



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.

1. Committee I.D. Number C2013-002		3. This Statement covers: from 7/21/14 to 8/25/14	
2. Committee Name Julie Grand for City Council		4. Candidate Last Name Grand First Name Julie M.I. B 4a. Office Sought Including District # or Community Served (If applicable) ANN ARBOR CITY COUNCIL WARD 3 4b. County of Residence WASHTENAW	
5. Committee's Mailing Address 1604 Brooklyn Ave Ann Arbor, MI 48104 Area Code and Phone 734-678-7567 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 Linda Levy 1614 Brooklyn Ave Ann Arbor, MI 48104 Area Code & Phone 734-657-8484	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record Keeper's Name and Mailing Address (the committee has a Designated Record Keeper) George Levy 1614 Brooklyn Ave Ann Arbor, MI 48104 Area Code and Phone 734-657-6464	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 8/5/14		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. <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. 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 Linda Levy , George Levy Date 8/27/14 Type or Print Name Signature			
Candidate Julie Grand , Julie Grand Date 8/27/14 Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C2013-002

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Julie Grand for City Council

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>135.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>135.00</u>	(18.) \$ <u>6,730.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>135.00</u>	(20.) \$ <u>6,730.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>74.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3,142.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3,142.03</u>	(23.) \$ <u>5,617.85</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>5,091.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>135</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>5,226.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3,142.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,084.74</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-002
2. Committee Name Julie Grand for City Council

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 Name & Address: ELLEN RAMBO 1930 NORWAY RD. ANN ARBOR, MI 48104	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/22/14</u>	\$ <u>35</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 Name & Address: JON CARLSON 2701 DALEVIEW DR. ANN ARBOR, MI 48105	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/3/14</u>	\$ <u>100</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 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____
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	
3. Contribution #4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____
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

\$ 135

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

\$ 135⁰⁰

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

C-2013-002

1. Committee I. D. Number

Julie Grand for City Council

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: Messenger Printing Address: 20136 Ecorse Rd. Taylor, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: MAILER SERVICES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/24/14 Date	\$ 52 ¹⁶
Expenditure #2 Name: Josh Chamberlain Address: 384 Probasco St. Apt 13 Cincinnati, OH 45220 <input type="checkbox"/> Fund Raiser	Purpose: DESIGN SERVICES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/24/14 Date	\$ 170 ²⁸
Expenditure #3 Name: Josh Chamberlain Address: 384 Probasco St. Apt 13 Cincinnati, OH 45220 <input type="checkbox"/> Fund Raiser	Purpose: DESIGN SERVICES <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/3/14 Date	\$ 162 ⁰⁰
Expenditure #4 Name: MI Blueprint Strategies Address: 934 Clark St. Lansing, MI 48906 <input type="checkbox"/> Fund Raiser	Purpose: POLLING <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/3/14 Date	\$ 250 ⁰⁰
Expenditure #5 Name: United Sons Address: 105 W. Michigan Ave Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: DOOR HANGERS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8/3/14 Date	\$ 609 ⁵⁰

Subtotal this page

\$ 1,243⁷⁴

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

C-2013-002

1. Committee I. D. Number

Julie Grand for City Council

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name messenger Printing Address 29136 E Gorse Rd Taylor, MI 48180 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailer services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/14</u> Date	\$ <u>851²²</u>
Expenditure #2 Name Black Pearl Address 302 S. Main St. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>election night party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/5/14</u> Date	\$ <u>375</u>
Expenditure #3 Name checkmate LLC Address P.O. Box 7276 Ann Arbor, MI 48107 <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/25/14</u> Date	\$ <u>450</u>
Expenditure #4 Name Facebook Inc Address 1601 Willow Rd. Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>facebook ads</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/25/14</u> Date	\$ <u>221⁶⁷</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			\$ <u>1,898⁰⁹</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <u>3,142⁶³</u>

Enter this total
on line 8a of
Summary Page