



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.

3. This Statement covers From: 11-29-16 to 7-20-17

1. Committee I.D. Number

C-2010-069

2. Committee Name

Committee To Re-Elect Simone Lightfoot

4. Candidate Last Name

Lightfoot

First Name

Simone

M.I.

D.

4a. Office Sought Including District # or Community Served (If applicable)

**Board Member - Local**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address

1323 South Forest Avenue  
Ann Arbor, MI 48104-3924

Area Code and Phone 734-663-4849

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.

6. Treasurer's Name & Residential Address

Glenn L. Nelson  
1323 South Forest Avenue  
Ann Arbor, MI 48104-3924

Area Code & Phone 734-663-4849

7. Treasurer's Business Address

1323 South Forest Avenue  
Ann Arbor, MI 48104-3924

Area Code and Phone 734-663-4849

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

not applicable

Area Code and Phone \_\_\_\_\_

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary  
☐ General  
☐ Convention  
☐ Special  
☐ School  
☐ Caucus

Date of Election, Convention or Caucus  
\_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

- ☒ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement (\_\_\_\_\_) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e.

☒ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

7/20/2017

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Glenn L. Nelson

Type or Print Name

Glenn L. Nelson  
Signature

Date

July 21, 2017

Candidate Simone D. Lightfoot

Type or Print Name

Simone D. Lightfoot  
Signature

Date

July 21, 2017



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2010-069

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee To Re-Elect Simone Lightfoot

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0.00</u>	(18.) \$ <u>4,328.57</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>0.00</u>	(20.) \$ <u>4,328.57</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>0.00</u>	(21.) \$ <u>53.60</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>160.45</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>160.45</u>	(23.) \$ <u>4,473.61</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>160.45</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>0.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>160.45</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>160.45</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>0.00</u>	*



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-069  
2. Committee Name Committee To Re-Elect Simone Lightfoot

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Patrick Boeheim</u> Address <u>910 Sunset Road</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies, Food</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-5-16</u> Date	\$ <u>160.45</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
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	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Subtotal this page			<b>160.45</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>160.45</b>

Enter this total  
on line 8a of  
Summary Page