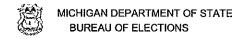


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	i signed by andidate.	3. This Statement covers From	· 01/01/14	to 12/31/14	
1, Committee I.D. Number		4. Candidate Last Name	First N	- " 	M.I.
C-2012-027		Petersen	Sarah		Н
		4a. Office Sought Including Dis	trict # or Community S	Served (If applicable)	I
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 & Residential Address			
2976 Hickory Lane		Jane Miller			
Ann Arbor, MI 48105		760 Watershed Drive Ann Arbor, MI 48105	_		
		Aliii Alboi, Wii 40 103			
(734) 006 5860					
Area Code and Phone (734) 996-5869 If the address in this box is different from the comm	ittee				
mailing address on the Statement of Organization, in the sent to this address by the filing official.	mail may	Area Code & Phone (313) 3	30-6403		
7. Treasurer's Business Address		8. Designated Record keeper'		Address (If the commi	ittee has a
none		Designated Record keeper)	_	29.5	. Š
		INOITE		- × [77]	¥
					WASHTENAW
·				温夫 w	Ä
				ESS O	C _I M
Area Code and Phone		Area Code and Phone	•	習の	
9. TYPE OF STATEMENT			9e. Dissolution of	Candidate Committe	ee 🗦
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking this	s item [[].We certify any	v outstanding debt
<u> </u>	current year		by the committee to	the candidate or his o orgiven, and no longe	or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	leriv	the committee. The	committee has no ou r has any oustanding	ıstanding assets,
Primary		•	owes no lates lees u	nas any oustanding	dent.
☐ General	October C	luarterly	Further, if the dissolu	ition cannot be grante	ed, that this be
Convention			considered a reques	t for the Reporting Wa	aiver.
Special	9c. 🔀 Annus	al Statement (2014)			
School	ENAMO	Coverage Year	Effective d	late of dissolution	
Caucus		dment to Campaign Statement			
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being		n of residual funds m	ust be reported on
	amen		Schedule 1B and the	Summary Page.	
Date of Election, Convention or Caucus					
10. Verification: I\We certify that all reasonable diliging\text{our knowledge and belief the contents are true,}	ence was used accurate and c	in the preparation of this statemomplete.	ent and attached sche	edules (if any) and to	the best of
Current Treasurer or Jane A. Mille	r	. It mill		ila lu	·
Designated Record keeper Type or Print Name	•	Signature /	$\widehat{}$	-Date <u>1777 / 7 2</u>	2
		1/6		./ .	1
Candidate Sarah H. Petersen		Chester. 16	Stex-	Date 1/29	115
Type or Print Name		Signature			



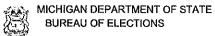
1. Committee I.D. Number

C-2012-027

SUMMARY PAGE CANDIDATE COMMITTEE

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

CANDIDATE COMMITTEE	z. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Oditionariae tries electrott chele
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	\$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$0.00	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50,01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
 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) 	### ##################################	- - - *



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

C-2012-027

2. Committee Name

Committee to Elect Sally Hart Petersen to City Council

	x to indicate if conf	ribution is from a Political Co	ual, enter last name, first name, mmittee 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. Date of Re	eceipt		
Name & Address.					
				\$	
5. If over \$100.00 cum	., ,			Click Here	for Memo Itemization
		_ Employer	-		
Business Address	1	<u> </u>	<u> </u>		
Type of Contribution:	Direct	Loan from a person	Fund Raiser	ş	
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	eceipt		
				\$	\$
				·	
5. If over \$100.00 cumu	ulative, please pro	vide:		Click Here	for Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of R	eceipt	_	
				\$ <u></u>	
5. If over \$100,00 cumu	ilative, nlease pro	wide:		Click Here f	or Memo Itemization
Occupation Business Address		_ Employer			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt		
				\$	\$
5. If over \$100.00 cum	ulative, please pro	vide:		A	
Occupation		Employer		Click Here f	or Memo Itemization
Business Address			,		
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtote	\$0.00	
			Grand Total of All Schedules 14		
, ,		(Ce	omplete on last page of Schedule	Enter this total on	
1 1				line 3a of Summa	rv −

Page ____of ___

Page.



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

		2. Committee Name Committee to Elect Sally Hart Petersen to City Council
3. Name & Address From Who		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
Name & Address.		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
	П	Other (Specify)
Receipt #4	Fund Raiser Date of Receipt	
Name & Address:	Date of Research	Loan from a Lending Institution .
		Interest •
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5 Name & Address:	Date of Receipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
		Other (Specify)
Receipt #6	L Fund Raiser Date of Receipt	
Name & Address:	Date of Neocipt	Loan from a Lending Institution
		Interest \$
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #7 Name & Address:	Date of Receipt	Loan from a Lending Institution
ramo a radioss,		\$
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
		Page Subtotal \$0.00
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00
		(assublate on fact bage of conteguto)

Enter this total on line 4 of Summary Page

Page 1 of 1



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

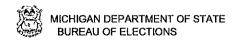
2. Committee Name Committee to Elect Sally Hart Petersen to City Council

	- 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 the place where the activity was held.	
			Private Residence	
Total Contributions				
Other Receipts				
Gross Receipts (Add lines	7 and 8)			
Total Cost of Event otal Cost includes In-Kind (Contributions and All Expenditures	s Made For the Event)		
Check if event was a	joint fund raiser and complete the	e following:		
Co-Sponsor(s)	Co-Sponsor(s) Contribution Spi		Expenditure Split (%)	
			 	
- · · -				
		· · · · · · · · · · · · · · · · · · ·		

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 1 of 1

Summary Page.



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

6-2012-027

Committee to Elect Sally Hart Petersen to City Council

CANDIDATE COMMITTEE 2. Co	ommittee Name	Liect Gally Hart Feter	sen to Oity Coul		
This Schedule itemizes:	·				
a Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)					
3. 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:	\$	\$	\$	
	\$	·		FORGIVEN	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$		
Debt #2 Corp? Yes	4 75				
Owed to or by:	4. Type: 5. Date Debt Was Incurred:	<u> </u>			
	3. Date Dent was incurred:	\$			
	6. Original Amount of Debt:	\$	_{\$}	\$	
	\$			FORGIVEN	
. •		<u> </u>			
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	· · · · · · · · · · · · · · · · · · ·	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$			
•	5. <u>Date Debt Was Incurred</u> :	\$			
	<u></u>	\$			
	6. Original Amount of Debt:	\$	l _{\$}	\$	
	\$	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_		
		Page Subtotal	(Outstanding debt)	\$0.00	
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	\$0.00	
				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 this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page

Page 1 of 1



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number

6-2012-021

SOUTH DOLL I'M			- · · · · · ·
CANDIDATE COMM	ITTEE 2. Committee Name Committee to Elect Sally	/ Hart Petersen t	o City Council
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 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 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: Cl	ick Here for Memo	Itemization
Fund Ralser 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:	ick Here for Memo	Itemization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	Goods or Services Purchased by Candidate or Others		\$
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:	lick Here for Memo	Itemization
Fund Raiser Contribution			
	Page Subtota	\$0.00	\$0.00

Enter this total on line 6 of Summary Page

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

Page 1 of 1



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

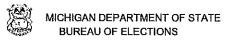
C-2012-027 1, Committee I, D, Number

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name			\$
Address	Purpose:	Date	
		lere for Memo	Itemization Type
		iere ioi ivienio	itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			\$
Address	Purpose:	Date	`
Addition			
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	olatomore		
Name			
		Date	\$
Address	Purpose:	Date	
	Click H	lere for Memo	Itemization Type
_	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address	1_	Date	\$
ridated	Purpose:		
	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click F Check box if this expenditure is payment of	lere for Memo	Itemization Type
Fund Raiser	debt or obligation reported on previous statement		
		tal this page	\$0.00
	Grand Total of all S	Schedules 1B	00.02

(Complete on last page of Schedule) | Turning |

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2012	-02	
--------	-----	--

CANDIDATE COMMITTEE 2. Committee Name Committee to Elect Sally Hart Petersen to				
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 Description	Date Click Here for Memo Item	i	
Expenditure #2 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 Committee Other Description:	Date Click Here for Memo Item		
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 Item	ization 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 Item	i nization 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 Item		
		Page Subtotal	\$0.00	
	Grand Total	al of all Schedules 1B-IK	\$0.00	

(Complete on last page of Schedule)

Enter this total on line 7 of the Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

1. Committee I.D. Number

1-201	2-0	21
-------	-----	----

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 ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED Item 4f. 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 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 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 Indicate County Local Proposal Name 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: Independent in-Kind 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: Slate Cards Challengers Poll Watchers e. Poll Workers Date Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type For Activity Type b-f, check one: Independent In-Kind 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 Oppose Support Statewide Proposal Name Local Proposal Name Indicate County Subtotal this page \$0.00 Grand Total of all Schedules 1B-G) \$0.00

Enter total on Line 8b **Summary Page**

(Complete on last page of Schedule



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

1. Committee I. D. Number

(-2012-027

(For use by officeholders only)

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

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 Ite	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
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
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4	Purpose		
Name & Address:		Date	\$
		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	\$0.00
	Grand Tota (Complete on la	l of all Schedules 1C st page of Schedule)	\$0.00

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

	1	4
Page	ı	of I