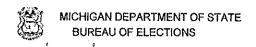
# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

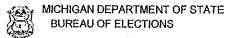
ort must be legible, typed or printed in ink and signed by reasurer (or designated record keeper) and candidate.	3. This Statement covers From: 1/2/2/12 1/2/2/2010
	10/02/12 to ///0/12/2
1. Committee I.D. Number  (-2012 -027	4. Candidate Last Name First Name M.I.
C- JUIL -UAI	14a Office Sought Including District # or Community Served (If applicable)
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)  An Arbor City Lounal Word
Committee to Cleck	1
Silly likelyin to City Louncil	4b. County of Residence Wash knaw
	6. Treasurer's Name & Residential Address
2976 pockery lane	Jane miller
Ann Avar MI 4804	Ann Alber AI 48105
<b>1</b>	Ann Alber MI 48/05
Area Code and Phone 734 996-5369	,
mailing address on the Statement of Organization, mail may	Area Code & Phone 313 330 6403
be sent to this address by the filing official.	
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
1	
none	nne
!	
ļ ·	ı > ĕ <sup>u</sup>
ļ	
Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	ين (C) الجريد (C)
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:	or 9e to indicate which Statement is being amended)
Primary Sene	9e. Dissolution of Candidate Committee
	Effective Date of Dissolution
Convention	·O(
Special	eus
	By checking this item, IWe 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 the Reporting Waiver.
JIVIONIPA WITCH	Note: The disposition of residual funds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all rec	1B and the Summary Page.
Schedules. Direct contributions, In-kind contributions, loans, expeni- if any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	ruired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
amendment to the Statement of Organization should accompany thi before the filing deadline of a required campaign statement, the	d since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
**************************************	n the preparation of this statement and attached schedules (if any) and to the best of mplete.
c 1 h.11/	aplete.
Current Treasurer or Designated Record keeper	()/// MU ) 12/6/12
Type or Print Name	Signature
Condidate Sarah Hart Petersen	Mar Lolara 1-1/12
Odikilizate 32	(Mar) / WT   CAN Whate 12/6/14
Type or Print Name	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



**SUMMARY PAGE** CANDIDATE COMMITTEE

1. Committee I.D. Number (-2012-027)
2. Committee Name 5/14 Political to City Council

RECEIPTS	Column I	T Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	00
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 13,047.
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 13,647.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	No. of the second	
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		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	- 40/
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(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 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$ 523,12	
(Enter zero if no previous reports have been filed.)		
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 323.72	
16. Amount expended during reporting period	(16.) - \$	· 
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ 623,12	
(Subtract line 16 from line 15)	#****	



## **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 nam iniddle initial. Check b Committee (PAC) Repo	ox to indicate if con ort <u>all</u> contributions	tribution is from a Polit regardless of amount.	ical Comr	enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	PAC Receipt?	YES 4. Da	te of Rece	eipt		
Name & Address:					•	
					,	we.
					\$	\$
5. If over \$100.00 cum	ulative, please pro	ovide:				
Occupation		Employer			Click Here to	or Memo Itemization 🔾
Business Address						
Type of Contribution:	Direct	Loan from a perso	on T	Fund Raiser		· .
3. Contribution #2	PAC Receipt?		e of Rece	ipt		
Name & Address		لسا				
					\$	\$
					-	· <del></del>
5. If over \$100.00 cum	ılative, please pro	vide:			Click Here fo	r Memo Itemization 💸
Occupation		_ Employer				
Business Address						
e of Contribution:	Direct	Loan from a person	n	Fund Raiser		
3. Contribution # 3	PAC Receipt?		e of Rece	inf		
Name & Address:	ŕ		,	· · ·		,
					***************************************	Market Control of the
					\$	\$
					Click Here for	Memo Itemization
5. If over \$100.00 cumu	-					
Occupation		Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address	J. Direct V. V. I			<del>,                                      </del>		
Type of Contribution:		Loan from a perso	n	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Dat	te of Rece	elipt		
					Andrew	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT
					\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			<b>-</b>	
Occupation		Frankria			Click Here for	Memo Itemization 💸
Occupation	·	_ Employer	· <u>-</u>			
Business Address				The state of the s		
Type of Contribution:	Direct	Loan from a persor	ո 🔲	Fund Raiser		
				Page Subtotal	Andrew O manager	
		-	Gra	and Total of All Schedules 1A	-0-	
				ete on last page of Schedule)	Enter this total on	J
Pageof					line 3a of Summary Page.	



# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

		2. Committee Name Sally Pokitson to City Lound
3. Name & Address From Whom Received	······································	5. Type of Receipt 6. Amount
Receipt #1 Name & Address:	Date of Receipt	Loan from a Lending Institution
		interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #4 Name & Address;	Date of Receipt	- Loan from a Lending Institution
		\$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
Name & Addiess,		
	·	Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 D Name & Address:	ate of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 D Name & Address:	ate of Receipt	Loan from a Lending Institution
		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 \_\_\_\_



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

# **ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK** 

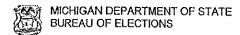
1. Committee I. D. Number (-2012-027

CANDIDATE COM	MITTEE 2. Committee Name Sully Peterson	for City Courcil
ame and Address from whom received ontribution 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. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	<b>\$</b>
If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others- LOAN  Description	
Employer Name & Business Address:	5. Date Of Receipt:  6. Vendor Name & Address:  Cli	ck Here for Memo Itemization
Fund Raiser Contribution		·
Contribution # 2 PAC Receipt? Yes Name & Address  **Fover \$100.00 cumulative places are video	4.	\$
If over \$100.00 cumulative, please provide: upation:  Employer Name & Address:	Date Of Receipt:      Vendor Name & Address:	
Fund Raiser Contribution	Clic	k Here for Memo Itemization 🔷
Contribution #3 PAC Receipt? Yes Name & Address:	4.	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN  Description  5. Date Of Receipt:  6. Vendor Name & Address:  Click	k Here for Memo Itemization 🧳
Fund Raiser Contribution		•
	Page Subtotal	
	Grand Total of all Schedules 1-IK	SIAN (S)

Enter this total on line 6 of Summary

Page

(Complete on last page of Schedule)



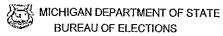
# **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

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

2. Committee Name SAILY Peterson To City Council

. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name			
Address	Purpose:	Date	
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	re for Memo	Itemization Type 😯
Expenditure #2 Name			
Address	Purpose:	Date	*
	Click He	re for Memo	Itemization Type 🗘
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name		THE PROPERTY OF THE PROPERTY O	
Address	Purpose:	Date	. *
Fund Raiser	Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo I	Itemization Type 🛇
Expenditure #4		<del></del>	
Name		Andrew Control of the	
Address	Purpose:	Date	\$
	Click Hen	e for Memo I	temization Type 🗘
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name		AND THE PROPERTY OF THE PROPER	Same and the second of the sec
Address	Purpose:	Date	\$
Fund Raiser	Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo I	temization Type 😯
	Subtotal	this page	0
	Grand Total of all Sch (Complete on last page of		0

Enter this total on line 8a of Summary Page



# INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

. Committee I. D. Number	 -20	12	حريب	021	/

	11 01	1 17 1 1
CANDIDATE COMMITTEE (For use by officeholders only)  2.	Committee Name Sally Pekel	sen to City Council
3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date 6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose	······································
Name & Address.		Section 1
		Date
		Click for Memo Itemization Type (
	Disbursement Code	<u> </u>
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 Itemization Type
Charle boy if this dishurasment is necessary at debt as a life of	Disbursement Code	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser	
Disbursement # 3 Name & Address:	Purpose	- Commence of the Commence of
		<u> </u>
	•	Date
- -		Click for Memo Itemization Type
	Disbursement Code	
Check box if this disbursement is payment of debt or obligation eported on previous statement	Fund Raiser	
Disbursement # 4	Purpose	· · · · · · · · · · · · · · · · · · ·
Name & Address:	T diposo	C STATE OF THE PARTY OF THE PAR
		Date 5
		Click for Memo Itemization Type
	·	
_		
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement CodeFund Raiser	
		Subtotal this page
	Grand Total	of all Schedules 1C at page of Schedule)
	(Complete on las	t page of Sofiedule/

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	- (	of /	

## **EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**

#### SCHEDULE 1 B - G

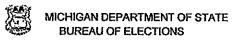
1. Committee I.D. Number

1-2016-041	/	-2012	-02	7
------------	---	-------	-----	---

	^	-		-	1 -	-	-	-	_	 		
4		n	D. I			n	1 -			 	 1_	
1	_	м			Hi.J	*	TE			 	•	•

SCHEDULE 1 B - G	1. Committee I.D. Number		
CANDIDATE COMMITTEE	2. Committee Name Sully Pe.	Kisen fo	City Course
USE THIS FORM TO REPORT EXPENDITURES MADE FOR CHALLENGERS, POLL WATCHERS, POLL WORKERS, AN Item 4f.  ALL EXPENDITURE	RELECTION DAY BUSING OF VOTERS TO THE POLL NO GET-OUT-THE VOTE ACTIVITY. Describe the speci- RES ARE REQUIRED TO BE ITEMIZED	<b>S, FOR SLATE</b> ( fic 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	a. Election Day Busing of Voters To The Polls	l.,	·
Name & Address:	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	Data	<b>\$</b>
	f. Get-Out-The Vote Activity (Specify):	Date	
For Activity Type b-f, check one:	Click	k Here for Memo	Itemization Type 🗘
in-Kind Independent	· · · · · · · · · · · · · · · · · · ·		
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Support Oppose			
Statewide Proposal Name	Local Proposal NameIn	dicate County	
Name & Address:	a. Election Day Busing of Voters To		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers	D-4-	_ \$
	f. Get-Out-The Vote Activity (Specify):	Date	
For Activity Type b-f, check one:	Cack	Here for Memo I	temization Type 🗘
In-Kind Independent			
f in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of debt or obligation reported on previous statement		•
Support Oppose	, , , , , , , , , , , , , , , , , , ,		
	ocal Proposal NameIndica	ate County	
xpenditure #3 ame & 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):		
or Activity Type b-f, check one:	Click	Here for Memo It	emization Type 🜍
In-Kind Independent	Check box if this expenditure is payment of		:
f in support of, or in opposition to, a ballot proposal, check one:	debt or obligation reported on previous statement		
Support Oppose			
atewide Proposal Name	Local Proposal Name In-	dicate County _	
1	Sut	ototal this page	NONE
·	Grand Total of all So		NONE

Enter total on Line 8b Summary Page



#### ITEMIZED IN-KIND EXPENDITURES

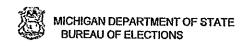
SCHEDULE 1B – IK	1. Committee I. D. Number	-2012-021		
CANDIDATE COMMITTEE	2. Committee Name Sally Pekesson to City Council			
. Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure     (Check appropriate box and fill in description)	5. Date: 6. Fair Market Value		
Expenditure #1 Name & Address:	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	\$Date		
	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 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:	Date  Click here for Memo Itemization Type		
xpenditure #5 Jame & 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 to

Enter this total on line 7 of the Summary Page

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



# **DEBTS AND OBLIGATIONS SCHEDULE 1E**

1. Committee I.D. Number C-2012-027.
Sully lek/ben & Chy Corner!

CAMPIDATE COMMITTEE	committee Name	PEJETON SU	10000	
This Schedule itemizes:				
	mittee OR b. Deb ck either a or b. Use only for the p	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	mmiltee.
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:	\$\$\$	\$	\$
If bank loan, name of endorser or guarantor:		\$		
		Amo	unt Endorsed: \$	
Debt #2 Com? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	s		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
Debt #3 Corp? Yes				
Owed to or by:	4. Type:	<b>\$</b>		
	5. <u>Date Debt Was Incurred:</u>	\$		
	6. Original Amount of Debt:	<u> </u>	\$	\$
	\$	\$		FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
(Cor	nplete on last page of Schedule sl	Grand Total o	Outstanding debt) f all Schedules 1E to the committee)	NOVE) Enter this total
		· •	,	on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed to" of the this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				



### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CANDIDATE (	COMMITTEE 2. Con	miltee Name <u>Gully Pekis</u>	in to lity council
	- USE A SEPARATE SH		
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 t place where the activity was held
			Private Residence
7. Total Contributions			
3. Other Receipts			11.10
9. Gross Receipts (Add lines	7 and 8)		NONE
	contributions and All Expenditures		
Co-Sponsor(s)	Contribution S (%)		Expenditure Split (%)
-			
	_		
		···	
<u> </u>		<del></del>	

6-2012-027

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.

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