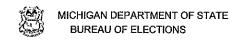


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

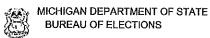
COVER PAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and comments.	d signed by andidate.	3. This Statement covers Fron	n: 8/28/18 to 10/21/18	
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.	
C2013-014		Hayner 4a, Office Sought Including Dis	strict # or Community Served (If applicable)	
2. Committee Name				
Jeff Hayner For City	Council		r City Council Ward (NASHTEN AN	
5. Committee's Mailing Address		6. Treasurer's Name & Reside		
1807 Portoac trai		<i></i>	Layner Pontfac trail	
Ann Arbor, MI	~	(807	Contrac trail	
Area Code and Phone 73425569 If the address in this box is different from the commmalling address on the Statement of Organization, to be sent to this address by the filing official.	iltee		Arbor, MI 48105 134 255 6085	
				_
7. Treasurer's Business Address	ai/	8. Designated Record Keeper Designated Record Keeper)	r's Name and Address (If the committee has a	
Ann Arbor, MI	48105			
Area Code and Phone 734 2556	085	Area Code and Phone		
9. TYPE OF STATEMENT	_		9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	ILY if candidate ballotfor the	By checking this item I/We certify any outstanding debiby the committee to the candidate or his or her spouse is his	t ere
Pre-Election or Post-Election Statement relates to:	_		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,	
Primary Primary	July Quarte	erly	owes no lates fees or has any oustanding debt.	
General	October Q	uarterly	Further, if the dissolution carnot be granted that this be considered a request for the Reporting Waiven.	
Convention			considered a request together repulling waters	
Special	9c. Annua	Statement ()	REPLO	
School		Coverage Year	Effective date of this solution	
Caucus	9d. Amend	dment to Campaign Statement	ERES CO	
Land		lete Item 9a, 9b, 9c or 9e to e which Statement is being ed.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	t
Date of Election, Convention or Caucus			55 T X	
11/6/18			g i i i i i i i i i i i i i i i i i i i	
10. Verification: I\We certify that all reasonable dlilge my\our knowledge and belief the contents are true, a	ence was used in accurate and co	n the preparation of this stateme mplete.	ent and attached schedules (if any) and to the best of	
Current Treasurer or Designated Record keeper Type or Print Name	YNER	Signature	$\frac{10 \left(26 \right) 18}{26 \left(18 \right)}$	
13po or 1 microanio		Signature A		
Candidate DEFF HAYNE	72	, Jan		
Type or Print Name		Signature	*	1



SU	IMMA	NRY	PAG	jE.
CANDID	ATE	CON	ИΜП	TEE

1. Committee I.D. Number C2013-014
2. Committee Name Jeff Hayres Far (7 ty Conno)

RECEIPTS	Column I	Column II
3. Contributions	This Period	Countri if Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ NOT AFFEICABLE	(18.)\$ 9665 07
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	1000	(19.)\$67
(Add Line 3c + Line 4)	(5.) \$	(20.)\$ 9655
IN-KIND CONTRIBUTIONS & EXPENDITURES	100 83	10.67
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 669 FZ	(21.)\$ 66483
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	73
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.)\$ 6226
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(40b.) (t	
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	
13. Ending Balance of last report filed	(13.) \$ <u>211</u> , 65	
(Enter zero if no previous reports have been filed.)	110 70-00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ 7 7 7	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 4556.85	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)-\$// 58 .5/	
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.) \$ 342834.	
Isangormie to nominie to		



Page of

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number (2013-014

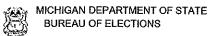
line 3a of Summary

Page.

CANDIDATE COMMITTEE 2. Committee Name __ Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Ton stuldens 1702 TRAVERS FT 42 MI 45105 \$ 160 - \$ 100 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation __ Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address Peter BCKSTETN 7551 LONDOND FROM

AZ M GSLO4-4017

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation Business Address Type of Contribution: VDirect Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? 4. Date of Receipt Name & Address: UNNA BORGET 322 VIRGINIATIVE, AZMI Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Z Name & Address VARRY HAND FR 2216 MYGETDED SHUNAW, MI 45002 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer _ **Business Address** Type of Contribution: Loan from a person **Fund Raiser** Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on



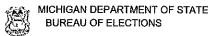
ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number C2013 - 14

SCHEDULE 1A 1. Committee I.D. Number	1	
CANDIDATE COMMITTEE 2. Committee Name	Jeff Hay	w/for City C
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 All ()		
FATHERY W BOMS POBOX 811 7 ANN ARRAR / M 1 5. If over \$100.00 cumulative, please provide: 450 7	\$ 50	\$ 50'
Occupation Employer	Click Here for	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 9/20/15 Name & Address ANNE L BANN STER 602 N MAGN ST ANN ANBOR M 48164	s / 00 =	\$ 700 T
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation DRCCCOR Employer FFES, INC Business Address 1612 N MAN ST USIG4		
Business Address 1612 N MAW ST 45104		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/30/15		
GUI STIT OROSVE, MI 48103	<u> 250</u>	9
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation 167020 Employer_		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
JOHN AND CEILE LAMB		
1606 DICKEN DICKE 45103	8 5 50	· 600 -
5. If over \$100.00 cumulative, please provide:	2	
Occupation REMED Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	400 -	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule) L	Enter this total on	ı

Page $\frac{1}{2}$ of $\frac{3}{2}$

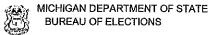
Enter this total on line 3a of Summary Page.



BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS	(2013	5-014
SCHEDULE 1A 1. Committee I.D. Number	40.05	
CANDIDATE COMMITTEE 2. Committee Name	left Hayno	, For City Ca
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 10/4/19	_	, water of focusper
STEGLENDATE CAPELE, AZMI 48103	\$ 755	<u>\$ 25</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Official R	or Metho Rethization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 4 4 1 4		
alen Fiegler 514 KANSEST, AZ MI 48103	<u>\$ 200</u>	<u> 200</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
O. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 14/18		
DANNER G. MCKINON	1 / 6~	
8090 AN EL ST AT MI 48103	s 150	\$
i. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		•
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/4/18		
1508 LONGSHORE AZ MI 45605	\$ 50	: 150
i. If over \$100.00 cumulative, please provide:	4.	
Occupation AUTHOR Employer SELF		Memo Itemization
Business Address 1505 CONGSHORE AZMIGHOS	eren eren eren eren eren eren eren eren	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	275	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	

Page $\frac{2}{3}$ of $\frac{9}{3}$

line 3a of Summary Page.

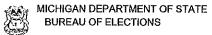


f Hayner For City Corneil **CANDIDATE COMMITTEE** 2. Committee Name 🚾 Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 3. Contribution # 1 4. Date of Receipt Name & Address: 2490 GETTYSTUNG ATMIGNOS 5. If over \$100.00 cumulative, please provide: Click Here for 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 Name & Address CHARLES LEWIS 330 S TTH St. AZ MI48103 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RETUETO Employer_ Occupation _ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: ANY DS EETOO 4111 CEDARBROOK - 34075. If over \$100.00 cumulative, please provide: 42.46165Click Here for Memo Itemization Occupation 2007/12 Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? 4. Date of Receipt 10/4// Name & Address ACTOR NELSON 1319 AND MOOR AVE AZMI 45103 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation GNG(NG) Employer FOND MOCO 15303 COMMENCEDA DESARGERO MI 4x120 Business Address Type of Contribution: | Direct Loan from a person Fund Raiser Page Subtotal

Page 4 of 3

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

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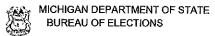


C2013-014 1. Committee I.D. Number

SCHEDULE 1A 1. Committee I.D. Nur	
CANDIDATE COMMITTEE 2. Committee Name	Jeff Haynorfor CityCom
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.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/4/18	
COMMITTEE TO ELECT DAVIS SILK	verrit
5. If over \$100.00 cumulative, please provide:	\$ 160 \$100
·	Click Here for Memo Itemization
Occupation Employer	· ·
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/0 // // //	
Name & Address	_
ENDUK WILHELME	
	s 100 s 200
5. If over \$100.00 cumulative, please provide:	
1	Click Here for Memo Itemization
Occupation <u>26717 & Employer</u> Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 0/4/4	<u></u>
DAYES PONTALTXALL	· 125 · 125
42M1 48705	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation DHUSICAN Employer MCANAN WEST CON	
Business Address <u>FOO E MGMLAC CTA, DRIVE</u> Type of Contribution: Direct Loan from a person Fund Raiser	EAZ MI 45109
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/4/4	
Aron HABEA	
531 THURD ST AZ MI 45103	<u>50</u> <u>100</u>
5. If over \$100.00 cumulative, please provide:	000111
Occupation Control Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subt	total 375
Grand Total of All Schedules	· I
(Complete on last page of Schedi	Enter this total on

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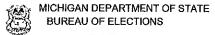
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CANDIDATE COMMITTEE

1. Committee I.D. Number C-2013 - 014
2 Committee Name Jeff Hayney For City Council

C	ANDIDAIE	COMMITTEE	2. Committee Name	ett Hans	1 201 C (C) CO
Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	ox to indicate if cor	ntribution is from a Politic	ndividual, enter last name, first name, cal Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cum		IGN LENCT ovide:	ANT 801 A PM (98005	s 50 Click Here fo	\$
Type of Contribution:	Direct	Loan from a perso	n Fund Raiser		
10	UN DY	AWAY THERA USOK, NA	of Receipt 10/4/15 0 AVE 1 9X103	s / 0 0	<u>\$ 200</u>
5. 11 Over \$100.00 Callio	nauve, prease pro	ovide:		Click Here fo	r Memo Itemization
Occupation	71150	_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address: V (V (STOU	ATHOW, TO BOR	of Receipt 66/4/15 M1 48/03	\$ 50 Click Here for	\$ Memo Itemization
Occupation	,				
Business Address		Employer			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?		<u> </u>	<u>" </u>	
J G Z6	UE 18	YES 4. Date OTH IS BURY Wide: 451	Lal	\$ 75	s 75
5. If over \$100.00 cumul	lative, please pro	vide: 451	03	6 11.4.4.	
Occupation		_ Employer		Click Here for	Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Page_ 6 _of_ 9			Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



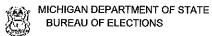
1. Committee I.D. Number C2013-014

1. Cle Harmar For City Courcil

CANDIDATE COMMITTEE 2. Committee Name	11 Hayn	ar tor City U
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 10/4/4	-	T Galo of records
506 E. KINGSCET	\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: 48154	Click Hora fo	or Memo Itemization
Occupation Employer	Click Hele it	or Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 16/4/8		
MAN C FLOYD	Enn	
5-19 SUNSTET RD ANN ANDER MI 48103	\$ 500	<u> </u>
. If over \$100.00 cullidiative, please provide:	Click Here for	r Memo Itemization
Occupation <u>AGNAED</u> Employer		
Business Address		
Type of Contribution: Direct Loan from a person M Fund Raiser		
. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 6/4/5		
SAG S FIRST ST	1 Emme	, š
549 S FIRST C	\$ 1) O	\$ / 5 0
. If over \$100.00 cumulative, please provide: AZ M/ 4fw3	Click Here for	Memo Itemization
Occupation <u>CETIOED</u> Employer		
Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
ame & Address - CO/10/8	100 0	2
1507 PONTIAC TRAIL	s Wanti	s 70000
. If over \$100.00 cumulative, please provide:	···	
Occupation OWN ESZ Employer SATURATE STUDIO	Click Here for \mathcal{S}	Memo Itemization
Business Address (507 PONTAL TRAL ATM		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200	
Grand Total of All Schedules 1A	0	
(Complete on last page of Schedule)	Enter this total on	

Page of 8

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BUREAU OF ELECTIONS	AIE			
ITEMIZED CON	TRIBUTIONS		_C2013	= 014
SCHEDU	ILE 1A	1. Committee I.D. Number	7	
CANDIDATE	COMMITTEE	2. Committee Name <u>J</u>	Ht Hayno	rfor City Com
Enter contributor's name and address. If middle initial. Check box to indicate if con Committee (PAC) Report all contributions	itribution is from a Political Con	al, enter last name, first name, imiltee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date of Re	ceipt	-	date of receipt)
SLOTT RET	STIELD			
5. If over \$100.00 cumulative, please pro	TADIUM (BUD	• 5/7	• 50
5. If over \$100.00 cumulative, please pro	2 M (451	04	Ψ	
Occupation			Click Here fo	r Memo Itemization
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? Name & Address	YES 4. Date of Rec		and the control of th	
PANDAU (1)	ACOB + ANN	CUND		
RANDAU UI			<u>s 25</u>	<u>s 75</u>
5. If over \$100.00 cumulative, please pro	vide: KZ M (48105	Click Here for	Memo Itemization
Occupation	Employer		0.1010 1010	INCINO ROMIZACION
Business Address	•			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? Name & Address:	YES 4. Date of Red	ceipt 13/12/16		
JORDAN SI			\$ 50	\$ 90 °°
i. If over \$100.00 cumulative, please pro		02135	Click Here for	Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution:// Direct	Loan from a person	Fund Raiser		
. Contribution # 4 PAC Receipt?	YES 4. Date of Re	ceipt		
Control of the state of the sta				
			\$	
16 \$400.00			\$	\$
i. If over \$100.00 cumulative, please pro	vide:		\$Click Here for	\$Memo Itemization
6. If over \$100.00 cumulative, please pro	vide: _ Employer		\$Click Here for	\$ Memo Itemization
			\$Click Here for	\$Memo Itemization

Page D of D

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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 Aut But		0/20/0
1006 70W NSEZ D ST	Purpose: MPP Membership	8/3418 25 00
Address 406 1000 050 050	Purpose: MDP Membership	Date
LANSING, MI	Click H	ere for Memo Itemization Type
,	l —	ore for Memo Remization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2	Ошолог	
Name DED & X OFFICE AZ	4	7/3/18 65 96
Address 505 EAST UIGGATY	Purpose: PUNTNG	Date
48704	Click He	ere for Memo Itemization Type
<u>'</u>	Check box if this expenditure is payment of	*
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3		
Name DUBALE DULAL		Mh. d.a
for continess	Purpose: CANPAN	9/24/18\$ 25
Address 19855 WOLTENDE	Purpose: A CONTRACTOR	Date
DEARBORN, MI	Click He	re for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4	Setsmon	·
Name TAAAEN JUES	10	Value
tora a superior		74//8 \$ 1224
l i	Purpose: 1000	Date /
MI 48103		
		re for Memo Itemization Type
\checkmark	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	ļ
Expenditure #5		
Name MANN PANTAY SHOP		101,11,
Address 201 N MA	Purpose: BOVGN4665	Date \$ 135 0
AZM148105	Click He	re for Memo Itemization Type
X Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	30
<u> </u>	statement	
	Subtotal	this page 57363
	Grand Total of all Sci (Complete on last page o	
		Enter this total

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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
	J. Date O. Allount
Expenditure #1	intelie on
Name FACEBOOK	10/8/15 , 58
Address / HAYKER MAY	Purpose: ADVERTISIANS Date
MONGO PANK CA	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name MICBOOK	10/8/18: 25
Address / Hawas vary	Purpose:
MENLOPK CA	Click Here for Memo Itemization Type
Fund Raiser 94825	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	
Name UES PROVIL & 9	1910/18 \$9969
Address 411WEST (POSS	Purpose: ORWTING Date
YPSILANTI, MI	Click Here for Memo Itemization Type
Fund Raiser 4f197	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	Statement
Name UNIT ACKAUING	interplace
Address 119 ENTENPRIZE A 2 M1 4863	Purpose: SHIPPING 10/13/8 \$ 200
A 2 M 16 2	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	
Name $HRWC$	10/5/18 =>
Name HRWC Address ///Ow. MAHN S7 ANN ANG JC, M/	Purpose: MEM/SONSHIP Date \$ 50
Fund Raiser ANN ANG SE WEST	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 376 27
	Grand Total of all Schedules 1B (Complete on last page of Schedule)
	Enton this total

on line 8a of **Summary Page**



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

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		42	
Name PATE GOOK		10/201	G so
Address / HARED WY	Purpose: An Vertaling	Date	
MENIOPANK, CA	ļ —	lere for Memo	Itemization Type
Fund Raiser 94425	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CITY fMNTING	Purpose: PM ~ 7 1 - 4	<u>(0/20/</u> 1) Date	8
Address 411 WCS7 CROSS			
4PS10471, M1	ļ —	ere for Memo	Itemization Type
Fund Raiser 48197	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name			
Address	Purpose:	Date	\$ <u></u>
	Click He	oro for Mamo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	we for Middle I	emization rype
Funnadhua 44	statement		
Expenditure #4			
Name			
Address	Purpose:	Date	\$
	Click He	re for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click He	re for Memo #	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		, in Education ()
		I this page	14969
	Grand Total of all Sc (Complete on last page o		
	, , ,	· L	Enter this total

on line 8a of Summary Page

Page 3 of 1



SCHEDULE 1B CANDIDATE COMMITTEE

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)	T E Data	
o. Name and address of person of vertage to whom para	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		^ -	
Name $USPS$		rolinta	C 10-C 50
	100-0-0	- LOUGH	\$ 65/
Address 200 Eliforay ANN ANAON, MI	Purpose: USTAUE	Date	· · · · · · · · · · · · · · · · · · ·
ANN ANDON, UI	l —	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser UM04	debt or obligation reported on previous statement		
Expenditure #2			
Name			
			\$
Address	Purpose:	Date	-
	Click H	lere for Memo	Itemization Type
			**
-	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
ranie			
Address		Date	\$
Address	Purpose:	Date	
	Clink H	ore for Mome	Itominatian Time
	 	ere ioi Memo	Itemization Type
F	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
Hand			
Address	"	Date	\$
Address	Purpose:		
	Click He	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
i ulu i talogi	statement		
Expenditure #5			
Name			
			\$
Address	Purpose:	Date	Φ
		ere for Memo I	temization Type
	Check box if this expenditure is payment of		ļ
Fund Raiser	debt or obligation reported on previous statement		
		I this page	OBG
			-611
	Grand Total of all So (Complete on last page of		115851
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7

Enter this total on line 8a of Summary Page

Page \mathcal{H} of \mathcal{H}



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)	5. Type of Fund Raising Activity MCET + AMTET	6. Address and Name (If any) of the place where the activity was held. 1
7. Total Contributions	22	75	
8. Other Receipts	4. naturaliti		
9. Gross Receipts (Add lines 7 a	and 8) 22	75	
10. Total Cost of Event (Total Cost includes In-Kind Cor	ntributions 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 Carlon Receipts and expenditur Schedule (1A), Itemized Summary Page. 	ed to file a separate Fund Raise ampaign Statement. es listed on a Fund Raiser Scho In-Kind Contributions Schedule ticipated in a joint fund raiser m	edule must also be reported or e (1-IK), Itemized Expenditures	n the Itemized Contributions Schedule (1B) and the

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number __

CANDIDATE COMMITTEE 2. Committee Name Jeff Hayner For City Council				
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 w purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)		
Contribution #1 PAC Receipt? Yes Name & Address: HATHAWAYS HID CANCE 3(QS ASHCC)	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	s 160 s 160		
If over \$100.00 cumulative, please provide: Occupation: OWNER Employer Name & Business Address:	Description HAW USE 5. Date Of Receipt:	AN -		
3105. ASHCEY AZ UI 48104	6. Vendor Name & Address: HATHOUAS HOUA.	Click Here for Memo Itemization		
Fund Raiser Contribution	ANNAMOR,	41 95104		
Contribution #2 PAC Receipt? Yes Name & Address LATHY GALS VOLD ASIGN LOW HUNT DIR DAY AND LED	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LO.	s /// 30 s /// 30		
If over \$100.00 cumulative, please provide: Occupation: PCTRED Employer Name & Address:	Description 7 SHINTS 5. Date Of Receipt: 19/8/15	_		
	6. Vendor Name & Address: I FETICK IN EN PROD. PO GOX 980401	Click Here for Memo Itemization		
Fund Raiser Contribution	4PS1C45/1 M1 48	188		
Contribution #3 PAC Receipt? Yes Name & Address: (ACHY GENS WOLL) 3565 FOX HUNT A2-MI (AFTUE)	4.	393 <u>5</u> 3; 5046 <u>3</u>		
If over \$100.00 cumulative, please provide:	Description SCANS			
Occupation: (ETWED) Employer Name & Address:	5. Date Of Receipt: 10/20/18 6. Vendor Name & Address:	-		
	SANNCI + 8005 1520 W CAFAYOTTE	Click Here for Memo Itemization		
Fund Raiser Contribution	48216 48216	66887		
	Page Subt	otal BUMUM 66483		

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

Enter this total on line 6 of Summary Page

Page ____ of ____