



**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>5. Committee's Mailing Address 2860 Gladstone Ann Arbor, MI 48104</p> <p>Area Code and Phone <u>(989) 751-6287</u> 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.</p> <p>7. Treasurer's Business Address Area Code and Phone _____</p>		<p>3. This Statement covers From: <u>11/29/16</u> to <u>07/20/17</u></p> <p>4. Candidate Last Name Morgan First Name Jason M.I. T.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) County Commissioner District 8 <input type="checkbox"/></p> <p>4b. County of Residence WASHTENAW <input type="checkbox"/></p> <p>6. Treasurer's Name & Residential Address Leah Gunn 2115 Nature Cove Ct., #207 Ann Arbor, MI 48104</p> <p>Area Code & Phone <u>(734) 845-8346</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input 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 <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/06/18</u></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 lates 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> Type or Print Name <i>Leah Gunn</i> Signature Date <u>10/20/17</u></p> <p>Candidate <u>Jason Morgan</u> Type or Print Name <i>J Morgan</i> Signature Date <u>10/24/18</u></p>			

FILED
 WASHTENAW COUNTY
 2017 OCT 25
 LAWRENCE A. BRESNAHAN
 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.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$783.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$478.80</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,261.80</u>	(23.) \$ <u>\$1,261.80</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>\$6,520.26</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$6,520.26</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,261.80</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$5,258.46</u> *	



**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 Neutral Zone Address 310 E. Washington Ann Arbor MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Non-profit fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/22/17</u> Date	<u>\$ 50</u>
Expenditure #2 Name Ann Arbor Democratic Club Address Box 7497 Ann Arbor MI 48104 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Political fundraiser ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/17</u> Date	<u>\$ 50</u>
Expenditure #3 Name Zach Ackerman for Council Address 1506 Morton Ann Arbor MI 48104 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Political fundraiser ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/17</u> Date	<u>\$ 50</u>
Expenditure #4 Name Sprint PCS Address Box 4191 Carol Stream, IL 60197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cell phone expenses</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/17</u> Date	<u>\$ 633.00</u>
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 **\$783.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$783.00**

Enter this total on line 8a of Summary Page