



**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: 08/28/18 to 10/21/18

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

2. Committee Name  
**Jason Morgan for County Commissioner**

4. Candidate Last Name **Morgan** First Name **Jason** M.I.  
4a. Office Sought Including District # or Community Served (If applicable)  
**Washtenaw County Commissioner District 8**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**2860 Gladstone  
Ann Arbor, MI 48104**

Area Code and Phone (989) 751-6287  
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  
**Leah Gunn  
2115 Nature Cove Ct. No. 207  
Ann Arbor, MI 48104**

Area Code & Phone (734) 845-8346

7. Treasurer's Business Address

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

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

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  
11/06/18

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. Dissolution of Candidate Committee

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.

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

Effective date of dissolution \_\_\_\_\_

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

FILED  
 WASHTENAW COUNTY, MI  
 2018 OCT 26 P 12:35  
 LEAH GUNN  
 COUNTY CLERK/REGISTRAR

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 Leah Gunn Signature Leah Gunn Date 10/21/18  
Type or Print Name

Candidate Jason Morgan Signature [Signature] Date 10/24/18  
Type or Print Name



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>200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$200.00</u>	(18.) \$ <u>\$6,873.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$100.00</u>	(19.) \$ <u>\$100.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$300.00</u>	(20.) \$ <u>\$6,973.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$900.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$136.33</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,036.63</u>	(23.) \$ <u>\$7,599.57</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$6,647.28</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$6,947.28</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,036.63</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$5,910.65</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>09/13/18</u> Name & Address: <b>Nicholas Reddick</b> 314 13th St. NE Washington, DC 20002		\$ <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		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/18</u> Name & Address: <b>Jeffrey Thomas</b> 447 Cedar St NE Grand Rapids, MI 49503		\$ <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		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/14/18</u> Name & Address: <b>Michael Moran</b> 4621 Ford Rd. Ann Arbor, MI 48105		\$ <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		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/18/18</u> Name & Address: <b>Donna Hoffer</b> 349 Central Park Blvd. Monroe, MI 48162		\$ <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		<a href="#">Click Here for Memo Itemization</a> <input type="button" value="v"/>	

Page Subtotal **\$200.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$200.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1  
CANDIDATE COMMITTEE**

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

2. Committee Name Jason Morgan for County Commissioner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Washtenaw County 200 N. Main Ann Arbor, MI 48104	Date of Receipt <u>10/09/18</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ <u>100.00</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 <small>Click for Memo Itemization Type</small> <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 <small>Click for Memo Itemization Type</small> <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 <small>Click for Memo Itemization Type</small> <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 <small>Click for Memo Itemization Type</small> <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 <small>Click for Memo Itemization Type</small> <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 <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____	\$ _____

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) **\$100.00**

Enter this total on  
line 4 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 <b>Washtenaw County Democratic Party</b>  Address 2367 Baker Rd. Dexter, MI 48130  <input type="checkbox"/> Fund Raiser	Purpose: <u>Event advertisement</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/18</u> Date	<u>\$ 185.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Comm. to elect Shannon Beeman</b>  Address PO Box 195 Manchester, MI 48158  <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>10/07/18</u> Date	<u>\$ 100.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Jason Maciejewski for Commissioner</b>  Address 8983 Starfield Ct. Dexter, MI 48130  <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>10/09/18</u> Date	<u>\$ 100.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Elissa Slotkin for Congress</b>  Address PO Box 244 Holly, MI 48442  <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>10/13/18</u> Date	<u>\$ 100.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Gretchen Whitmer for Governor</b>  Address PO Box 15282 Lansing, MI 48901  <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>10/17/18</u> Date	<u>\$ 100.00</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$585.00**  
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 <b>Ann Arbor Jaycees Foundation</b>  Address PO Box 1886 Ann Arbor, MI 48106  <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade fee</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/18</u> Date	<u>\$ 50.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Sprint PCS</b>  Address 6200 Sprint Pkwy. Overland Park, KS 66251  <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>10/01/18</u> Date	<u>\$ 165.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Vote Sue Shink</b>  Address 660 W. Joy Ann Arbor, MI 48105  <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>10/21/18</u> Date	<u>\$ 100.00</u>  <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 **\$315.00**

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

Enter this total  
on line 8a of  
Summary Page