titution
		Interest	\$
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
	ate of Receipt	Loan from a Lending Ins	ditution
Name & Address:		Loan from a Lending ins	\$
	•	Interest	
		Refund \Rebate	Click for Memo Itemization Type
	Fund Raiser	Other (Specify)	
			Page Subtotal

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

Enter this total on line 4 of Summary Page

Page ____ of ___



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

	Ĉ	-2012-0	2	1
--	---	---------	---	---

SCHEDULE 1-II		021	
CANDIDATE COM	MITTEE 2. Committee Name Sully Petrosan	for Coly	COURCE!
ame and Address from whom received 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	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:	4.	\$	
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Business Address:	Date Of Receipt: Vendor Name & Address: Clic	k Here for Memo iter	nization 🗳
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address 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	\$_	
jupation: Employer Name & Address:	Date Of Receipt: Vendor Name & Address:	k Here for Memo Iter	nization 🌎
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & 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-LOAN	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	k Here for Memo Iter	nization 🗳
Fund Raiser Contribution			
	Page Subtotal		-
-)	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	MONE	>

Enter this total on line 6 of Summary Page

Page ____ of ___



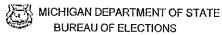
ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

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

2. Committee Name SAILY Peterse-1 To City Council

. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Wash knaw County Clark		9/13/2012	\$ 2050,00
Address leb N. Main Ann Arhor, MI 44104	Purpose: Lake Contribution Report Filling Fee Click H	Date ere for Memo Ite	mization Type Ω
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name SAWICK: Sons 1821 W. Lafayette Address Actro, t, mt U8216	Purpose: printing sign Struckers Click H	10/12/2012 Date	\$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			¢
Address	Purpose:	Date	4
	Click He	ere for Memo Iter	nization Type 🗘
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		-
Expenditure #4	statement		
Name			
Address	Purpose;	Date	\$
	Click He	re for Memo Iten	nization Type 🗘
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Iten	nization Type 🗘
	Subtota	I this page	2231.7791
	Grand Total of all So (Complete on last page o	hedules 1B	2231.79

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C** CA

6-2012-027 1. Committee I. D. Number

NDIDATE COMMITTEE (For use by officeholders only)	2. Committee Name	Sally	Petersen	to at	COURC
trace of pareon to whom dishurcament was made	4 Description	n of Dishurse	ement	r 5.4	6 Amount

(For use by officeholders only)	. Committee Name	i son je ch	1 cook of
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 of Disbursement
Disbursement # 1	Purpose		
Name & Address:			•
		Date	\$ <u>·</u>
		Click for Memo Ite	omization Tuna 🧬
		Olick for Michio 16	emization Type 🛭 🕻
	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	mization Type 🗘
·	Pilling and Order		
Check box if this disbursement is payment of debt or obligation	Disbursement CodeFund Raiser		
reported on previous statement		<u> </u>	
Disbursement # 3 Name & Address:	Purpose		
			<u> </u>
		Date	
		Click for Memo Ite	mization Type 💍
	•		4
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
			
Disbursement # 4 Name & Address:	Purpose		
		· · _ · _ · _ · _ · _ · _ · _ · _ ·	<u>\$</u>
		Date	
		Click for Memo Iter	mization Type 🔇
	mer and a		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
eported on previous statement	Fund Raiser		
		Subtotal this page	
	Grand Tota	l of all Schedules 1C	(NOVE)

(Complete on last page of Schedule) (

Enter this total

on line 10a of Summary Page

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

			1
Page	1	of	ſ

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

CANDIDATE COMMITTEE

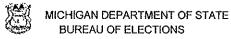
1	Committee	ın	Number

THES	1-2012-021	
	1-2012-021	į
2. Committee Name <u>Su</u>	114 Pekisen to City Council	,

USE THIS FORM TO REPORT EXPENDITURES MADE FOR CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND Item 4f. ALL EXPENDITURE	ELECTION DAY BUSING OF VOTERS TO THE POL DIGET-OUT-THE VOTE ACTIVITY. Describe the spe ES ARE REQUIRED TO BE ITEMIZED	.LS, FOR SLATE (cific Get-Out-The -	CARDŠ, Vote activity in
Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:	a. Election Day Busing of Voters To The Polls		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	Date	\$
	f. Get-Out-The Vote Activity (Specify):	51 11 · · · · · · · · · · · · · · · · ·	
For Activity Type b-f, check one:	CI	ick Here for Memo	Itemization Type 🗘
In-Kind Independent	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	debt or obligation reported on previous statement	:	
Statewide Proposal Name	Local Proposal Name	Indicate County _	
Expenditure #2	[]		
Name & Address:	a Election Day Busing of Voters To The Polls		
	b. Slate Cards c. Challengers	·	
i	d. Poll Watchers e. Poll Workers	Date	_ \$
	f. Get-Out-The Vote Activity (Specify):		temization 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 Lo	ocal Proposal NameInd	icate County	
Expenditure #3 Name & Address:	a. Election Day Busing of Voters To		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	Date	\$
	f. Get-Out-The Vote Activity (Specify):		
For Activity Type b-f, check one:	Clic	k Here for Memo It	emization Type 🧳
In-Kind Independent	Check box if this expenditure is payment of		
If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	debt or obligation reported on previous statement		
Statewide Proposal NameI	Local Proposal Name	Indicate County _	
1	s	Subtotal this page	NONE

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

Enter total on Line 8b Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE	2. Committee Name Gally Peterson to City Council
. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure 5. Date: 6. Fair Market (Check appropriate box and fill in description) Value
Expenditure #1 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable Institution Date Donation of assets to Political Party Committee Other Click here for Memo Itemization Type Description
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 Click here for Memo Itemization Type Description:
Expenditure #3 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Date Donation of assets to Political Party Committee Other Click here for Memo Itemization Type Description:
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 Click here for Memo Itemization Type Description:
Expenditure #5 Name & Address:	A. 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 Click here for Memo Itemization Type Description:
1	Page Subtotal Grand Total of all Schedules 1B-IK (Complete on last page of Schedule)

1. Committee I. D. Number

Enter this total on line 7 of the Summary Page

6-2012-027



DEBTS AND OBLIGATIONS SCHEDULE 1E

JOHLDOLE JE

1. Committee I.D. Numbe

C-2012-027

. Committee I.D. Nui	inner			
. Committee Name	Sully	lektoen to	City Corneil	

This Schedule itemizes:	John Million Committee (Value			
a Debts and obligations owed by or forgiven the com	nmittee OR b. Deb			
(Che	nmittee OR b. Deb	ts and obligations owed <u>to</u> c urpose checked.)	or forgiven by 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 or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	<u> </u>	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		\$		L
		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Туре:	\$	•	
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$] 	\$
	\$	\$	Ψ	
	_	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$,
Debt #3 Corp? Yes Owed to or by:	4. Туре:	\$		
ı	5. Date Debt Was Incurred:	\$	•	
		\$		
•	6. Original Amount of Debt:	\$ \$	\$	\$
	\$	\$	٠	FORGIVEN
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	
· (Co	mplete on last page of Schedule sh			NOVE
(33)		owing amounts owed by U	to the committee)	Enter this total

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

age of



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

6-201	2_	021
6201		0 1

2. Committee Name Gally Pekisen to Lity Council

	- USE A SEPARATE SH	EET FOR EACH EVENT	
. 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
Total Contributions			
Other Receipts			1/0/10
Gross Receipts (Add lines	7 and 8)		NONE
. Total Cost of Event otal Cost includes In-Kind (Contributions and All Expenditures	Made For the Event)	
Check if event was a	joint fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
· · · · · · · · · · · · · · · · · · ·			
			
·		.=	
· · · · · · · · · · · · · · · · · · ·			

- 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.