



**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: 07/21/19 to 10/20/19

|   |   |
|---|---|
| <p>1. Committee I.D. Number<br/><b>C-2015-019</b></p> <p>2. Committee Name<br/><b>Jason Morgan for County Commisioner</b></p> | <p>4. Candidate Last Name <b>Morgan</b> First Name <b>Jason</b> M.I.<br/>4a. Office Sought Including District # or Community Served (If applicable)<br/><b>County Commissioner District 8</b></p> <p>4b. County of Residence <b>WASHTENAW</b></p> |
|---|---|

|  |  |
|--|--|
| <p>5. Committee's Mailing Address<br/><b>2860 Gladstone<br/>Ann Arbor, MI 48104</b></p> <p>Area Code and Phone <u>(989) 751-6287</u><br/>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>6. Treasurer's Name &amp; Residential Address<br/><b>Leah Gunn<br/>2115 Nature Cove Ct. No. 207<br/>Ann Arbor, MI <del>48104</del> 48104</b></p> <p>Area Code &amp; Phone <u>(734) 845-8346</u></p> |
|--|--|

|   |  |
|---|--|
| <p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p> | <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p> |
|---|--|

FILED  
 WASHTENAW COUNTY, MI  
 2019 OCT 25 P 1:56  
 LAWRENCE ESTENBAUM  
 COUNTY CLERK/REGISTRAR

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  
11/05/20

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 lates 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.

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 *Leah Gunn* Date 10/20/2019  
 Type or Print Name Signature

Candidate Jason Morgan *JM* Date 10/22/2019  
 Type or Print Name Signature



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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Jason Morgan for County Commissioner

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions  |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>100.00</u>         |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>\$100.00</u>       | (18.) \$ <u>\$1,410.00</u>                  |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ _____                  | (19.) \$ _____                              |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>\$100.00</u>        | (20.) \$ <u>\$1,410.00</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>\$0.00</u>          | (21.) \$ <u>\$0.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>\$0.00</u>          | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>   |                                |   |
| 8. Expenditures   |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>\$0.00</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>\$121.39</u>       |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>\$121.39</u>        | (23.) \$ <u>\$1,575.98</u>                  |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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><br>(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<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$4,811.73</u>     |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>\$100.00</u>     |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ <u>\$4,911.73</u>   |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$121.39</u>     |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                    | (17.) \$ <u>\$4,790.34</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 all contributions regardless of amount.

|           |   |
|-----------|---|
| 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------|---|

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 07/26/19  
Name & Address:  
**John Splitt**  
**207 W. William #3**  
**Ann Arbor MI 48103**

|                  |                  |
|------------------|------------------|
| \$ <u>100.00</u> | \$ <u>100.00</u> |
|------------------|------------------|

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

|          |          |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address: \_\_\_\_\_

|          |          |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
Name & Address \_\_\_\_\_

|          |          |
|----------|----------|
| \$ _____ | \$ _____ |
|----------|----------|

5. If over \$100.00 cumulative, please provide:  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

|               |          |
|---------------|----------|
| Page Subtotal | \$100.00 |
|---------------|----------|

|  |          |
|--|----------|
| Grand Total of All Schedules 1A<br>(Complete on last page of Schedule) | \$100.00 |
|--|----------|

Enter this total on line 3a of Summary Page.