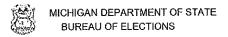


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

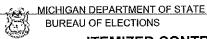
FOR OFFICIAL USE ONLY

COVER PAGE		
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From	11-24-2015 10 7-25-2016
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.
C2012027	Petersen	Sally trict # or Community Served (If applicable)
		trict # or Community Served (If applicable)
2. Committee Name	Other - Ann A	broom City Est = =
committee to chi council		
2. Committee Name Committee to elect Salm Hart Petersen to City Council 5. Committee's Mailing Address	4b. County of Residence WAS	
5. Committee's Mailing Address 2976 Hickory Lane	6. Treasurer's Name & Resider Brian Weisman	ntial Address Tan 0 20
Ann Arbor MI 48104	3900 Penbe	ntial Address Thom Thom The state of the
		rron 85 - 3
	Ann Arbor M	\(\frac{1}{2} = \frac{1}{2} \)
Area Code and Phone	48105	ना दे
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	Area Code & Phone 73	4.945 - 1452
be sent to this address by the filing official.	7464 6546 47 11616	
7. Treasurer's Business Address	Designated Record keeper)	s Name and Mailing Address (If the committee has a
	None	
3900 Penberton		
Ann Arbor MI		
48105		
2211 0115 1153	A. O. I. and Disans	
7 rea code and 1 rions	Area Code and Phone	9e, Dissolution of Candidate Committee
9. TYPE OF STATEMENT Required OF	NLY if candidate	The state of the s
current year	ballot for the ;	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from
Pre-Election or Post-Election Statement relates to:	terly	the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.
☐ Primary ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	No esta alto	, , , , , , , , , , , , , , , , , , , ,
General October C	uarteriy	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Convention		
Special 9cAnnu	al Statement ()	Effective date of dissolution
School	Coverage Year	Eliective date of dissolution
Caucus 9d. Amer	ndment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	
indica	ite which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
amen	ded.)	Objection to and the outlineary rago.
Date of Election, Convention or Caucus		
10. Verification: IWe certify that all reasonable diligence was used my\u00e4our knowledge and belief the contents are true, accurate and c	in the preparation of this statem omplete.	ent and attached schedules (if any) and to the best of
Current Treasurer or Brian Weisman	(624.)	7/27/16
Designated Record keeper Type or Print Name	Signature .	Date
,	IM L	That
Candidate Sally Petersen	/ alles 10)	felle Date 108/16
Type or Print Name	Signature	



1. Committee I.D. Number C2012027

SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name Committee to el	ect Sally Hart petersen
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	Tille 7 Orlog	Cumulative and distribution dysic
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.) \$ <u>2077.94</u>	(19.) \$ 2077.94
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2077, 94</u>	(20.)\$ 2077.94
IN-KIND CONTRIBUTIONS & EXPENDITURES	_	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <i>O</i>	(22.) \$
EXPENDITURES		
8. Expenditures	- 002 00	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3 2 2 3 . 2 2	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3 </u>	(23.)\$ 3 3 3 3 3 3 4
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)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	· · · · · · · · · · · · · · · · · · ·	
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$BALANCE STATEMENT	
13. Ending Balance of tast 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)	(13.) $\frac{554.19}{2554.19}$ (14.) $\frac{3554.19}{2554.19}$ (15.) $\frac{4632.13}{223.22}$ (16.) $\frac{323.22}{223.22}$	



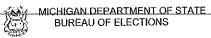
SCHEDULE 1A

1. Committee I.D. Number <u>C 2012 027</u>

Enter this total on line 3a of Summary

Page.

2. Committee Name COMMITTEE to elec **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation __ Business Address Fund Raiser Type of Contribution: Direct Loan from a person 4. Date of Receipt PAC Receipt? 3. Contribution #2 Name & Address Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation ____ Business Address Type of Contribution: Direct Fund Raiser Loan from a person PAC Receipt? 3. Contribution #3 YES 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation _ Business Address Direct Loan from a person Fund Raiser Type of Contribution: PAC Receipt? Contribution # 4 YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)



ITEMIZED IN-KIND CONTR SCHEDULE 1-IK	7.01	077	
SCHEDULE 1-IK	1. Committee I. D. Hamber		
		alack sall	Hart Pet
CANDIDATE COMM			4
If contribution is from an individual, enter last name first. Check box to indicate if contribution	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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:	Date Of Receipt: Common Name & Address: Common Name & Commo	lick Here for Memo It	emization
Fund Raiser Contribution			
Contribution # 2 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	\$	i
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	iliak Hana far Mamo H	omization
_		lick Here for Memo It	emization
Fund Raiser Contribution Contribution #3 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:	Click Here for Memo I	lemization
Fund Raiser Contribution	Page Subtot		

Enter this total on line 6 of Summary Page

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

Page of



ITEMIZED OTHER RECEIPTS

SCHEDU		
₹÷	1	1. Committee I.D. Number 6 2012 027
CANDIDATE	COMMITTEE 2	. Committee Name committee to elect Sally Hard
3. Name & Address From Whom Received	Date of Receipt	5. Type of Receipt 6. Amount
Receipt #1 Name & Address:	Date of Receipt $1-29-20$	
Adobe Sys. "	,	Interest
Receipt #1 Name & Address: Adobe Sys: Inc. 345 Park Avenu San Jose CA 951	10-2704	Refund \Rebate Click for Memo Itemization Type
San Jose		D. Other (Specify) Merchadisc Refund
Receipt #2 Name & Address:	Date of Receipt 2-1-201	
Adobe Sys. Inc. 345 park Avenue		☐ Interest \$ 31.79
345 park Avenue	" " ala	Refund \Rebate Click for Memo Itemization Type
San Jose CA 95110-	Fund Raiser	Sther (Specify) Merchadise Retund
Receipt #3 Name & Address:	Date of Receipt <u>5 - 1/ - 201</u>	
Sally Hart Petersen	j	Interest \$ 2000.00
Sally Hart Petersen 2976 Hickory Land Ann Arbor MI 48104	2	Refund \Rebate Click for Memo Itemization Type
Am Arbor M= 48104	Fund Raiser	Other (Specify) Deposit to Pay late Fee
Receipt #4	Date of Receipt	- Loan from a Lending Institution
Name & Address:		Loan normal century institution
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #5	Date of Receipt	Loan from a Lending Institution
Name & Address:	<u> </u>	
		Interest
		Refund \Rebate Click for Memo Itemization Type
	Fund Raiser	Other (Specify)
Receipt #6 Di 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
4	Fund Raiser	Other (Specify)
<u> </u>		Page Subtotal 2 0 77.94

Enter this total on line 4 of Summary Page

2077

Grand Total of All Schedules 1A -1

(Complete on last page of Schedule)



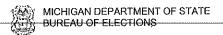
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C2012027</u>

CANDIDATE COMMITTEE 2. C	ommittee Name committee to elect Sally Hart peter
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Adobe sys. Inc	11-25-2015 \$ 52.99
Address 345 park Avenue	Purpose: hcorrect Vandor Charge.
San Jose (A 15110-2709	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser Expenditure #2	statement
Name Name NGP Van Address	Purpose: Campaign Database Date
1101 15th St NW	Click Here for Memo Itemization Type
Ste 500 Washington DC 20005.5006 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Meijer Address 2145 Ann Arbor Saline Rof,	Not campaign 12-14-2015 51.89 Purpose: Charges mistake Date
Address 3145 Ann Arbor Saline Rof Ann Arbor MI 48103-9711	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Bradley O'Furey Address 3816 Santa Fe Trl Ann Arbor MI 48108-2778	Purpose: Reimbursement Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name Bradley O'Furey Address 3816 Santa Fa Tri	Purpose: Consulting [2-17-2015 s 300.00
Ann Arbor MI 48108-2778	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 907.93
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page _____ of ____3



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C2012027

CANDIDATE COMMITTEE 2.	Committee Name committee to elect Sally Hart peter
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Aut Bar	Not campaign 12-21-2015 \$ 9.75 Purpose: Charge/Mistake Date Date
315 Braun Ct.	ck Here for Memo Itemization Type
Ann Arbor, MI 48104	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	
Adobe Sys. Inc	Purpose: Incorrect vendor charge
Address 345 Park Avenue	Click Here for Memo Itemization Type
San Jose CA 95110-2704	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #3	statement
Name Adobe Sys. Inc Address 345 Park Avenue	Purpose: Focorrect vendor charge
San Jose (A 95110 - 2704	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Adobe Sys. Inc	Purpose: Incorrect vendor charge
Adobe Sys. Inc Address 345 Park Avenue	
San Jose CA 95110-2704	Check box if this experioliture is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name Adobe Sys. Inc	Purpose: Incorrect vendor charge \$84.78
Address	Purpose: Lncorrect vondor charge
Name Adobe Sys. Inc Address 3ns park Avenue San Jose LA 95110-2704	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
	Subtotal this page 285.29
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page 2 of 3



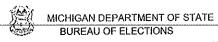
ITEMIZED EXPENDITURES

C2012027

SCHEDULE 1B	ommittee I. D. Number	
	ommittee Name committee to clect	Sally Hart peterson.
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5, Date 6. Amount
Expenditure #1 Name Washtenaw County Clerk Address PO BOX 8645 Ann Arbor MI 48107-8645	Purpose: Late Filing Fee Click H Check box if this expenditure is payment of debt or obligation reported on previous	-12-2016 \$ 2030.00 Date lere for Memo Itemization Type
Fund Raiser	statement	
Expenditure #2 Name . Address	Purpose:	\$
· ·	Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name		\$
Address	Purpose:	Date
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #4		
Address .	Purpose:	Date \$ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	se to Metro tonization Type
Expenditure #5		·
Name Address	Purpose:	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
-	Subtot	al this page 2030.00
	Grand Total of all S (Complete on last page	

Enter this total on line 8a of Summary Page

Page 3 of 3



SCHEDULE 1B – IK

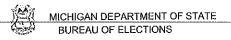
SCHEDULE 1B – IK

1. Committee

CANDIDATE COMMITTEE

1. Committee I. D. Number							
2. Committee Name Co⊷	w:He	L +0	داددا	- Sally	Hart	petersun	4

	2, 00111110	
Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure 5. Date: (Check appropriate box and fill in description)	6. Fair Market Value
Expenditure #1	4. Donation of goods or services to a Ballot	
Vame & Address:	Question Committee	
	Donation of assets to tax exempt charitable	6
	Institution Date	
	Donation of assets to Political Party Committee	
	Other Click Here for Memo Item	sization Type
	Click Here to I we no new	azadon Type
-	Description	
Expenditure #2	4. Donation of goods or services to a Ballot	
lame & Address:	Question Committee	
	Donation of assets to tax exempt charitable	
	institution Date	
	Donation of assets to Political Party Committee	
	Other Click Here for Memo Item	nzation Type
	Description:	
	Poon Man	
Expenditure #3	4. Donation of goods or services to a Ballot	
lame & Address:	Question Committee	
	Donation of assets to tax exempt charitable	\$
	institution Date	ν
	Donation of assets to Political Party Committee	
	Other Click Here for Memo Item	nization Type
	Description:	
	e a contracti	
Expenditure #4 lame & Address:	Donation of goods or services to a Ballot Question Committee	
and a radious.	Donation of assets to tax exempt charitable	t .
	institution Date	ν
	Donation of assets to Political Party Committee	
		sization Type
	Other Click Here for Memo Item	nzadon type
	Description:	
xpenditure #5	4. Donation of goods or services to a Ballot	
lame & Address:	Question Committee	.
	Donation of assets to tax exempt charitable Date	
	Donation of assets to Political Party Committee	nizotion Tuno
	Other Click Here for Memo Iten	пианоп туре
•	Description:	
	Page Subtotal	0
	·	
	Grand Total of all Schedules 1B-lK (Complete on last page of Schedule)	
	/	Enter this total
		on line 7 of
S SEE		the Summary Page
1		raye



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G 1. Committee I.D. Number Coll 027

CANDIDATE COMMITTEE	2. Committee Name 🗢 🐣	mittee to elect	Jally Hart
	R ELECTION DAY BUSING OF VOTERS TO ND GET-OUT-THE VOTE ACTIVITY. Describ RES ARE REQUIRED TO BE ITEMIZED	THE POLLS, FOR SLATE One the specific Get-Out-The	CARDS, 10
Name and address of person or vendor to whom the expenditure was made	Type of Activity	5. Date	6. Amount
xpenditure #1	a. Election Day Busing of Voters To	The Polls	
me & Address:	b. Slate Cards c. Ch	allengers	•
	d. Poll Watchers e. Pol	Workers Date	\$
	f. Get-Out-The Vote Activity (Speci		
		Click Here for Memo	Itemization Type
or Activity Type b-f, check one:			
In-Kind Independent Independent In support of, or in opposition to, a ballot proposal, check one	Check box if this expenditure is par debt or obligation reported on previous		
Support Oppose	o. Good of congulation topolists an provide		
Statewide Proposal Name	Local Proposal Name	Indicate County	
xpenditure #2			
Name & Address:	a Election Day Busing of Voters To	>	
	The Polls b. Slate Cards c. Cha	llengers	
		•	r.
	d. Poll Watchers e. Poll	Workers	_ \$
	f. Get-Out-The Vote Activity (Speci		
	Open	Click Here for Memo	Itemization Type
For Activity Type b-f, check one:			
In-Kind Independent			
ت المعامدة المعامدة fin support of, or in opposition to, a ballot proposal, check one	Check box if this expenditure is pa debt or obligation reported on previous		
Support Oppose	dept of obligation reported on previous	Statement	
		Indianta Caustia	
statewide Proposal Name	Local Proposal Name	Indicate County	
xpenditure #3 ame & Address:	a. Election Day Busing of Voters The Polls	o o	
	b. Slate Cards c. Challenge	's	
	d. Poll Watchers e. Poll Work	ers Date	\$
	f. Get-Out-The Vote Activity (Spe	cify):	
or Activity Type b-f, check one:	•	Click Here for Memo	itemization Type
In-Kind Independent			
f in support of, or in opposition to, a ballot proposal, check on Support Oppose	Check box if this expenditure is pay debt or obligation reported on previous		
tatewide Proposal Name	Local Proposal Name	Indicate County	Name of the state
		Subtotal this page	0
		Total of all Schedules 1B-G) lete on last page of Schedule	$oxed{oxed}$
p			Enter total on Line 8b Summary Page
z 9			, -

INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C**

1. Committee I. D. Number C2012027

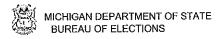
(For use by officeholders only)	Committee Name Committee to	clect Sally	Hart peter
. Name and address of person to whom disbursement was made	Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
		Date	\$
		Click for Memo It	emization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
isbursement # 2 ame & Address:	Purpose		
ame a Address.			_ \$
		Date	
		Click for Memo Ite	emization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement Code		
Disbursement # 3	Purpose		
Name & Address:			\$
		Date	
		Click for Memo Ite	mization Type
]	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 4	Purpose		
Name & Address:	·		\$
		Date	
		Click for Memo Ite	emization Type
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	0
	Grand Tot (Complete on l	al of all Schedules 10 ast page of Schedule	0

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		All services
Page		of	



DEBTS AND OBLIGATIONS SCHEDULE 1E

Page

1. Committee I.D. Number CZOIZ OZZ

2. Committee Name committee to elect Sally **CANDIDATE COMMITTEE** This Schedule itemizes: b. Debts and obligations owed to or forgiven by the committee. Debts and obligations owed by or forgiven the committee OR (Check either a or b. Use only for the purpose checked.) 7. Date and amount of 8. Cumulative 9. Outstanding 4. Type of Obligation 3. Name and Mailing Address of person, vendor or payment to Balance at close (Description) each payment financial institution to whom debt is owed. of this period (Item 6 minus 5. Indicate date debt was date on debt Check box to indicate whether debt is owed to an incurred 6. Indicate original amount Item 8) incorporated business. If debt is a bank loan, please of debt provide information regarding the endorsers or guarantors, if any. Corp? Debt #1 4. Type:____ Owed to or by: 5. Date Debt Was Incurred: \$ 6, Original-Amount of Debt FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 4. Type: Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ FORGIVEN Amount Endorsed: \$. If bank loan, name of endorser or guarantor: Debt #3 4. Type: Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: **FORGIVEN** Amount Endorsed: \$ If bank loan, name of endorser or guarantor: ___ Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 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. Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE			1. Committee	1. Committee I.D. Number C 2017 027 2. Committee Name Committee to elect Sally Hart per					
			2. Committee						
- USE A SEPARATE SHEET FOR EACH EVENT -									
3. Date Ev	ent Was Held	Number of Individuals or Participating (whichev greater)		Type of Fund Ra	ising Activity	6. Address place where		(If any) of the ty was held.	
_ N _/	<u>/</u> A	N/A		N/A	\	Private	Residence	e	
7. Total C	ontributions		N/A						
8. Other Receipts									
9. Gross Receipts (Add lines 7 and 8)									
10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)									
11. 🔲 C	heck if event was a jo	int fund raiser and co	mplete the follo	owing:					
C			tribution Split (%)				Expenditure Split (%)		
_	N/A		N/A				N/A	· .	

				_					
_								<u> </u>	
_	and the second s	•		_					
		- <u>-</u>		_					
_									
	he committee is requir		Fund Raiser S	chedule for ea	ach fund raisin	ıg event hel	ld during	the	
• R	eriod covered by the C eceipts and expenditu chedule (1A), Itemized	res listed on a Fund l	Raiser Schedu s Schedule (1	le must also l -IK), Itemized	be reported on Expenditures	the Itemize Schedule (ed Contri 1B) and	ibutions the	
	Summary Page. Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.								
Page	_ of								