



**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 10/20/14 to 11/24/14

1. Committee I.D. Number
C-2013-002

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 Avenue
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 F. Levy
1614 Brooklyn Avenue
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 (If the committee has a Designated Record Keeper)
**George C. Levy
1614 Brooklyn Avenue
Ann Arbor, MI 48104**

Area Code and Phone 734-657-6464

FILED
 WASHTENAW COUNTY, MI
 2014 DEC -2 P 3:00
 LANCE KESTENBAUM
 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
11/4/14

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. 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 F LEVY Type or Print Name Linda F. Levy Signature Date 11/25/14

Candidate Julie Grand Type or Print Name Julie Grand Signature Date 12/2/14



C-2013-002

1. Committee I.D. Number

**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>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</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>0</u>	(20.) \$ <u>6,370.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>143.00</u>	(21.) \$ <u>217.00</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>100.00</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>100.00</u>	(23.) \$ <u>5,717.85</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>2,084.74</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,084.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>100.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,984.74</u>	*



**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 <u>Arbor Brewing Company</u> Address <u>114 E. Washington</u> <u>Ann Arbor, Michigan</u> <u>48104</u> <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>11/4/14</u> Date	\$ <u>100</u> ⁰⁰
Expenditure #2 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	\$ _____
Expenditure #3 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	\$ _____
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	\$ _____
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 \$ 100⁰⁰
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) \$ 100⁰⁰

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

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

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>Rene Greff</u> <u>114 E. Washington</u> <u>Ann Arbor, MI 48104</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <u>Arbor Brewing Company</u> <u>114 E. Washington</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food & BEVERAGE</u> 5. Date Of Receipt: <u>11/4/14</u> 6. Vendor Name & Address: <u>Arbor Brewing Company</u> <u>114 e. Washington</u> <u>Ann Arbor, MI 48104</u>	\$ <u>143</u> \$ <u>143</u>	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	

Page Subtotal	<u>143⁰²</u>	<u>143⁰⁰</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	<u>143⁰²</u>	

Enter this total on line 6 of Summary Page