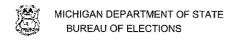


CANDIDATE COMMITTEE COVER PAGE

FILED BASHTENAW COUNTY, MI FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	t covers From:	6096/2J3/Ay 11:51
1, Committee I.D. Number	4. Candidate La		ne nog voggess, Milia
C-2007-028	Brig	To the Note of	A REPORT OF THE PROPERTY OF A PARTY OF A PAR
Committee Name	Auna	Including District # or Community Ser	
C1 p1 C-C(C 11	Firet	warel (+ council	1 member
Sabra Brievesor City Council	4b. County of Res	sidence Washtevaw)
5. Committee's Mailing Address	,	me & Residential Address	
1418 Broaduly AnnAbor, MI 4810J		of Calvi //	
20134 M 2007	/4/8	Broadway Abon M/ 48/1	
	Ami	Ason W/ 48/0) [
Area Code and Phone (S34) 995-3578			
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		(77c/ 7/0-1/2)	→
	Area Code & Pho	ecord keeper's Name and Mailing Add	brook (If the committee has a
7. Treasurer's Business Address	Designated Reco	ord keeper)	ress (if the committee has a
Same			
			€″/
			er 🛌 🗉
Area Code and Phone	Area Code and P	Phone	
9. TYPE OF STATEMENT			ga v 37
9a. Pre-Election OR 9b. Post	-Election	9c. Annual Statement (Coverage Year)
Fost	-Election		
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign St or 9e to indicate which State	tatement (Complete Item 9a, 9b, 9c ement is being amended)
Pre-Election of Post-Election Statement relates to.			- 南年 12 13 1
Primary	neral	9e. Dissolution of Candidate Co	minutee
Convention	iool	Effective Date of	Dissolution
Convention			
Special Cau	cus	By checking this item, I\We certify th	at the committee has no assets or
		outstanding debts, including late filin	g fees. Further, I/We request that if
Date of Election, Convention or Caucus		the dissolution cannot be granted, the Reporting Waiver.	at this be considered a request for
		Note: The disposition of residual fund 1B and the Summary Page.	ds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe	quired Campaign S		ts must include all applicable
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	ed since the inform	ation was shown on the committee's \$	Statement of Organization, an
amendment to the Statement of Organization should accompany to before the filling deadline of a required campaign statement, the	nat campaign state	ement cannot be waived.	waiver is not received on or
10. Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co	in the preparation on mplete.	of this statement and attached schedul	les (if any) and to the best of
Current Treasurer or	Q'	0000	1 / .
Designated Record keeper Davi de Ca Will	Jamo	r caull D	ate /0/27///
Type or Print Name	Signature	00	
Candidate Sabrac - Rriere	A allo	() K	ate 10/27/1/
Type or Print Name	Signature		

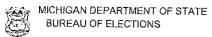


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number C-2007-028

2. Committee Name Salma Brown Sar aly Committee Name

CANDIDATE COMMITTEE	2. Committee Name — 20 0 1 0/01/ 9/ 000	•
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$3640-00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>3640.00</u>	(18.)\$ 3640-00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3640.00</u>	(20.)\$ 3640.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-tK, Column 7)	(6.) \$	(21.)\$ 78.9/
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> </u>	(22.)\$ 0,00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1488.02	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>6,08</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$() <() <	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>/Y88.02</u>	(23.)\$ 1488.02
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$3/5.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	_	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$ 3/5,00	(24.)\$ 3 건 . 한 년
a. Owed by the Committee (Schedule 1E)	(12a.)\$ O.O.S	
b. Owed to the Committee (Schedule 1E)	(12b.)\$() \@()	
	BALANCE STATEMENT	<u></u>
13. Ending Balance of last report filed	(13.) \$ <u>2850-6/</u>	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 3640-00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 6490.6/	
15. SUBTOTAL Add lines 13 and 14	1703	
16. Amount expended during reporting period (Add lines 9 and 11)		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4680,59</u> *	

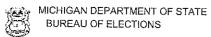


CANDIDATE COMMITTEE

1. Committee I.D. Number C 2007-028

2. Committee Name So bin Soverfer (ity Grang)

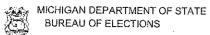
	•	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 2/3/11 Name & Address: Vivi enne Armentrout 920 Despur Rd. Ann Arbor, MI 487 a		
	<u>\$ 50.00</u>	\$ 50.00
5. If over \$100.00 cumulative, please provide:	Clink Hara fo	or Memo Itemization
Occupation Employer	Olick Here it	n Metrio itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/4/// Name & Address		
Denuis Dah(mann		
300 s. Thayer AnnArton M148104	\$ 500.00	\$ <00,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation River St. 100 No. Employer Set		
Business Address 300 S. Thorses Ann Abor MI 48/04		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/11/// Name & Address:	The second control of	
GWENNyctwen 1016 01/10 a Ann Abov, MI U8104	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
8. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8/15///		
1.D. Guscon 1021 Bartanto.		
Annarbor, 1148103	\$ 20.00	\$ 50-00
5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Olick Hete Iol	wiemo nemization
Business Address		
Type of Contribution:		
Page Subtotal	700.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	ı
Page I of 1	Page	



CANDIDATE COMMITTEE

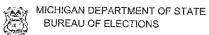
1. Committee I.D. Number (2007028)
2. Committee Name Sabrabriere fol afy Council

		2.1
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8/18/1/ Name & Address: Sob E-Kings by St.		
Ann Ackers W 48104	s 25-00	\$ 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/19/11 Name & Address Les (Le Morris (023 YOUNG Pig (L)		AND AND THE PROPERTY OF THE PR
1023 young Place Ann Arbor, MI 48105	s 100.0d	\$ <u>/00.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		;
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/19/// Name & Address: Norman R. Tx/RY 126 N. Division St. Ann Arbor M/ 48/04	\$ 30.00	\$30,00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8/19/1/ Name & Address State Shackwaw Sto Soule Rid. Ann Abor 4/8/03		ACCUSED AND ACCUSED ACCUSED AND ACCUSED ACC
Ann Arbon 4148/03	60-255 g	\$25-00
5. If over \$100.00 cumulative, please provide:	Click Hara for	Memo Itemization
Occupation Employer	Office 101	Wellio Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	180-00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 2 of 12	Enter this total on line 3a of Summary Page.	,



1. Committee I.D. Number	
2. Committee Name	

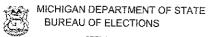
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3. Contribution # 1 PAC Receipt? Name & Address: Loyd E. Pow P.O. Rox 772 Ann Abon M	YES 4. Date of Rec と/ と く を/ひ ^フ ーフフン	, ,,	s (00,00)	
5. If over \$100.00 cumulative, please provid-				
	Employer		Click Here fo	r Memo Itemization
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address Hugh M. Sonk 505 E. Huron Anwarbor Mi	YES 4. Date of Rec VSt-) Apt, 40 48/04	eipt <u>8/5 %///</u>	\$ /00.00	\$ 100.00
5. If over \$100.00 cumulative, please provide			Click Here for	r Memo Itemization
OccupationEn				
Business Address				
Type of Contribution: X Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: Abselos 6. Con 10 No. Mount St. Amund St. Mover \$100.00 cumulative, please provide	retantinider No.1002 148/04	eipt <u>8/2</u> »/(/	\$ ZJT: (2) Click Here for	\$_25.00 Memo Itemization
Occupation				
Business Address	mployer			
T (0)	Loan from a person	Fund Raiser		
3. Contribution #4 PAC Receipt? Name & Address Judi'th P. Rose 2309, Yost Riving Amadaov, Mi	L	eipt <u> </u>	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide	:		Clink Hove for	N. 4
Occupation	Employer		Click mere for	Memo Itemization
Business Address	Loan from a person	Fund Raiser		
$p_{\text{page}} 3_{\text{of}} 12$		Page Subtotal rand Total of All Schedules 1A plete on last page of Schedule)	Enter this total on line 3a of Summary	



CANDIDATE COMMITTEE

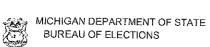
1. Committee I.D. Number 2. Committee Name Subra Rivers Sor (if form u/

				See by See the Co.
Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions recommittee.	ribution is from a Politica	dividual, enter last name, first name, al Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: Stewart V 297 C Hick	TYES 4. Date NOW ON OF LANCE M/48/04	of Receipt 8/13/1/	ментов живой национальной приментов под договорований под под договорований под под договорований под договоро	ecus estimitis de la seguina de la constitución de la delegación de la delegación de la delegación de la deleg
Anwarbor	5 KM 48/04	,	\$ 200 CD	\$200.00
5. If over \$100.00 cumulative, please pro-	vide:	4 /		
Occupation /nsummer/agent	Employer Employer	ick howomo	Click Here fo	or Memo Itemization
Business Address 1201 Bry arwood	bol Cir., Aau Loan from a person	1500 M 48208		
				The second secon
vame & Address Christine H	TYES 4. Date of	-, -, -,	•	,
2115 Devon	whire Ad.	,		C- 23
Annabdus.	4/48/04		\$ 50 sod	\$ 50.00
5. If over \$100.00 cumulative, please prov	ride:		Click Here for	Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: \(\int \) Direct	Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? [Name & Address: Mangaret C. (448) Rood W Am Abon M	Rygrall	of Receipt 8/30///	\$ 50.00	\$ 10,00
i. If over \$100.00 cumulative, please prov	ide:		Click Here for	Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #4 PAC Receipt? lame & Address Robert & C 1400 Broadwood Alm Arbor M	YES 4. Date Far fer 1 48/05	of Receipt 8/12///	\$ 30.00	s 3<00
i. If over \$100.00 cumulative, please provi	ide:			
Occupation	Employer		Click Here for	Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
,		Page Subtotal	335.00	
		Grand Total of All Schedules 1A	330/00	
		(Complete on last page of Schedule)	Enter this total on	
Page 4 of 12			line 3a of Summary	



1. Committee I.D. Number (12007 - 078)

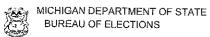
	COMMITTEE	2. Committee Name <u>ამ</u>	on/snewsoc	Cety Dinc/
Enter contributor's name and address. If middle initial. Check box to indicate if co Committee (PAC) Report <u>all</u> contribution	ntribution is from a Political C s regardless of amount.	idual, enter last name, first name, Committee or an Independent	6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt Name & Address: Work-Curious 3490 Conference of the contribution of the co	es Attention	Receipt 3/25///		
3490 Gettys Anwarbor,	M 48105		\$ 25.00	\$ 25.00
If over \$100.00 cumulative, please procupation			Click Here f	or Memo Itemization
Business Address Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address Diane D. W. 4 92 Mix 4 wo	- Gay	Receipt <u>8/22///</u>	Marie Marie (Marie Marie	
Ann Arbor, 1			\$ 7000	\$ 50.00
5. If over \$100.00 cumulative, please pro	ovide:		Click Here fo	or Memo Itemization
OccupationBusiness Address	_ Employer			
Type of Contribution: \(\int \) Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address: E(zeketh) 3.85 T.E. Hu A Number 100.00 cumulative, please pro Occupation	N-Kaufman Won Riverby 11 4 6/05	Receipt <u>8/23///</u>	\$ 35-60 Click Here for	\$ 3.700
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
8. Contribution #4 PAC Receipt? Name & Address Eumice C. 1614 Harbad Anultor N	YES 4. Date of . Burn-1 48703	Receipt 8/23///	s 20.00	s 20.00
5. If over \$100.00 cumulative, please pro	vide:		Chak Haya fay	Name Heart
Occupation	Employer		Click Here for	Memo Itemization
Business Address	Loan from a person	Fund Raiser		
		Page Subtotal	130.00	
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Page 5 of 12			line 3a of Summary Page.	



A .			

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8/25/// Name & Address: John & Eafon 1606 Dickenby		
Anna-bor, 11/48/03	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	SHOK FROM R	or Memo Remization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address Mary L. Kojal		
1643 Broadway AnnArbon MI 48/05	\$ 20.00	\$ 20.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer	- 1-	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/1/// Name & Address: Thomas F. W. Vele (2445 Newport Rd, Annabor, MI 4878	\$50,00	\$50,00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9/1/// Name & Address Gavin Eadle 50> Second St. Annhabor, M/ 48/B	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
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) Page 6 of 17	Enter this total on line 3a of Summary Page.	Makananda Majaran ay musina da da da marangang sa mada haran ar mga mga mga b

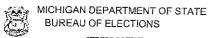


CANDIDATE COMMITTEE

1. Committee I.D. Number	
2. Committee Name	

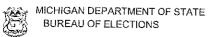
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9/3/// Name & Address: Nelsonk, Meadle 2484 Fine Crest And	ACCIONATA	Transfer of (GCG)
Annarbor, MI 48104	s 25-00	\$ 25.00
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/-//		
Name & Address TJ Rice		
Courthouse Square	\$ 20.00	s 26.00
5. If over \$100.00 cumulative, please provide:		Ψ
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		•
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/14//	-2-	Annual Communication (Communication) (Communic
1309 Broadway Anntoon, MI 4 6165	\$ 10.00	\$ 10.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9/6/// Name & Address Ether K, Potts 10,4 Erlew Brooks An WADON, MI 48/03	80.05 g	s 30.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	AMANANA MARIA MARI
Page / of IL	Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number

2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 95/// Name & Address: Judith Ann Nacko 1600 Waltham	-	s 25.00
Amaton M/ 48/03	s 25-00	\$ 20-00
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/8/// Name & Address J. D. Gucsn 1021 Rayfon Dr. ANN Man M (48705)	60,0Z ₈	\$ 100.00
5. If over \$100.00 cumulative, please provide:	Click Haro fo	or Memo Itemization
Occupation Employer	Olick Flere ic	i wemo kemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/16/11 Name & Address: Grole A. Rycus 2726 Winter Garden G. ANNAHOR, M. 48/05	\$ ZS-00	\$ 2500
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9/16/// Name & Address Ann L. Lund 15/0 Jones & C. Ann Address Ann Address Ann Address Ann Address	s 20.0d	s ZO.O O
5. If over \$100.00 cumulative, please provide:		V
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
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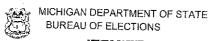


CANDIDATE COMMITTEE

1. Committee I.D. Number	

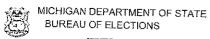
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CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 9/20/// Name & Address: Augustine Amaru 375 Hazelwood And	_	
375 Hazelwood Are. Ann Arbor, M/ 45/08	50-25 2	\$ 25-00
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/21/// Name & Address Dawl & Rockey	THE STATE OF THE S	de announce specifique par la defendada a seus proprieta da S. dem a supreprior participant de announce se seu
1638 Broadway Lundbon 11 (18)05	\$ 25:00	\$ 25-00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/22/11 Name & Address: SUSANWINELDING 7/26. Anust Anuarbor TW 48/04	\$ 75.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9/24/// Name & Address Robert M. Johnson 1413 Culver Rd Ann Arbor, M. 48/03	\$ 75-00	s 25-00
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	Click Here for	Memo Itemization
Business Address		
Page Subtotal	100,00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 9 of 12	line 3a of Summary Page.	



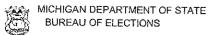
1. Committee I.D. Number	
2 Committee No.	

OMINDIDA!	- COMMINITY IEE	Committee Name		
Enter contributor's name and address. middle initial. Check box to indicate if c Committee (PAC) Report <u>all</u> contributio		vidual, enter last name, first name, Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Name & Address:	17 YES 4. Date of Pell Ks/W/OD 1 48/87	FReceipt 9/27///	anni de la compania del la compania de la compania del la compania de la compania del la compania de la compani	date of receipt)
Conton, N	1 48187		(00,00) z	\$500.00
5. If over \$100,00 cumulative, please p	provide:		Click Horo to	
Occupation	Employer		Olick Here IC	or Memo Itemization
Business Address Type of Contribution				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address Mark C. 1 UZ 50 N.M. CW cago, 11	Passerini arine pr. Apl.	20//	\$ 500.00	\$5000
5. If over \$100.00 cumulative, please pr	rovide:		Click Hara for	r Memo Itemization
Occupation Basines (O rono)	Employer OM of N	ledicine	Click Hete IO	werno itemization
Business Address 1125-Mark,	Ann Arbor, MI	48/04		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
8. Contribution #3 PAC Receipt? Name & Address: Pea nnav Qa		Receipt 10/14///		
Name & Address: DRanna Ra 451 S. Fou Ann Arbors	M/48/04		\$150.00	\$150.00
i. If over \$100.00 cumulative, please pr			Click Here for	Memo Itemization
Occupation Administrated		Concert House		
Business Address 4/5 N - faw	thave Annalo	r, MI 48704		
Type of Contribution: Direct	Loan from a person	Fund Raiser	_	
Contribution #4 PAC Receipt? ame & Address Caura/Sf	YES 4. Date of 1 POWE PLACED AND Y 8/05	Receipt <u>/0//>///</u>		
ー if over \$100.00 cumulative, please pro			<u>\$ 20.00</u>	\$ 20.00
Occupation	Employer		Click Here for N	Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Beisen		
1 011000	Local nom a person	Fund Raiser		
	(Co	Page Subtotal Grand Total of All Schedules 1A omplete on last page of Schedule)	(170,00	
age <u>/O</u> of <u>/</u> 2_			Enter this total on line 3a of Summary Page.	



1. Committee I.D. Num	ber
2. Committee Name _	

Tanks Halls		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 Name & Address: PAC Receipt? YES 4. Date of Receipt 10/20/1/ Florence Kittle Mordock (050 Wall St. Lot 6-F		date of receipt)
1050 Wall St. Spt 6-F Aun Arbor, M/ 48105	<u> </u>	\$ 25.00
If over \$100.00 cumulative, please provide: Occupation Employer	Click Here to	or Memo Itemization
		monio nomization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/21/// Name & Address Rombura Perkins 13/6 King George R(Vd) AnnArbor M ((8/08	\$ 725-00	\$ 2500
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/2/// Name & Address: War rewwi//ams 2>08 Lowell Rd. Ann Abor, M/ 4803 5. If over \$100.00 cumulative, please provide:	\$_/00,0 <u>/</u>	\$_/\`O\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Occupation Employer		viento itentization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/20/// Same & Address Figure 1911 Bowler Dr. Ann. Sor, MI 48/04	\$ 25.00	s 20.00
. If over \$100.00 cumulative, please provide:		
OccupationEmployer	Click Here for N	demo Itemization
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)	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number 2007 - 028

CANDIDATE COMMITTEE 2. Committee Name	MOCKING TONO	MAS Wand
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8/18/// Name & Address: Max A Heir Ow 1640 Receipt 2/18///	AND THE REAL PROPERTY OF THE P	AND THE RESIDENCE OF THE PARTY
1640 Roadway Am Arbor, MI 4 8105	\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
OccupationEmployer	GROW FIOLG R	or wemo temization
Business Address		
Type of Contribution:		Distriction with the group opening to the Schiller and Sc
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/18/// Name & Address		
H.M. Camberworth		
1008 West Medicon AnnArbors MI 4 8/03	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		The state of the s
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/1// Name & Address: Pay mond A. De Her 1 De No Donator, Mod Jeles Standard Stan	\$ 25 00 Click Here for	\$ ZJ; O () Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8/18/1/ Name & Address Dennis Mathaxes 120 N. Fourthare. Anwards MI 48104	\$ 100,0d	s_100,00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200,00	and the second s
Grand Total of All Schedules 1A (Complete on last page of Schedule)	3640,00	
Page /2_ of /2_	Enter this total on line 3a of Summary Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 2. Committee Name To brook to be for the committee Name To be for the committ

OANDIDATE OOMAITTEL 2.0	Committee Name JQ 070/517/2/9/36/	rox com	ve(/
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OSFi Ce Nax	İ	ulalet	
The cost of the part of the cost of the co		4/14/11	\$ 157-37
Address 376 I Was (Lewell)	Purpose: Supplies Sorpalin Can Click	Date'	
	TO STATE OF THE SECOND SECOND	·~	
Ann Arbor, M/ 48104	Click	Here for Memo	temization Type
<i>y</i> - , ' '	Charle have if the commend in the comment of		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			
Name V. a. a. a. a. c.f. Pl		al. in	
Name Xprdx Paper Store		8/10/1/	\$ 91.98
	Purpose: Paper Kenvelopes	Date	
Address 2815 Roandwalk	Purpose: Vala reono empo		·
Ann Ar607, M1 48108	Click I	Here for Memo I	temization Tyne
MMC213 DO 12 WIL 48700		1010 101 11101110 1	ionacadon rypo
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		***************************************
Name OSS 12, Mox		1/2/11	
	1 11 011 1.	<u> </u>	\$ <i>75</i> .88
Address 3765 Washtenaw	Purpose: Intanal labels	Date	
3 20 3 West weening			
Am Arbor, W 48109	Click F	lere for Memo II	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Λ.			
Name Michaels		T/12/11	,
		9/13/11	\$ 20.06
Address 3655 Was Weenaw	Purpose:	Date	
Aundrber, M/ (18/04	Click H	ere for Memo It	emization Type
(111-0)117			•
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5		·····	
Name US Postal Service		,	
reality 03 123(600 -01-1)	./	8/20/11	00
Address Green Road Station	stain of	Date Date	s 88.00
1 part pour stations	Purpose: Otal My 5	Date	
Annalor, MI 48105	Click F	lere for Memo It	emization Tyne
	Check box if this expenditure is payment of		
Found Daleage	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	16-230
		. , ,	453.29
	Grand Total of all 5	- 1	,
	(Complete on last page	ot Schedule)	·

Enter this total on line 8a of Summary Page

Page __/_ of _3___



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	C-2007-028
2. Committee Name Soul	a Borero for aty Comery

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name OSTICE Max		865/11	\$ 73.90
· ,	Purpose: Secon Ask can de	Date	\$ <u>73.90</u>
Address 3765 Washtenow	Purpose: Supplies and Click	Llaua fau 34	Manage To a
Ann Ason, W1 (18/04)	l — '	nere lot Metilo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			······································
Name OSi W Max	/ 1	9/1//	\$ 69138
Address 376 - Wankeman	Purpose: (NC)	Date	
Am Abos 111 48/04	Click !	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Sawicki & Son		9/27/11	\$ 777.08
Address 1521 W-Casayette	Purpose: Kard Stans	Date	4 407-80
Defroit, W 48266	Click	lere for Memo l	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		8 m/v
Expenditure #4			
Name US Poshou Sever ec		- (//	
Address Caberty Stadion	Ch was	/ <u>0/</u> 5/// Date	\$ 44,00
Amarbor, MI 48/04	Purpose: StaMP3		
Am A DOT , MI 96/09	Click F	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		100 mg
Expenditure #5		······································	
Name Folk Office		w/-/:	
Address 2609 Plymouth Rd. Am Noon, MI 48105	Purpose: La S	/0/8/// Date	\$ <u>D</u> ,54
Am Non M148105	Click F	lere for Memo I	temization Type
	Check box if this expenditure is payment of		- '
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	848.70
	Grand Total of all S (Complete on last page		

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C'LOUT-OZE

2. Committee Name Solving Bridge For (14) Couwri'

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Evocaditus #4			
Expenditure #1			
Name Messager PrintingSorrier, Inc. Address 20136 Ecorber Rd Toylor, M1 48180-1957	- 1	10/17/11	\$ 186-03
Address 2013(6 () 0	Purpose: Fundraiscer in 1 tation Click!	Date	<u> </u>
5013680180180	in the sing click!	Here for Memo	Itemization Type
My (0), M1 48(80-1957	! 	TOTO TO TREMIO	Remization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #2	statement		
Name			· ·
Address	B	Date	Ψ
Address	Purpose:		
	Click I	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name			
Ivanie			e l
Address	Purpose:	Date	Ψ
	- u.pass.		1
·	Click H	lere for Memo I	temization Type
F-3	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			ļ
		Date	\$
Address	Purpose:	Date	
		ere for Memo l	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		}
Expenditure #5			
Name			
Address			\$
Address	Purpose:	Date	
ļ	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		· ·
Fund Raiser	debt or obligation reported on previous statement		
		tal this page 1	206.55
	Subtot	tal this page	186.03
	Grand Total of all S (Complete on last page		1488.07

Enter this total on line 8a of Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

Committee I. D. Number	C12007-02-8
The Committee of D. Humber	

CANDIDATE COMMITTEE	2. Committee Name Sabra Anero	for CiZi Con.	11/1/
, , , , , , , , , , , , , , , , , , , ,	2. 30mmiles (fall 6 300 97 97 97 97 17 17 17 17 17 17 17 17 17 17 17 17 17		vice y
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		<u> </u>
Women's Center of Southeastorn	Ticket for event	<u> 3/14/11</u>	\$ 100-00
Michigan	Sornouprobet organization	' Date	!K T
Mrchigan 510 S. Maple Rd. Aun Arbor, M/48783	organization	Click for Memo Ite	mization Type
1 Amarbon, al 45703	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement # 2 Name & Address:	Purpose		
Worldenan) County Democratic	Tickels to Emdraiser		s_100.00
Partx P.O. Box 3951		Click for Memo Iter	nization Type
Aundross MI U8106			
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser	·	
Disbursement # 3 Name & Address:	Purpose		
Guality Michigan Pride PAC P.O. Rex 10/29	Tickets to Semplifer	<i>j0/4/1/</i> Date	\$40.00
Canerag, M/ 48901		Click for Memo Item	nization Type
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
Disbursement # 4	Purpose	,	
Name & Address: Aby Chamber	Ticket topolloy foram	10/15/11	\$7500
115 w. Huron, 3rd Sloor	V	Date	
115 w. Huron, 3rd Sloor Ann Arbor, MI 48104		Click for Memo Item	ization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser		
		Subtotal this page	3/5.00
	Grand Total o (Complete on last	of all Schedules 1C page of Schedule)	3/5-00)
		·-	Enter this total on line 10a of
FASE REFER TO INSTRUCTIONS FOR LIST OF DISPURSEMENT	conse		Summary Page

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

Page ____ of ____



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number C-2007-028

2. Committee Hame 44 stars, of Gella (1) Coolean				
- 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.	
12/20/11	20	Reception	2411 Meadowridge Ct. Ann Arbon W/48/0 Private Residence	
			711111111111111111111111111111111111111	
7. Total Contributions		00		
8. Other Receipts				
9. Gross Receipts (Add lines 7	and 8) <u>50 × 0</u> 0	<u>)</u>		
10. Total Cost of Event (Total Cost includes in-Kind Co	ntributions and All Expenditures	Made For the Event)		
11. Check if event was a jo	int fund raiser and complete the	following:		
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)	

<u> </u>	.	•		
		· · · · · · · · · · · · · · · · · · ·		

- 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 ____



Page _____ of __

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

Committee I. D. Number	CALO	77~	028

Page

CANDIDATE COMM	IITTEE 2. Committee Name Solomo Solomo	tor cire were	kci/
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)
Fund Raiser Contribution Contribution # 2 PAC Receipt? Yes	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Description Description Description Manual Address:	>8.9/ \$ ck Here for Memo Iter	
Name & Address If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ck Here for Memo Iter	mization
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: Cli	ck Here for Memo Iter	mization
Fund Raiser Contribution	Page Subtotal	>8,9/	
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	1 T T T T T T T T T T T T T T T T T T T	ary