CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

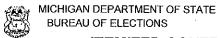
| COVER PAGE | | | | | |
|--|----------------------------|---|--|--|----------------------|
| Report must be legible, typed or printed in ink and sign the treasurer (or designated record keeper) and candid | ned by date. | 3. This Statement covers From | n: 12 3 13 to | 7/22 | 18 |
| 1. Committee I.D. Number | | Candidate Last Name | First Name | | M.I. |
| C2013-014 | | HAYNER 4a. Office Sought Including Dis | Strict # or Community Serve | | _ |
| 2. Committee Name | | ANN ARROW | - | | n (|
| JEFFHAYNER FOR CITY | Counc | 4b. County of Residence | JASHTENA | | , |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Reside | ential Address | | |
| 1807 PONTIAC TRAL | - | JEFF HA | +4NED | | |
| AND ARBOR, MI 48 | 1105 | _ | MAC TRA | | |
| Area Code and Phone 734 255-60 | | ANN AR | BOR, MI | 48(0 | 5 |
| If the address in this box is different from the committee mailing address on the Statement of Organization, mail no be sent to this address by the filing official. | mav I | Area Code & Phone | 34 2556 | 085 | |
| 7. Treasurer's Business Address | | Designated Record Keeper Designated Record Keeper) | 's Name and Address (If the | e committee has | a SHI |
| 1807 PONTIAC TRA | 16 | Designated Hoods Hoops, | | | TENAME. |
| ANN ARBOR, MI | | | | | رے [1] |
| 48105 | , | | | 高型ナ | go E |
| Area Code and Phone 734255-60 | 185 | Area Code and Phone | | (7) The CO | |
| | | Alea Gode and Filone | 9d. Dissolution of Cand | lidate Committee | |
| 9a. Pre-Election OR 9b. Post-Election is r | | LY if candidate ballot enqsgd | By bgdbj hrf sghr hadi | HV dibdatex 'mx n | ntsrstmohnfodas |
| Pre-Election or Post-Election Statement relates to: | фиола ф | • | ax discharged and forgiver | n, and no longegb | onkobstako emi |
| Primary | July Quarte | нly | the committee. Sgd bnl I nv dr mn kl sdr eddr nqg'r ' | bacdd gʻr mn ntrs ʻmx ntrsmchmf coʻ | mchuf 'rrdsr+ las |
| General G | October Qu | , | Et opgdo⊬hesge chrrnkt shamb | o'mmmsad.fd,madc+ | +sgʻssghrad |
| Convention | | | bnmiledatic 'alpt drsenasg | jd Qdonqhnf Vʻhu | ıdq |
| Special 9c. [| Annual | Statement (| | | |
| School | | Coverage Year | Effective date of | dissolution | |
| Caucus 9c. [| @odmo 'Bolo! | clohmsen B'lo'hfmRe'edlohms kded Hedl 8′+8a+8bnq8den | | · · · · · · · · · · · · · · · · · · · | |
| | | dvghog Rosdidmshradhmi | Note: The disposition of re Rbgdct ld 1B and the Sum | sidual funds must Imary Page. | be reported on |
| Date of Election, Convention or Caucus | | | | | |
| 8/7/18 | | | | | |
| ' | | | | | |
| 10. Verification: I\We certify that all reasonable diligence w my\our knowledge and belief the contents are true, accura | was used in ate and cor | n the preparation of this statement | ent and attached schedules | (if any) and to the | best of |
| Current Treasurer or Designated Record keeper | 1er, | VINC. | Date | 7/26 | 118 |
| Type or Print Name | | Signature | Date | | |
| Candidate JEFF HATNE | P_ | yell 6. | Date | 7/26 | /18 |
| Type or Print Name | | Signature | | | ı |

1. Committee I.D. Number C2013-014

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name JEFF HAYNER FOR CITY COUNCIL

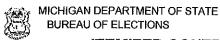
| RECEIPTS | Column I | Column II |
|--|--------------------------|--------------------------------|
| 3. Contributions | This Period | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>5,100.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 5,100.00 | (18.)\$ 5,100,00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>5,100.00</u> | (20.)\$ 5,100,00 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ 3,151.33 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9) \$ 3,151,33 | (23.) \$ 3,151.33 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | , | |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) | 7405.3.6 | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (10b.) \$ | |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ | (24.) \$ |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | |
| | BALANCE STATEMENT | |
| Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ 40.67 | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + 8 5 100 : 06 | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ 5 190.07 | |
| Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ 3, 15 1 : 33 | |
| 17. ÈNDING BALANCÉ (Subtract line 16 from line 15) | (17.) \$ 2,038.74. | |
| | | |



CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C2013-014</u>
2. Committee Name <u>JEFF HAY'N EN FORCITY</u> CONN

| 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 5/18/18 Name & Address: 5/18/18 | - | |
| 1527 PACKARD APTHI | • - | |
| | \$ 500 | \$ 500 |
| 5. If over \$100.00 cumulative, please provide: ANN ARSIN, MI HA | 04 | Memo Itemization |
| Occupation | ' Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/18/18 | | |
| Name & Address JEFF HAYNER | | |
| 1807 PONTIAL TRATL ANN ARSOR | s 100 | s 100 |
| 5 If over \$100.00 cumulative places provides | \$ <u> </u> | * 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for I | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | ļ |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/28/18 | | |
| WARREN WILLIAMS | 100 | |
| 2708 LOWELL RD | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: MI 4\$103 | Click Here for M | lemo Itemization |
| Occupation Employer | | |
| Business Address | • | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt | | |
| | • | |
| | _ | |
| | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here for M | emo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 700- | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | |
| Page of 2 | line 3a of Summary Page. | |

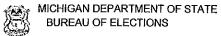


CANDIDATE COMMITTEE

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|--|---------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4. Date of Receipt | | , and or roomy |
| SUMI KAI LASAPATHY 2530 Mallard Ct, Ann Arbor 5. If over \$100.00 cumulative, please provide: MI 48105 | \$ 100 | \$ 200 |
| 5. If over \$100.00 cumulative, please provide: | Ottalia i r | |
| Occupation <u>CPA</u> Employer <u>CDW3MDS</u> , <u>CLUS</u> , <u>ARM</u> | Click Here to | or Memo Itemization |
| Business Address 206 S. FOURTH AVE ANN ARBOR Type of Contribution: X Direct Loan from a person Fund Raiser | MI 48104 | į. |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/3//8 | | |
| GWEN NYSTUEN | | |
| 1016 OUVIA DUE ANN DURING M | \$ 100 | s_100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization 🔻 |
| Occupation Employer | | L |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6 1/16 | | |
| JEFF HAYNER | | at the state of th |
| 1807 PONTIAR TRAIL ANN ARBOX | \$ 300 | \$ 600 |
| 5. If over \$100.00 cumulative, please provide: MI 44105 | | Memo Itemization 🔻 |
| Occupation OWNER Employer SAMNITE STUDIOS C | u | |
| Business Address / KOT PONTACTION AND BYCGORE Type of Contribution: Direct Loan from a person Fund Raiser | Z, MI CIYA | |
| B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/3//8 | | |
| MTA MITCHELL | | |
| 621 S71 St, ANN ARBON, M148/03 | \$ 250 | \$ 250 |
| 5. If over \$100.00 cumulative, please provide: | | - |
| Occupation (Let et MED Employer | Click Here for I | Viemo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 105000 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | |

Page 2 of 12

line 3a of Summary Page.



CANDIDATE COMMITTEE

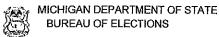
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt | 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|
| 3. Contribution # 1 Name & Address: WILL HATH AWAY GHOWE ST, ANN ANGOR, MI 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: X Direct Loan from a person Fund Raiser | s 100 s 100 Click Here for Memo Itemization ✓ |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/4/8 Name & Address PATER C-KSTEIN 255/ LONDON DFRANCY KB ANN BUBBON, M / 43/04 5. If over \$100.00 cumulative, please provide: Occupation VANYER Employer NoTINGO Business Address | \$\$\$ |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/5//8 Name & Address: ANDM FANN LUND 1570 JONES DINCE ANN MUSER M 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 25 \$ 25 Click Here for Memo Itemization ▼ |
| 3. Contribution # 4 Name & Address GRANTON SUBJECT (SOF LONGSHONE, AND ALBOK, M) 5. If over \$100.00 cumulative, please provide: Coccupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 75 \$ 75 Click Here for Memo Itemization |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 3 of 12 | Enter this total on line 3a of Summary Page. |

CANDIDATE COMMITTEE

| • • | | |
|--|---|--|
| 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 0/5/15 PAC Receip | \$ 50 Click Here fo | s S O S O S Memo Itemization ▼ |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt CHAMES USUI 5 G30 5 77H ST ANN ANGOR, MI 4 503 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser | \$ /00 Click Here for | \$ ∫ 0 C Memo Itemization ▼ |
| A. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/9/1/ Name & Address: DAV/D S/KWONTH 1048 CHMWTON AVE #30/ 5. If over \$100.00 cumulative, please provide: Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 75 Click Here for | \$ |
| ALI BAML AWI WAS S 7-11 AWW AND BOTTON, MI In the second of the second o | \$_ <i>\[\(\O \)</i> Click Here for I | \$_ <i>I_O_O</i> Memo Itemization ▼ |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | |

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line 3a of Summary Page.



CANDIDATE COMMITTEE

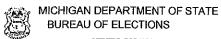
1. Committee I.D. Number __C2013-014

2. Committee Name Jeff Hayner 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 all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--------------------------------|--|
| 3. Contribution #1 Name & Address: JOHN CATON + CELLE LAMB (606 DUNGN) ANNAMADON, MI 4 1103 5. If over \$100.00 cumulative, please provide: | \$ 100 | \$ /00 |
| Occupation Employer Business Address Type of Contribution: | Click Here fo | or Memo Itemization ▼ |
| 3. Contribution #2 Name & Address JUE SEPH MACH AK 3565 FOX HUNT ANNAR DOR, 5. If over \$100.00 cumulative, please provide: Cocupation Employer Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>50</u> Click Here for | \$ <u>50</u> Memo Itemization▼ |
| 3. Contribution #3 Name & Address: VES 4. Date of Receipt USS USS USS USS USS USS USS U | \$ 50 Click Here for | \$ 50 Memo Itemization ▼ |
| Occupation Employer | | |
| CMTE TO FLEOT SUMAN GAVA KANA VETO NOWAND CT ANN ARBOX, MY 5. If over \$100.00 cumulative, please provide: Occupation Employer | | \$_ <i>] © ⊘</i> Memo Itemization 🔽 |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal | 400 00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on | |

Page 5 of 12

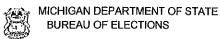
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CANDIDATE COMMITTEE

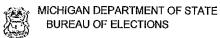
2. Committee Name Jeff Hayner For City Council

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|--|-----------------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: | | |
| ANNE L BANNISTER | | |
| | \$ 100 | 100 |
| 612 W. MOTN, ANN ARBOR, MI 45184 5. If over \$100.00 cumulative, please provide: | \$_ <i>[/V O</i> | \$ 100 |
| Occupation Employer | Click Here fo | r Memo Itemization 💌 |
| Business Address | | 3/2012-9 |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/5/1/8 | | |
| Name & Address | | |
| MATAGRYN BOMS | | |
| PO BOX 8117, ANN AREAR, M | <u>\$</u> 50 | \$_5 ⁰ |
| The same of the sa | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization ▼ |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution:DirectLoan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/4/8 | | |
| ODIVE + AVON HABER | | garante executed |
| 531 MARO ST 10/1/ 12 3 | \$ 70 | <u>\$ 00</u> |
| 531 17hpp ST ANN ANSIZ, MI 44103 5. If over \$100.00 cumulative, please provide: | Click Here for I | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6 111119 | | |
| PAR HOLSINGER + DOUG INOD | | |
| BOO CONT COURT, ANN MADE MI | \$ 100 | s 100 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | Click Here for N | femo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | Low el | |
| Grand Total of All Schedules 1A | 1100 | |
| (Complete on last page of Schedule) | Enter this total on | |
| Page 0 of 12 | line 3a of Summary Page. | |



CANDIDATE COMMITTEE

| 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 OHHIO | | z dato of rodolpty |
| LANNA STRONG | | |
| 1377 BRODOWON, ANN MARTE UI | \$ 200 | 5000 |
| 5. If over \$100.00 cumulative, please provide: | Cliak Hara fo | w Mama Hamilania |
| Occupation ANTIST Employer STATE | Click Here it | or Memo Itemization 🔻 |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt UH / 18 Name & Address Way Up My | | |
| 2340 GEOMETONN BUD. | s /po | s 100 |
| 5 If over \$100.00 cumulative please provide: | \$ 100 | \$ / <i>U U</i> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/14///8 Name & Address: | | |
| LYNN BORSET | 4 mer | |
| 322 UNUINATIVE | \$ 50 | \$ 500 |
| 5. If over \$100.00 cumulative, please provide: ANN ARBON, MI 4/10 | 3 Click Here for | Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 1 | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt | | |
| CANDAU + ANN MAD | | |
| RANDAU + ANNIND 1510 SONES DR MADRICE, MI | \$ 25 | <u> 50</u> |
| 5. If over \$100.00 cumulative, please provide: | or Olivinia e u | |
| Occupation Employer | Click Here for | Memo Itemization <u>▼</u> |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | |
| Page Subtotal | 157500 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | |
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CANDIDATE COMMITTEE

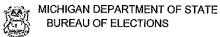
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|---|---------------------|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6/17//8 | | |
| MINIST HOTZEN | | |
| VOI MANCE DOUVE AZ MI 48/05 | \$ 200 | \$ 200 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo to | r Mama Itaminatian |
| Occupation 110 T Employer BUTA BINNARS | Click Liele In | r Memo Itemization ▼ |
| Business Address 1300 DBUTA KWD - 71 VA-TA GA Type of Contribution: Direct Loan from a person Fund Raiser | 30320 | 9 |
| | | |
| Name & Address | | |
| WAM NUBUMODD | 1. | |
| 1214 mover, ANDARIBUR, M | \$ | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: 48 105 | Click Here for | Memo Itemization |
| Occupation Waves Employer 8 CV | | - Elitares |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6 / 20/18 | | |
| tom transt BATRO | (m) | |
| 1522 HORSROOLE AVE | \$ 10°U | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: ANN APRIOR, MI 45103 | Click Here for | Memo Itemization ▼ |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4.71 | | - |
| BARRON BRESKES | | , |
| 1507 LONGSHACE, ANN ANGOR, MI | <u>25</u> | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | Clinic Linux for h | |
| Occupation Employer | Click nere for h | Memo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 4250 | |
| Grand Total of All Schedules 1A | | • |
| (Complete on last page of Schedule) | Inter this total on | |

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line 3a of Summary

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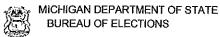


CANDIDATE COMMITTEE

1. Committee I.D. Number C2013-014

2. Committee Name Jeff Hayner 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 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 6/27//K Name & Address: | _ | |
| 536 GLENDAVE, AND ARADI, MI | <u>\$ 50</u> | \$ 50 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | <u> </u> |
| Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 18 | | |
| SCOTTNEWELL | | |
| 1621 Trovan ANON ARBOR, UI | \$ 300 | \$ 300 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization ▼ |
| Occupation OWNER Employer Blq UTY MXTON | | |
| Business Address 500 MILLER DVE #1 ANN ORBON | , MICHTE | AN |
| Type of Contribution: Loan from a person Fund Raiser | 4+10 | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/30/68 Name & Address: | | |
| CHANNES H. LOULES 1957 Leslie Park Circle | s 20 | s 20 |
| 5. If over \$100.00 cumulative, please provide: ANN BUBOR MI | Click Here for | Memo Itemization ▼ |
| Occupation Employer | | |
| Business Address | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt / 1/30// | | |
| Name & Address MANY HATHAWAY | | |
| 1407 WAVERIEUD MICHARDINI | . 100 | 160 |
| 1407 WAYFOR END AWAY ANDOR, WI 5. If over \$100.00 cumulative, please provide: 4109 | | \$ 100 |
| Occupation Employer | Click Here for | Memo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | } |
| Page Subtotal | 470 00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |
| Pageof | Enter this total on line 3a of Summary Page. | |



CANDIDATE COMMITTEE

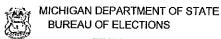
1. Committee I.D. Number <u>C</u>2013-014

2. Committee Name Jeff Hayner For City Council

| 2. Committee rearrie | | |
|--|---------------------|--|
| 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 6/30/8 Name & Address: CUZABETH HUNTER 8 27 B MUTE STORET, ANN BYZBO 5. If over \$100.00 cumulative, please provide: Occupation Employer | - 100 | |
| 5. If over \$100.00 cumulative, please provide: | -2 | |
| Occupation Employer | Click Here f | or Memo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/5/18 | | |
| PAUL VALACAK | ~ | o |
| 1815 TIMBUR TRAIL, ANN AMBOR, MI | \$ 50 | \$ 50 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization 🔻 |
| Occupation Employer | | _ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7/14/18 PAGE N. HEYDON USGO V. IMPUN CYVER ON ANNOR | s 250 | \$ 250 |
| 5. If over \$100.00 cumulative, please provide: $M(9H03)$ | Click Here for | Memo Itemization ▼ |
| Occupation PHI VAN WOOD ST Employer SELF | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/9//8 | | |
| wany in BARLEY | / | |
| 1506 CHANOLER DR, ANN ARBOR WI | \$ 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | · | |
| Occupation Employer | Click Here for | Memo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 5100 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | J |

Page / / of /2

line 3a of Summary Page.

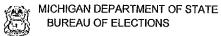


CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C</u>2013-014

| | **** | |
|---|----------------|--|
| 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? YES 4. Date of Receipt 7/9/18 Name & Address: FRANK WILHELM'E 1405 LUTE WE PANN ARBOR U | 1/ , 100 | s 100 |
| 5. If over \$100.00 cumulative, please provide: 47163 | , | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/20/18 | | |
| ROB+ ETHEL POTTS | \$ 50 | |
| 1014 ELDER BLVD, MN NRBOR, 4 | \$ | . \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization ▼ |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/21/14 | 7 | |
| SAPRY MCKAY 800 STARMAL PMVE ANN ANGO 5. If over \$100.00 cumulative, please provide: WI 410 | s 70 | · 200 |
| 800 STARMAL DRIVE ANN AND | 0 | 3 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization ▼ |
| Occupation Employer | 75 | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/21/18 | *** | |
| WINTER HOVER \$100.00 cumulative places provide: | 0 :/ | |
| 2888 CESUTE DANG CICLATE | \$ 25 | \$ 29 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | Click Here for | Memo Itemization |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | j |
| Page Subtotal | 105 | |
| Grand Total of All Schedules 1A | | • |
| (Complete on last page of Schedule) | L <u></u> | |

Page // of 12



CANDIDATE COMMITTEE

2. Committee Name Jeff Hayner 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 PAC Receipt? YES 4. Date of Receipt 7/21//8 | - | , ago or roompty |
| ACICIO LIBBRION | | |
| 1/79 MANTW PLATE AND ANDRY 5. If over \$100.00 cumulative, please provide: MI USIOS | \$ 100_ | \$ 100 |
| Occupation Employer | Click Here | for Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address | | |
| | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Horo f | or Memo Itemization |
| Occupation Employer | Olick Hele I | or Memo Remization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: | | |
| | \$ | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization ▼ |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt | | |
| · | \$ | \$ |
| i. If over \$100.00 cumulative, please provide: | | |
| Occupation Employer | Click Here for | r Memo Itemization ▼ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | j |
| Page Subtotal | 1pp | |
| Grand Total of All Schedules 1A | 5100 | - |

(Complete on last page of Schedule) L

Enter this total on line 3a of Summary Page.

Page 12 of 12



1. Committee I. D. Number

C2013-014

2. Committee Name Jeff Hayner For City Council

| | Committee Name Con Trayrier For Orty Council |
|---|---|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expenditure #1 | |
| Name RANCIAM PORTING | DOMAIN NAME 2/5/H |
| Name BARCLAY CONSULTING | 1 10 |
| Address | Purpose: 5-VGANHOVD Date |
| 304 /2 S. STATE ST. | Click Here for Memo Itemization Type |
| | |
| Fund Raiser AVA Bruson, M145104 | Check box if this expenditure is payment of |
| Fund Raiser 7 1 1 0 7 | debt or obligation reported on previous statement |
| Expenditure #2 | |
| Name 1 | DOMANNAME - Galio - |
| Name BANCIAM CONSULTING | DOMANNAME 5/28/18 : 50- |
| Address 20 11 C 2 - 4 | Purpose: WEB SERVORS Date |
| Address 304 1/2 S. STATE ST | |
| | Click Here for Memo Itemization Type |
| ANN BRISOR, MI | Check box if this expenditure is payment of |
| Fund Raiser 48105 | debt or obligation reported on previous |
| | statement |
| Expenditure #3 | |
| Name 51 EMPA CY13 | An was us appelled to bull of |
| | ANNUAC MEMBERSHAP 5/24/18 : 35 |
| Address 2101 WEBSTERS 7 | Purpose: Date |
| CONIAND ON | Clink Have for Mama Harrisation Ton |
| OPKLAND, CA | Click Here for Memo Itemization Type |
| Fund Raiser 94612 | LICheck box if this expenditure is payment of debt or obligation reported on previous |
| Expenditure #4 | statement |
| | |
| Name PAPYRUS | 6/6/0 0 00 |
| • • • | 6/5/18 \$ 20.59 |
| Address 250 BRIANWOOD CYRCLE | Purpose: THANK YUN Date |
| ANN ARBOR, MI | i and c |
| MAISONS MI | Click Here for Memo Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of |
| Fund Raiser | debt or obligation reported on previous statement |
| Expenditure #5 | |
| Name ANALOGO MAGE | |
| Name ANN ANSIR ANGA | CLUNETERALLY (0/X/1) |
| Address NAACP | Purpose: VONDAR Date \$ 25 |
| 1184 WENDY COURT | |
| A SUL OF SUL COVICE | Click Here for Memo Itemization Type |
| TEUND RAISER MI 48103 | Check box if this expenditure is payment of debt or obligation reported on previous |
| Fund Raiser | statement |
| | Subtotal this page 16/1 69 |
| | 1/0 .3/ |
| | Grand Total of all Schedules 1B (Complete on last page of Schedule) |
| | Enter this total |

Page $\sqrt{\text{of } 5}$



1. Committee I. D. Number <u>C2013-014</u>

2 Committee Name Jeff Hayner For City Council

| | Committee Name |
|---|---|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expenditure #1 | 0/1 |
| Name CITY PRINTING | 6/8/1X 000 40 |
| • | 0/8/18 \$ 95.40 |
| Address 41) W. CMS | Purpose: PUNTING Date |
| 11) W. C1-05 | |
| rpsilanti, Mi | Click Here for Memo Itemization Type |
| 1631040 11 /VII | Check box if this expenditure is payment of |
| Fund Raiser 48197 | debt or obligation reported on previous |
| Ţ | statement |
| Expenditure #2 | |
| Name SAWIKE & SON S | 1.1016 h ac |
| | 6/8/18 : 809.95 |
| Address 1521 W. LA PAYETTE | Purpose: S(& Date |
| | |
| DETROIT, MI | Click Here for Memo Itemization Type |
| 00 110117 700 | · · |
| 18216 | Check box if this expenditure is payment of |
| Fund Raiser | debt or obligation reported on previous statement |
| Expenditure #3 | - CALONION |
| Name ORFICE MAX | |
| | 6/18/18 10 |
| Address 2777 OAL VALLEY | |
| Address 2717 OBT OFF | Purpose: 5016COPF3 Date |
| ANN AMBOR, MI | Olisted at the control of |
| MI DOLL, MI | Click Here for Memo Itemization Type |
| 4810.9 | Check box if this expenditure is payment of |
| Fund Raiser | debt or obligation reported on previous statement |
| Expenditure #4 | - Automort |
| · . | # A i |
| Name MENJERJ | 6/8/15 10 014 |
| | 6(8/18 _{\$} (87/4) |
| Address 5645 JAKSON RD | Purpose: Food Port Date |
| | PARTY |
| ANNARBOR | Click Here for Memo Itemization Type |
| | Check box if this expenditure is payment of |
| r ∖ | debt or obligation reported on previous |
| X Fund Raiser | statement |
| Expenditure #5 | |
| Name NGCTO LLC | . 1 |
| Name NGCTO, LLC Address 516 5 LIBORTY | 6/8/18 |
| Address EIG EIGOVTY | Purpose: BAR QUL Date \$ 101 |
| 1910 0 L11900 17 | rulpose, Ryy |
| , SOME ANNARISOR, | Click Here for Memo Itemization Type |
| | Check box if this expenditure is payment of |
| Fund Raiser 48104 | debt or obligation reported on previous |
| Di una Raisei | statement |
| | Subtotal this page 120149 |
| | 1201010 |
| | Grand Total of all Schedules 1B |
| | (Complete on last page of Schedule) |
| | Enter this total |

on line 8a of Summary Page

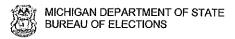


1. Committee I. D. Number

C2013-014

2. Committee Name Jeff Hayner For City Council

| | Committee Name Con Tray Tier To Oity Council |
|---|---|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expenditure #1 | |
| Name STAPLES ANNARBOR | 6/15/18 |
| | Purpose: ADONESS LABOUS Date \$ 19.30 |
| Address 2601 JAUCSON BUND | Purpose: //////VEC) / VOISVV |
| | Click Here for Memo Itemization Type |
| AND ARBOR, MI | |
| In Justine | Check box if this expenditure is payment of |
| Fund Raiser \$4\$103 | debt or obligation reported on previous statement |
| Expenditure #2 | * |
| Name | 1/22/14 |
| CIM PRINTING | 6/22/18 \$ 65.72 |
| | Purpose: OUNTING Date |
| Address 4tl W. CROSS | |
| YPSIANCI, MI | Click Here for Memo Itemization Type |
| | Check box if this expenditure is payment of |
| Fund Raiser 48197 | debt or obligation reported on previous |
| Expenditure #3 | statement |
| Experiordre #5 | |
| Name USPS | /fector 1,- |
| · · · · · · · · · · · · · · · · · · · | 6/18/18 : 105 |
| Address 200 FLIBORTY | Purpose: POTAGE Date |
| ANN ARBOR, MI | Clink blove for Manne Bautington T |
| GOVE HILDOYS MI | Click Here for Memo Itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous |
| Fund Raiser | statement |
| Expenditure #4 | |
| Name Avol Addag - 1 Haces of | I la live |
| Name ANN ARBON JAYCEES | 6/2/18:50 |
| Address $\partial \cap P_{b,v} \cap P_{b,v}$ | Purpose: PAVATOR Date |
| Address PO 862 1866 | 1 dipode |
| - AND ARROW MI | Click Here for Memo Itemization Type |
| 101 (30x2, M) | |
| - 3 1 | Check box if this expenditure is payment of debt or obligation reported on previous |
| □Fund Raiser 4\$106 | statement |
| Expenditure #5 | |
| Name 1/(pc | 4/2/2 |
| 1013 | 119/18 « Mn |
| Address Zoo E UBERLY | Purpose: PUSTAGE Date |
| A 11 A a | 200.4.1. |
| MARSON MI | Click Here for Memo Itemization Type Check box if this expenditure is payment of |
| UFINE | debt or obligation reported on previous |
| Name USPS Address ZOO E LIB ENY AND ARBOR, M Fund Raiser Fund Raiser Fund Raiser | statement |
| | Subtotal this page 305, 62 |
| | |
| | Grand Total of all Schedules 1B (Complete on last page of Schedule) |
| | (complete on last page of schedule) |

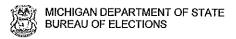


1. Committee I. D. Number C2013-014

2. Committee Name Jeff Hayner For City Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|-----------------------|-----------------|
| Expenditure #1 | | | |
| Name LINKOS/FEDEV Address 505 5 110 60 | Purpose: JAWOSIUS | 7/4/8 Date | \$ <u>6172</u> |
| ANN ARRIVATION | Click H | ere for Memo It | temization Type |
| AND ALBOR MI Fund Raiser 48104 | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name FACEBUOK Address // Address | Purpose: AD BOST | 7/9/18 Date | \$ 15 |
| Address / HACKER WAY | | | |
| MENTO PARYZ, CA | l | ere for Memo Ite | ∍mization Type |
| Fund Raiser 946 2.5 | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name OFFICE MAX Address 2777 OBC VAWEY | Purpose: PAPER | 6/25/8 Date | \$ <u>23.31</u> |
| AND ARBON, MI | | re for Memo Ite | mization Type |
| Fund Raiser 4 f / 9 | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 Name BEST BUY | | 3 5 | |
| Address 3100 LOHRRD | Purpose:/ / O O / / \ | <u>1/2/18</u> Date | \$ 21.19 |
| BNN ARBOR MI | STORAGE | e for Memo Iter | mization Type |
| □Fund Raiser 48109 | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Staffes | | 15/10 | |
| Address 2601 JAYCSON BLVD AWN AMBOR, M) | Purpose: VOICE RECENDEN I | Date | \$ <u>84.79</u> |
| THOO AMBOR, M) Trund Raiser 4/103 | Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement | e for Memo Iten | nization Type |
| | Subtotal | this page | 206,01 |
| | Grand Total of all Sch (Complete on last page of | edules 1B | |
| | | | |

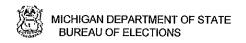
Page 4 of 5



1. Committee I. D. Number <u>C2013-014</u>

2. Committee Name Jeff Hayner For City Council

| | - | |
|------------------|--|---|
| 3. Name and | l address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expenditure | #1 | |
| | | u u |
| Name | ary proporting | 100-11 |
| | or or the thou | 3 45,40 |
| Address | 1111 111 112 50 | Purpose: 140008US Date |
| | 411 W CRO SS | |
| | 1000 | Click Here for Memo Itemization Type |
| | PRSILANTI M. | Темпечения полишальний туро |
| | | Check box if this expenditure is payment of |
| Fund Ra | iser 4819.7 | debt or obligation reported on previous |
| L_I did iva | 10197 | statement |
| Expenditure # | 2 | |
| Nama | | water 640 B |
| Name | CITYPUNTING | 1/2/18 //0- |
| | | 7/21/18 \$ 6628 |
| Address | 41) W. GROSS | Purpose: Por Corpo Date |
| . 1001000 | -11/ W. C MOSI | Taipose. |
| | | |
| | YPSIANTI BUULDON MI | Click Here for Memo Itemization Type |
| | | |
| | 48107 | Check box if this expenditure is payment of |
| Fund Rai | ser 10107 | debt or obligation reported on previous |
| Carron ditaran d | 40 | statement |
| Expenditure # | FS | |
| Name | 1 - M. 100 - MT (- 5) | |
| | CLTY PRINTING | -7/2/1/ 500 |
| | • | 1 40HX \$ 500 |
| Address | 411 W. GROSS | Purpose: DISTEMUDS Date 300 |
| | -(1) | |
| | VANCTO PARTI MI | Click Here for Memo Itemization Type |
| | MPSILANTI, MI | |
| | /- \ | Check box if this expenditure is payment of |
| Fund Rais | ser 431,97 | debt or obligation reported on previous |
| | <u> </u> | statement |
| Expenditure # | 4 | |
| Name | | |
| | | |
| | | \$ |
| Address | | Date ——— |
| | : | Purpose: |
| | | |
| | | Click Here for Memo Itemization Type |
| | | |
| | | Check box if this expenditure is payment of |
| Fund Rais | er | debt or obligation reported on previous statement |
| | | Statement |
| Expenditure #5 | | • |
| Name | | |
| • | | |
| Address | · | \$ |
| nuul Goo | | Purpose: Date |
| | | |
| | | Click Here for Memo Itemization Type |
| | | Check box if this expenditure is payment of |
| – | | debt or obligation reported on previous |
| Fund Raise | er | statement |
| | | |
| | | Subtotal this page 11/2 5 8 22 3 |
| | | 12005CC |
| | | Grand Total of all Schedules 1B |
| | | (Complete on last page of Schedule) [2] 7 [2] |



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

C2013-014

| CA | NIDI | IDA1 | re c | CAM | MAIT | TEE |
|--------|-------|------|------|-----|--------|-----|
| \sim | (14D) | | | | IVII I | |

2. Committee Name Jeff Hayner For City Council

| CANDIDATE COMMITTEE | | | ······ | |
|--|--------------------------------------|---|--|------------------------------------|
| This Schedule itemizes: | | *************************************** | ······································ | |
| a Debts and obligations owed by or forgiven the com | mittee OR b. Deb | ts and obligations owed <u>to</u> o | r forgiven by the co | mmittaa |
| (Che | ck either a or b. Use only for the p | urpose checked.) | i loigiven <u>by</u> the co | mingee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. | 4. Type of Obligation (Description) | 7. Date and amount of each payment | 8. Cumulative payment to | 9. Outstanding Balance at close |
| Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please | 5. Indicate date debt was incurred | | date on debt | of this period (Item 6 minus |
| provide information regarding the endorsers or guarantors, if any. | Indicate original amount of debt | | | Item 8) |
| Debt #1 Corp? Yes | | | | |
| Owed to or by: | 4. Type: | ss | | |
| JEFF HAGNER | 5. Date Debt Was Incurred: | \$ | | |
| 1807 POST NETRAN AND DRISOR, MI 45105 | 613/18 | \$ | s /2 | . 500 |
| SAIN ARROTH MI | 6. Original Amount of Debt | \$ | • | |
| 45105 | \$ | `\$ | l | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Amo | ount Endorsed: \$ _ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: | \$ | | |
| | 5. Date Debt Was Incurred: | \$ | | |
| | 6. Original Amount of Debt: | \$ | | |
| | \$ | \$ | \$ | \$ |
| | | \$ | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: | \$ | | |
| , | 5. Date Debt Was Incurred: | \$ | | |
| | | \$ | | |
| | 6. Original Amount of Debt: | \$ | \$ | \$ |
| | \$ | \$ | | FORGIVEN |
| if bank loan, name of endorser or guarantor: | 47-31-1 | Am | ount Endorsed: \$ | |
| | | Page Subtotal (| Outstanding debt) | 500 |
| Grand Total of all Schedules 1E 500 | | | | |
| • | , , | .g | and communice)[| Enter this total |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

on line 12a "owed by"" or line 12b "owed to" of the Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

C2013-014 1. Committee I.D. Number

2. Committee Name Jeff Hayner For City Council

| | - USE A SEPARATE SH | EET FOR EACH EVENT - | |
|---|---|--|--|
| 3. Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) 4. ST 4. ST 4. ST 4. ST 4. ST 4. ST 5. ST 6. | 5. Type of Fund Raising Activity MOCH + GNOS ST | 6. Address and Name (If any) of a place where the activity was held 576 F 43500 AZ MI 4410 Private Residence |
| 7. Total Contributions | 775 | 00 | "NECTO" |
| 8. Other Receipts | · · | | |
| 9. Gross Receipts (Add lines 7 a | and 8) | - OU | |
| 10. Total Cost of Event (Total Cost includes In-Kind Cor | htributions and All Expenditures | Made For the Event) | |
| 11. Check if event was a joi | nt fund raiser and complete the | following: | |
| Co-Sponsor(s) | Contribution S (%) | plit | Expenditure Split (%) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| period covered by the Ca | ampaign Statement. | r Schedule for each fund raising edule must also be reported on t | • |

- Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.