



**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: 7/22/18 to 8/27/18

1. Committee I.D. Number
C2013-014

2. Committee Name
JEFF HAYNER FOR CITY COUNCIL

4. Candidate Last Name Hayner First Name Jeff M.I. L

4a. Office Sought Including District # or Community Served (If applicable)
City Council Ann Arbor Ward 1

4b. County of Residence
Washtenaw

5. Committee's Mailing Address
1807 Pontiac trail
Ann Arbor, MI 48105

Area Code and Phone (734)255-6085

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
Jeff Hayner
1807 Pontiac trail
Ann Arbor, MI 48105

Area Code & Phone (734)2556085

7. Treasurer's Business Address
1807 Pontiac trail
Ann Arbor, MI
48105

Area Code and Phone (734)2556085

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
N/A

Area Code and Phone _____

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
Aug 7, 2018

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 Jeff Hayner Signature [Signature] Date 9-11-18

Candidate Jeff Hayner Signature [Signature] Date 9-11-18



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C 2013-014
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 <u>Face book</u> Address <u>One Hacker Way</u> <u>Menlo Park, CA</u> <u>94025</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>on-line advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/8/12</u> Date	<u>\$ 15⁰⁰</u>
Expenditure #2 Name <u>Bran Lesko</u> Address <u>817 Brookside</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Northside Video FB</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/9/12</u> Date	<u>\$ 75⁰⁰</u>
Expenditure #3 Name <u>Human Rights Campaign</u> Address <u>1640 Rhode Island Ave</u> <u>Washington, DC</u> <u>20036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>John Organza for policy access</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/12</u> Date	<u>\$ 25⁰⁰</u>
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

115⁰⁰

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1916⁸⁹

Enter this total
on line 8a of
Summary Page