



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number C-2010-008		3. This Statement covers From: 2/3/2010 to 7/18/10	
2. Committee Name Committee to Elect Patricia Lesko		4. Candidate Last Name Lesko , First Name Patricia D. M.I. DL#L20067643103 4a. Office Sought Including District # or Community Served (If applicable) Mayor of Ann Arbor, MI	
5. Committee's Mailing Address 817 Brookside Drive Ann Arbor, MI 48105 Area Code and Phone 734 741-8195 <small>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.</small>		4b. County of Residence Washtenaw 6. Treasurer's Name & Residential Address Margorie W. Lesko 817 Brookside Dr. Ann Arbor, MI 48105 Area Code & Phone 734 741 8195	
7. Treasurer's Business Address 817 Brookside Dr. Ann Arbor, MI 48105 Area Code and Phone 734 930 6854		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) FILED WASHTENAW COUNTY, MI 2010 JUL 23 P 12:23 COUNTY CLERK/REGISTRAR Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus August 3, 2010 9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Margorie W. Lesko Type or Print Name Patricia D. Lesko Type or Print Name		Signature Margorie W. Lesko Signature Patricia D. Lesko Date 7/20/10 Date 7/20/10	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>5493.00</u>	(18.) \$ <u>5493.00</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>5493.00</u>	(19.) \$ <u>50.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>56.00</u>	(20.) \$ <u>5543.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>5543.00</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>813.72</u>	(21.) \$ <u>813.72</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5036.34</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>304.69</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>5341.03</u>	(23.) \$ <u>5341.03</u>
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.) \$	<u>1525.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5543.00</u>	
	(15.) = \$	<u>5543.00</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>5341.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>201.97</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/10/10</u>	
Name & Address: Shirley Zempel 434 4th Ave Ann Arbor, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/15/10</u>	
Name & Address: Anna Ercoli Schnitzer 315 2nd St., Apt 412 Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/06/10</u>	
Name & Address: Janelle Baranowski 2213 Dexter Ave Ann Arbor, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/14/10</u>	
Name & Address: Rita Loch Caruso 556 Glendale Circle Ann Arbor, MI 48103		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Univ of Mich Ann Arbor</u>		Click Here for Memo Itemization	
Business Address <u>School of Public Health, 1420 Washington Hts, Ann Arbor, MI 48109</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$ 325.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/07/10</u> Name & Address: Ethel K. Potts 1014 Elder Blvd. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/07/10</u> Name & Address: Paul L. Bancel 1115 Kuehnle Blvd. Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/10</u> Name & Address: Sandra Helman 452 Sherman Canal Venice, CA 90291 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/12/10</u> Name & Address: Katheryn A. Boris P.O. Box 8117 Ann Arbor, MI 48107 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$300.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/10</u></p> <p>Name & Address: Dr. Elizabeth Erwin 420 Bloomfield Ave Montclair, NJ 07042</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/10</u></p> <p>Name & Address: Julie Blackman 153 Lloyd Road Montclair, NJ 07042</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/10</u></p> <p>Name & Address: Dr. John Marx 4689 Wendrick Drive West Bloomfield, MI 48323</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/15/10</u></p> <p>Name & Address: Karen Larson 1737 Tudor Drive Ann Arbor, MI 48103</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/15/10</u>	
Name & Address: Frances Blackman 176 Kennedy Ct. Paramus, NJ 07652		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/16/10</u>	
Name & Address: Gerald M. Wolberg 29350 Southfield Road Southfield, MI 48076		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/17/10</u>	
Name & Address: Raymond Fullerton 505 E. Huron St. , Apt 606 Ann Arbor, MI 48104		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/19/10</u>	
Name & Address: Sheila W. Pont 945 Linden Ave Oak Park, IL 60302		\$ <u>118.00</u>	\$ <u>118.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Home Maker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

\$238.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/19/10</u> Name & Address: Gerald S. Cook 30348 Windingbrook Lane Farmington Hills, MI 48334		\$ <u>36.00</u>	\$ <u>36.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/16/10</u> Name & Address: Sandra Foulke 1606 Waltham Drive Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/17/10</u> Name & Address: Jefferey Sabatini 1706 Jackson Ave. Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/17/10</u> Name & Address: Noreen Winkelman 3759 Northampton Street Washington, DC 20015		\$ <u>180.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>unemployed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$316.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Eleyne Levitt 787 Skyknob Drive Ann Arbor, MI 48105		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Peggy Rabhi 1991 Upland Drive Ann Arbor, MI 48105		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Karen Sidney 100 Longman Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Joseph Machak 3665 Fox Hunt Drive Ann Arbor, MI 48105		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$140.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u></p> <p>Name & Address: Samuel DeMarco 3172 Edgewood Drive Ann Arbor, MI 48104</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u></p> <p>Name & Address: Kathleen Clark 549 S. First St. Ann Arbor, MI 48103</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>First Street Garden Inn</u> Business Address <u>549 S. First St, Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>150.00</u>	\$ <u>150.00</u>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u></p> <p>Name & Address: John Floyd, III 519 Sunset Road Ann Arbor, MI 48103</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u></p> <p>Name & Address: Christine Willacker 709 Barton Drive Ann arbor, MI 48105</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **\$400.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Susan Schmitt-Creech 3075 Hunting Valley Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Douglas White 330 S. Seventh Street Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Charles Lewis 330 S. Seventh Street Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u> Name & Address: Mary Barnett 428 East Shore Drive Whitmore Lake, MI 48189 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Odile Hugonot Haber 531 Third St. Ann Arbor, MI 48103	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u>	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Charles Hamilton Loucks 2957 Leslie Park Circle Ann Arbor, MI 48105	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/18/10</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: Betsy Winkelman 3132 Shadydale Lane West Bloomfield, MI 48323	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/21/10</u>	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Barbara Roether 4928 Dorla Drive Ann Arbor, MI 48108	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/24/10</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$280.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/26/10</u> Name & Address: <u>Herbert Pfabe, Jr.</u> <u>611 Westwood Ave.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/30/10</u> Name & Address: <u>Kent W. Burkhardt</u> <u>409 1/2 N. Fourth Ave</u> <u>Ann Arbor, MI 48104</u>		\$ <u>99.00</u>	\$ <u>99.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/10/10</u> Name & Address: <u>Scott Newell</u> <u>255 Sunset Rd</u> <u>Ann Arbor, MI 48103</u>		\$ <u>\$100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/14/10</u> Name & Address: <u>The Peaceable Kingdom, LLC</u> <u>210 S Main</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Incorporated</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$319.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>05/24/10</u> Name & Address: Inspire Ann Arbor Leadership PAC 817 Brookside Drive Ann Arbor, MI 48105		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/24/10</u> Name & Address Robert Roether 8283 N. Telegraph Road Dearborn Hghts, MI 48127		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/10</u> Name & Address: Hatim Elhady 19939 Concord Detroit, MI 48234		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/20/10</u> Name & Address Letitia Shapiro 1706 Packard St. Ann Arbor, MI 48104		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$750.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/09/10</u> Name & Address: <u>Virginia Simon</u> <u>830 W. Washington St.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/31/10</u> Name & Address: <u>Marian Williams</u> <u>1836 Saxon St.</u> <u>Ann arbor, MI 48103</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/08/10</u> Name & Address: <u>Gavin R. Eadie</u> <u>507 Second St.</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/10</u> Name & Address: <u>John E. Eaton</u> <u>1606 Dicken Drive</u> <u>Ann Arbor, MI 48103</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Mark H. Cousens</u> Business Address <u>26261 Evergreen Rd. Suite 110, Southfield, MI 48076</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$400.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Doug Cowherd 1117 Brooks Street Ann arbor, MI 48103 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/10</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Patricia Lesko 817 Brookside Drive Ann Arbor, MI 48105 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>2/3/10</u>		\$ <u>1525.00</u>	\$ <u>1525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Publisher</u> Employer <u>Adjunt Advocate, Inc</u> Business Address <u>P.O. Box 130117, Ann Arbor, MI 48113</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1625.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

5493.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesk

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>TCF Bank</u> <u>2701 Plymouth Rd.</u> <u>Ann Arbor MI 48105</u>	Date of Receipt <u>2/3/10</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>50.00</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal

50.00

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule)

50.00

Enter this total on
line 4 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

C-2010-008

CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Patricia Lesko

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)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Kaplan, Nancy 3065 Hunting Valley Dr Ann Arbor, MI 48104</p> <p>If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name & Business Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Food and drinks for meet and greet</p> <p>5. Date Of Receipt: 3/14/10</p> <p>6. Vendor Name & Address:</p>	\$ 65.00	\$ 65.00
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Bullington, LU Anne 1801 South Blvd Ann Arbor, MI 48104</p> <p>If over \$100.00 cumulative, please provide: Occupation: Retired</p> <p>Employer Name & Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: mail list purchased</p> <p>5. Date Of Receipt: 4/1/10</p> <p>6. Vendor Name & Address:</p>	\$ 209.72	\$ 209.72
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Kaplan, Nancy 3065 Hunting Valley Dr. Ann Arbor, MI 48104</p> <p>If over \$100.00 cumulative, please provide: Occupation: Retired</p> <p>Employer Name & Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Facility rental and food at meet and greet</p> <p>5. Date Of Receipt: 5/23/10</p> <p>6. Vendor Name & Address:</p>	\$ 175.00	\$ 240.00
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

449.72

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2010-008

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Patricia Lesko

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 <u>all</u> 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 Name & Address: Kaplan, Nancy 3065 Hunting Valley Drive Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>rental of facility for picnic</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ <u>114.00</u>	\$ <u>689.72</u>
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 Name & Address: Gre ff, Renee 1305 Grant St Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: <u>Owner</u> Employer Name & Address: Arbor Brewing Company 114 E. Washington Ann Arbor, MI 48104	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>use of room and food</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ <u>250.00</u>	\$ <u>250.00</u>
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal 364.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 813.72

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2010-008**
2. Committee Name **Committee to Elect Patricia Lesko**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki and Sons Address 1521 W. Lafayette Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: Lawn Signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/10 Date	\$ 995.34
Expenditure #2 Name New York Pizza Depot Address 605 E William St. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: food for volunteers <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/14/10 Date	\$ 92.82
Expenditure #3 Name Vinology Address 110 South Main Ann arbor, MI 48104 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Reception <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/10 Date	\$ 243.94
Expenditure #4 Name FedEx Office Address 2609 Plymouth Road Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: printing and copying <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/28/10 Date	\$ 52.66
Expenditure #5 Name Office Max Address 3765 Washtenaw Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: office supplies <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/10 Date	\$ 162.40

Subtotal this page

1547.16

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Pitney Bowes Address P.O. Box 856042 Louisville, KY 40285 <input type="checkbox"/> Fund Raiser	Purpose: postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/29/10 Date	\$ 100.00
Expenditure #2 Name Verizon Wireless Address 777 Big Timber Rd. Elgin, IL 60123 <input type="checkbox"/> Fund Raiser	Purpose: phone <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/10 Date	\$ 44.81
Expenditure #3 Name About Words Address 1375 Harpst Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: data processing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/10 Date	\$ 680.74
Expenditure #4 Name FedEx Office Address 2609 Plymouth Rd Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: printing and copying <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/10 Date	\$ 170.15
Expenditure #5 Name Office Max Address 3765 Washtenaw Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: office supplies <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/10 Date	\$ 41.72

Subtotal this page

1037.42

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

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on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2010-008**
2. Committee Name **Committee to Elect Patricia Lesko**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Hostgo Address 2600 Michelson Dr., Suite 1700 Irvine, CA 92612 <input type="checkbox"/> Fund Raiser	Purpose: webhosting <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/10 Date	\$ 39.62
Expenditure #2 Name PrintRunner Address 9673 Topanga Canyon Place Chatsworth, CA 91311 <input type="checkbox"/> Fund Raiser	Purpose: campaign literature <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/10 Date	\$ 129.95
Expenditure #3 Name PrintRunner Address 9673 Topanga Canyon Place Chatsworth, CA 91311 <input type="checkbox"/> Fund Raiser	Purpose: campaign literature <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/10 Date	\$ 311.34
Expenditure #4 Name PrintRunner Address 9673 Topanga Canyon Place Chatsworth, CA 91311 <input type="checkbox"/> Fund Raiser	Purpose: stationary <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/10 Date	\$ 195.95
Expenditure #5 Name PrintRunner Address 9673 Topanga Canyon Place Chatsworth, CA 91311 <input type="checkbox"/> Fund Raiser	Purpose: stationary <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/10 Date	\$ 210.77

Subtotal this page **881.63**

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

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Cottage Inn Address Maiden Lane Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/20/10</u> Date	\$ <u>97.82</u>
Expenditure #2 Name Arbor Brewing Company Address 114 E. Washington Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>reception</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/10</u> Date	\$ <u>236.72</u>
Expenditure #3 Name FedEx Office Address 2609 Plymouth Rd Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing and copying</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/10</u> Date	\$ <u>222.56</u>
Expenditure #4 Name Staples Address 2601 Jackson St. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/10</u> Date	\$ <u>118.68</u>
Expenditure #5 Name Verizon Wireless Address 777 Big Timber Road Elgin, IL 60123 <input type="checkbox"/> Fund Raiser	Purpose: <u>phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/10</u> Date	\$ <u>45.24</u>

Subtotal this page

721.02

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2010-008**
2. Committee Name **Committee to Elect Patricia Lesko**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Pitney Bowes Address P.O. Box 856042 Louisville, KY 40285 <input type="checkbox"/> Fund Raiser	Purpose: postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/10 Date	\$ 100.00
Expenditure #2 Name Sawicki and Sons Address 1521 Lafayette Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: lawn signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/01/10 Date	\$ 695.63
Expenditure #3 Name Verizon Wirelss Address 777 Big Timber Rd. Elgin, IL 60123 <input type="checkbox"/> Fund Raiser	Purpose: phone <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/10 Date	\$ 47.18
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **842.81**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **5036.34**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2010-008
2. Committee Name Committee to Elect Patricia Lesko

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by 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? <input type="checkbox"/> Yes Owed to or by: <u>Patricia Lesko</u> <u>817 Brookside Dr.</u> <u>Ann Arbor, MI 48105</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/3/10</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1525.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	<u>\$ 1525.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1525.00

Grand Total of all Schedules 1E

1525.00

(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 "owed to" of the Summary Page

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **C-2010-008**
2. Committee Name **Committee to Elect Patricia Lesko**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/18/10	4. Number of Individuals Attending or Participating (whichever is greater) 120	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held. Vinology Restaurant 110 South Main Ann Arbor, MI 48104 <input type="checkbox"/> Private Residence
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7. Total Contributions

\$820.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event

\$243.94

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- 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 (1-1K), 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.