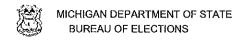


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	01/01/14	to 07/20/	14		
1. Committee I.D. Number		4. Candidate Last Name	First	Name	М	1.1.	
C2012027		Petersen Sally H					
		4a. Office Sought Including Dis	trict # or Community	/ Served (If appli	cable)		
2. Committee Name							
Committee to Elect Sally Hart Petersen to City	/ Council	4b. County of Residence WAS	SHTENAW	M			
5, Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address				
2976 Hickory Lane Ann Arbor, MI 48104		Jane Miller 760 Watershed Drive					
AIII AIBOI, WI 40104		Ann Arbor, MI 48105					
		Alli Alboi, Wi To too	,	Ο			
Area Code and Phone (734) 996-5569				0≥	WASHTEN A		
If the address in this box is different from the comm	ittee			4 5	是 完		
mailing address on the Statement of Organization, in be sent to this address by the filing official.	mail may	Area Code & Phone (313) 3	30-6403	~\ <u>\</u>			
7. Treasurer's Business Address		Designated Record keeper' Designated Record keeper'	s Name and Mailing	Address	committee has	η ⊢a	
None		Designated Record keeper) None		RES RES	S S	т ү .	
		IVOIC			ט פֿי	כ	
				TENBAUM 'REGISTER			
				A U	# X X		
				73 ×	∞ =		
Area Code and Phone		Area Code and Phone					
9. TYPE OF STATEMENT		1	9e, Dissolution of	f Candidate Co	mmittee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :	by the committee t	nis item I/We cer o the candidate o	or his or her sc	oouse is here	
Pre-Election or Post-Election Statement relates to:			by discharged and the committee. Th	forgiven, and no e committee has	i longer collect no oustandin	ible from g assets,	
☐ Primary	July Quar	terly	owes no lates fees			•	
General	October C	Quarterly	Further, if the disso	olution cannot be	granted, that	this be	
Convention			considered a reque	st for the Report	ing Waiver.		
Special	9c, Annua	al Statement (
School		Coverage Year	Effective	date of dissoluti	on		
Caucus		ndment to Campaign Statement			_		
		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposit			eported on	
	amen	ded.)	Schedule 1B and t	ne Summary Pa	ge.		
Date of Election, Convention or Caucus							
10. Verification: I\We certify that all reasonable diligmy\our knowledge and belief the contents are true,			ent and attached sc)	hedules (if any) a	and to the best	t of	
Current Treasurer or Designated Record keeper Jane Miller		, allow	70		//26/2014	4	
Type or Print Name		Signature	. >>4	Date			
Candidate Sally Hart Petersen		, Cally Mart	Pollan		7/26/201	4	
Type or Print Name		Signature		Dale			

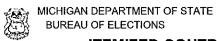


1. Committee I.D. Number C2012027

SUMMARY PAGE **CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Sally Hart Petersen to City Council

RECEIPTS	Column I	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	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 470,91	(19.) \$ 470 g/
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>470.91</u>	(20.)\$ 470,91
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-lK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11000	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>470.9</u> [
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	1/22
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>470);91</u>	(23.) \$ 470.9
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)	(41)	01)0
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(42)) \$	
	(12b.) \$ BALANCE STATEMENT	<u>.</u>
13. Ending Balance of last report filed	(13.) \$ \$1,523.12	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ 470,91	·
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1994.03</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>470,91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,523.12	•



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____C2012027

2. Committee Name

Committee to Elect Sally Hart Petersen to City Council

Enter contributor's name middle initial. Check box Committee (PAC) Repor	to indicate if con	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 Name & Address:	PAC Receipt?		YES 4. Date of Receip	ot		
ramo a Address.						
			•			•
					\$	\$
5. If over \$100.00 cumu	, ,				Click Here t	or Memo Itemization
Occupation		_ '	Employer			
Business Address	1	$\overline{}$				
Type of Contribution:	Direct	<u> </u>	Loan from a person	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?		YES 4. Date of Receip			
			•		\$	\$
					-	
5. If over \$100.00 cumu	lative, please pro	vide	: :		Click Here f	or Memo Itemization
Occupation		_ En	nployer			
Business Address						
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		YES 4. Date of Recei	pt		
					\$	_ \$
5. If over \$100.00 cumu	lative, please pro	vide):		Click Here fo	or Memo Itemization
i			Employer			
Business Address		- `				
Type of Contribution:	Direct		Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		YES 4. Date of Rece	îpt		
					\$	- \$
5. If over \$100.00 cumu	lative, please pro	vide	э:		Click Hora fo	or Memo Itemization
Occupation		_	Employer		OHON THEE R	o memo nemizanon
			· , 			
Business Address Type of Contribution:]	Fund Raiser		
Type of Contribution:	Direct	<u> </u>	Loan from a person		0 n	<u> </u>
				Page Subtotal	0,0	-
				and Total of All Schedules 1A lete on last page of Schedule)	0.0	
1 1			•	,	Enter this total on line 3a of Summar	v

Page ____of ___

Page.



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number C2012027

2.	Committee Name Committee to Elect Sally Hart Petersen to City Council
Name & Address From Whom Received A. Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Date of Receipt 7-20-2014	Loan from a Lending Institution
Name & Address: Sully How to Pelevien for Mayor 2976 Hickory Lowce Am Albert, ME 48WH Fund Raiser	Interest \$ 470.91
2976 Hickory Louise	Refund \Rebate Click for Memo Itemization Type
AMINATON ME4810H - Fund Raiser	Other (Specify) ESTAS COSTE 6502
Receipt #2 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #3 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #4 Date of Receipt	
Name & Address:	Loan from a Lending Institution \$
	Interest
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #5 Date of Receipt	Loan from a Lending Institution
Name a namess.	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #6 Date of Receipt Name & Address:	Loan from a Lending Institution
	Interest \$
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
Receipt #7 Date of Receipt Name & Address:	Loan from a Lending Institution
	\$ Interest
	Refund \Rebate Click for Memo Itemization Type
Fund Raiser	Other (Specify)
	Page Subtotal 410.91
	Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)

Enter this total on line 4 of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2012027

C	Α	N	D	10)/	۷.	Ī	Ε	C	O	N	ì	M	ı	T	Γ	Ε	E
---	---	---	---	----	----	----	---	---	---	---	---	---	---	---	---	---	---	---

2. Committee Name

Committee to Elect Sally Hart Petersen to City Council

CANDIDATE COMM	IIIEE 2. Committee Name	
3. Name and Address from whom received If 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 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 Goods or Services Purchased by Candidate or Others-LOAN	\$
If over \$100.00 cumulative, please provide: Occupation:	Description	. · ·
Employer Name & Business Address:	5. Date Of Receipt: 6. Vendor Name & Address: Click	ck Here for Memo Itemization
Fund Raiser Contribution		
Contribution # 2 PAC Receipt? Yes Name & Address	4.	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Cli	ck Here for Memo Itemization
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:	ck Here for Memo Itemization
Fund Raiser Contribution		
	Page Subtotal	4000
	Grand Total of all Schedules 1-lh (Complete on last page of Schedule	(0.00

Enter this total on line 6 of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

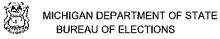
1. Committee I. D. Number

C2012027

2. Committee Name Committee to Elect Sally Hart Petersen to City Council

2.0	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Fucebook Adds Address CA	Purpose: wrong acct		\$ <u>5D,0 2</u> temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Face book Ads Address CA	Purpose: Wrong auf		\$ <u>229</u> 70
		Here for Memo I	етпиацот туре
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Facebook Ads Address Address	Vendor changed Purpose: word aut	5/1/14 Date	\$ 10,00
	Click F	Here for Memo II	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Fullbook AdS Address A	vendor charget wrong and	6/2/14 Date	\$ <u>50.00</u>
	Click I	lere for Memo II	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Facebook Ads Address A	Vendor chagel Purpose: WMM auf	7/// Date	\$ <u>131.19</u>
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo I	temization Type
	1	otal this page	470.91
	Grand Total of all (Complete on last page	Schedules 1B	470.91
	/ b		<u> </u>

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

C2012027

OOHEDOLL ID III	1. Committee I. D. Number		
CANDIDATE COMMITTEE	2. Committee Name Committee to Ele	ct Sally Hart Petersen	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:	Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable Institution	Data	\$
	Donation of assets to Political Party Committee	Date	• .
	Other	Click Here for Memo Ite	mization Type
	Description	_	
Expenditure #2 Name & Address:	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 Iter	mization Type
	Description:		
Expenditure #3 Name & Address:	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 Description:	Click Here for Memo Itel	mization Type
Expenditure #4			
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 Itel	mization Tvpe
	Description:		
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	Date	
	Other Description:	Click Here for Memo Ite	mization Type
			17
		Page Subtotal	

Enter this total on line 7 of the Summary Page

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

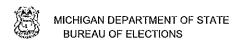
CANDIDATE COMMITTEE SCHEDULE 1B-IK, ITEMIZED IN-KIND EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON OR ORGANIZATION TO WHOM THE GOODS OR SERVICES WERE DONATED OR TRANSFERRED: Enter the name and address of each person to whom goods or services were donated or transferred.

ITEM 4: TYPE OF IN-KIND EXPENDITURE: Check the appropriate box to indicate the type of donation or transfer that was made. If the type is not specifically listed on the form, specify the nature of the expenditure in the space provided.

ITEM 5: DATE: Enter the date on which the expenditure was made.

ITEM 6: AMOUNT: Enter the fair market value of the goods or services donated or transferred.



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

1. Committee I.D. Number

CANDIDATE COMMITTEE

2. Committee Name

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 Item 4f.

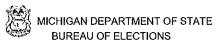
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

	S ARE REQUIRED TO BE ITEMIZED		
 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		
Name & Address:	Literation Day Busing of Voters To The Tonis		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers		•
		Date	_ \$
	Cost Out The Vete Asthib (Consist)	Date	
	f. Get-Out-The Vote Activity (Specify):		
For Activity Type by about and	Clic	k Here for Memo	Itemization Type
For Activity Type b-f, check one:			
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		
_	dost of obligation repetited of profited statement		
Support Oppose			
Statewide Proposal Name	Local Proposal Name fr	ndicate County _	
Expenditure #2			
Name & Address:	a. Election Day Busing of Voters To		
	The Polls b. Slate Cards c. Challengers		
	DOlate Cards		
	d. Poll Watchers e. Poll Workers		_ \$
	Cod Out The West Australia (Our eals)	Date	
	f. Get-Out-The Vote Activity (Specify): Click	Here for Memo I	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		
SupportOppose			
Statewide Proposal Name	ocal Proposal NameIndic	ate County	
Expenditure #3	ocal Froposal Marie		
Name & Address:	a. Election Day Busing of Voters To		
	The Polls		
	b. Slate Cards c. Challengers		
			\$
	d. Poll Watchers e. Poll Workers	Date	Ψ
	f Get-Out-The Vote Activity (Specify):	:	
For Activity Type b-f, check one:		Here for Memo I	temization Type
		TICIC IOI MICINO I	cinization 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:	debt or obligation reported on previous statement		
Support Oppose			•
Statewide Proposal Name	Local Proposal Name I	ndicate County _	
	C.	ubtotal this page	\mathcal{O}
	50	uniotai tilis page	<i>\cute{</i>
	Grand Total of all ((Complete on last p		\mathcal{D}

last page of Schedule

Enter total
on Line 8b
Summary Page

Page ____ of 1



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

Committee to Elect Sally Hart Petersen to City Council

(For use by officeriolders only)			
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 Name & Address:	Purpose		
		Date	\$
		Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code	_ ·	·
reported on previous statement	r und reaser		
Disbursement # 2 Name & Address:	Purpose		ď.
		Date	- \$
		Click for Memo Iter	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser	_	
Disbursement # 3	Purpose		
Name & Address:			\$
		Date	· *
		Click for Memo Iten	nization Type
· · · · · · · · · · · · · · · · · · ·	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	nization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code	_	
reported on previous statement	Fund Raiser		
		Subtotal this page	0
, i	Grand T (Complete o	otal of all Schedules 1C n last page of Schedule)	0
			Enforthic total

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

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

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Page	ı	of	ŀ
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Page _1 ___ of _1 ___

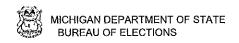
FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

C2012027

1. Committee I.D. Number

Committee Name Committee to Elect Sally Hart Petersen to City Council

- 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 the place where the activity was held.		
			Private Residence		
7. Total Contributions	 .				
8. Other Receipts					
9. Gross Receipts (Add lines	7 and 8)				
10. Total Cost of Event (Total Cost includes In-Kind 0	Contributions and All Expenditures	s Made For the Event)	•		
11. 🔲 Check if event was a	joint fund raiser and complete the	e following:			
Co-Sponsor(s)	Contribution 5 (%)	Split	Expenditure Split (%)		
	_				
	<u> </u>		100.00		
					
<u> </u>	_				
					
		<u>.</u>			
	uired to file a separate Fund Rais e Campaign Statement.	er Schedule for each fund raisi	ing event held during the		
 Receipts and expend Schedule (1A), Itemiz Summary Page. 	itures listed on a Fund Raiser Scl zed In-Kind Contributions Schedu participated in a joint fund raiser	le (1-IK), Itemized Expenditure	s Schedule (1B) and the		



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

C2012027

Committee to Elect Sally Hart Petersen to City Council

CANDIDATE COMMITTEE 2. C	Committee Name	•						
This Schedule itemizes:								
aDebts and obligations owed by or forgiven the com		s and obligations owed <u>to</u> o						
(Che	<u> </u>							
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	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus				
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)				
Debt #1 Corp? Yes Owed to or by:	4. Туре:	\$						
	5. <u>Date Debt Was Incurred</u> :	\$						
		\$	\$	\$				
	6. Original Amount of Debt	\$	Ψ ———	FORGIVEN				
	 \$	\$		LIFORGIVEN				
If bank loan, name of endorser or guarantor: Amount Endorsed: \$								
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$						
	5. <u>Date Debt Was Incurred</u> :	\$						
	6. Original Amount of Debt:	\$	s	\$				
	\$	<u> </u>		FORGIVEN				
		\$						
if bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_					
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$						
	5. Date Debt Was Incurred:	\$						
		\$		\$				
	6. Original Amount of Debt:	\$	· \$	FORGIVEN				
	*	\$		FORGIVEN				
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	·				
		Page Subtota	l (Outstanding debt)	0				
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)								
(compose on many ago of a more and many								

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