



**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.

<p>1. Committee I.D. Number C-2015-019</p> <p>2. Committee Name Jason Morgan for County Commissioner</p>	<p>3. This Statement covers From: <u>08/23/16</u> to <u>10/23/16</u></p> <p>4. Candidate Last Name <u>Morgan</u> First Name <u>Jason</u> M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Washtenaw County Commissioner District 8</p> <p>4b. County of Residence WASHTENAW</p>	
<p>5. Committee's Mailing Address 2860 Gladstone Ann Arbor, MI 48104</p> <p>Area Code and Phone <u>(989) 751-6287</u></p> <p><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></p>	<p>6. Treasurer's Name & Residential Address Leah Gunn 2115 Nature Cove Ct. No. 207 Ann Arbor, MI 48104</p> <p>Area Code & Phone <u>(989) 751-6287</u></p>	
<p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/08/16</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>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.</p>		
<p>Current Treasurer or Designated Record keeper <u>Leah Gunn</u> , <u>Leah Gunn</u> Signature Date <u>10/23/16</u></p> <p>Candidate <u>Jason Morgan</u> , <u>JM</u> Signature Date <u>10/25/16</u></p>		

FILED
 WASHTENAW COUNTY MI
 2016 OCT 28 A
 COUNTY CLERK



1. Committee I.D. Number C-2015-019

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Jason Morgan for County Commissioner

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>105.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$105.00</u>	(18.) \$ <u>\$10,403.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$105.00</u>	(20.) \$ <u>\$10,403.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>\$1,299.50</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ <u>\$1,299.50</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$804.63</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$8.08</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$812.71</u>	(23.) \$ <u>\$3,598.29</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.) \$ _____	
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>\$7,512.42</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$105.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$7,617.42</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$812.71</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,804.71</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2015-019
2. Committee Name Jason Morgan for County Commissioner

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>08/01/16</u> Name & Address: Patrick Dunstone 30065 Hickory Franklin, MI 48025		\$ <u>5.00</u>	\$ <u>5.00</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>10/11/16</u> Name & Address: Stephen Gill 3051 Geddes Ann Arbor, MI 48104		\$ <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>10/11/16</u> Name & Address: Verna McDaniel 2779 Walnut Ridge 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 _____ Name & Address: _____ _____		\$ _____	\$ _____
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 \$105.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$105.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2015-019
2. Committee Name Jason Morgan for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Tio's Address 410 E. Liberty Ann Arbor, MI 48104 <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>08/27/16</u> Date	<u>\$ 142.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Meijer Address 3825 Carpenter Rd. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade items</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/01/16</u> Date	<u>\$ 39.84</u> Click Here for Memo Itemization Type
Expenditure #3 Name Michael's Home Goods Address 3655 Washtenaw Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade items</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/01/16</u> Date	<u>\$ 20.29</u> Click Here for Memo Itemization Type
Expenditure #4 Name Ann Arbor Democratic Club Address PO Box 7497 Ann Arbor, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: <u>Event ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/16</u> Date	<u>\$ 15.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Verizon Address PO Box 15124 Albany, NY 12212 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cell phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/16</u> Date	<u>\$ 137.50</u> Click Here for Memo Itemization Type

Subtotal this page **\$354.63**
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-2015-019
2. Committee Name Jason Morgan for County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Michigan Democratic Party Address 606 Townsend Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Event ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/16</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type ▼
Expenditure #2 Name Washtenaw County Democratic Party Address 2367 Baker Rd. Dexter, MI 48130 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/16</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type ▼
Expenditure #3 Name Friends of Kristy Pagan Address PO Box 871451 Canton, MI 48187 <input type="checkbox"/> Fund Raiser	Purpose: <u>Event ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/16</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type ▼
Expenditure #4 Name 12th Cong. Dist. Democratic Comm. Address 19855 W. Outer Drive, Suite 103-AE Dearborn, MI 48124 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/16</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type ▼
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	\$ _____ Click Here for Memo Itemization Type ▼

Subtotal this page **\$450.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$804.63**

Enter this total
on line 8a of
Summary Page