



**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 C2013-002</p> <p>2. Committee Name Julie Grand for City Council</p> <p>5. Committee's Mailing Address 1604 Brooklyn Ave. Ann Arbor, MI 48104 Area Code and Phone (734) 678-7567 <small>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.</small></p> <p>7. Treasurer's Business Address Area Code and Phone _____</p>		<p>3. This Statement covers From: 10/22/15 to 07/17/16</p> <p>4. Candidate Last Name Grand First Name Julie M.I. B.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council (Ward 3)</p> <p>4b. County of Residence Washtenaw</p> <p>6. Treasurer's Name & Residential Address Julie Grand 1604 Brooklyn Ave. Ann Arbor, MI 48104 Area Code & Phone (734) 678-7567</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 checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><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</p> <p>Date of Election, Convention or Caucus August 2, 2016</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</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 Julie Grand Type or Print Name</p>		<p>Julie Grand Signature</p>		<p>Date 7/21/16</p>	
<p>Candidate Julie Grand Type or Print Name</p>		<p>Julie Grand Signature</p>		<p>Date 7/21/16</p>	

FILED
WASHTENAW COUNTY, MI
2016 JUL 21
LAWRENCE KESTERBAUM
COUNTY CLERK/REGISTRAR
9:07



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>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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>
EXPENDITURES		
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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$88.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$88.00</u>	(24.) \$ <u>\$88.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,984.74</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>\$1,984.74</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$88.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,896.74</u>	*



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C**

1. Committee I. D. Number C2013-002

CANDIDATE COMMITTEE
(For use by officeholders only)

2. Committee Name Julie Grand for City Council

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Washtenaw County Democratic Party c/o Doug Scott, Treasurer 1525 Harding St. Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Shared purchase of advertising in the event program Disbursement Code <u>GO</u> <input checked="" type="checkbox"/> Fund Raiser	<u>12/07/15</u> Date Click for Memo Itemization Type	\$ <u>63.00</u>
Disbursement # 2 Name & Address: Washtenaw County Democratic Party c/o Doug Scott, Treasurer 1525 Harding St. Ann Arbor, MI 48104 <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Shared purchase of advertising in the event program Disbursement Code <u>GO</u> <input checked="" type="checkbox"/> Fund Raiser	<u>07/13/16</u> Date Click for Memo Itemization Type	\$ <u>25.00</u>
Disbursement # 3 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date Click for Memo Itemization Type	\$ _____
Disbursement # 4 Name & Address: <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose Disbursement Code _____ <input type="checkbox"/> Fund Raiser	_____ Date Click for Memo Itemization Type	\$ _____
			Subtotal this page \$88.00
			Grand Total of all Schedules 1C (Complete on last page of Schedule) \$88.00

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY