



**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: 8/28/18 to 10/26/18

|  |   |
|--|---|
| <p>1. Committee I.D. Number<br/><u>C2013-014</u></p> <p>2. Committee Name<br/><u>Jeff Hayner For City Council</u></p>  | <p>4. Candidate Last Name <u>Hayner</u> First Name <u>Jeff</u> M.I. <u>L</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable)<br/><u>Ann Arbor City Council Ward 1</u></p> <p>4b. County of Residence <u>Washtenaw</u></p> |
| <p>5. Committee's Mailing Address<br/><u>1807 Pontiac trail<br/>Ann Arbor, MI 48105</u></p> <p>Area Code and Phone <u>734 255 6085</u></p> <p><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>6. Treasurer's Name &amp; Residential Address<br/><u>Jeff Hayner<br/>1807 Pontiac trail<br/>Ann Arbor, MI 48105</u></p> <p>Area Code &amp; Phone <u>734 255 6085</u></p>   |
| <p>7. Treasurer's Business Address<br/><u>1807 Pontiac trail<br/>Ann Arbor, MI 48105</u></p> <p>Area Code and Phone <u>734 255 6085</u></p>  | <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p>  |

|  |   |  |
|--|---|--|
| <p><b>9. TYPE OF STATEMENT</b></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 type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus<br/><u>11/6/18</u></p> | <p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><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><b>9e. Dissolution of Candidate Committee</b></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 late 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 style="text-align: center;">             FILED<br/>             WASHTENAW COUNTY, MI<br/>             CLARENCE KESTERBAUM<br/>             COUNTY CLERK/REGISTRAR<br/>             OCT 26 10:55 AM         </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.

|   |                    |                    |                      |
|---|--------------------|--------------------|----------------------|
| Current Treasurer or Designated Record keeper | <u>JEFF HAYNER</u> | <u>[Signature]</u> | Date <u>10/26/18</u> |
|   | Type or Print Name | Signature          |                      |
| Candidate                                     | <u>JEFF HAYNER</u> | <u>[Signature]</u> | Date <u>10/26/18</u> |
|   | Type or Print Name | Signature          |                      |



1. Committee I.D. Number C2013-014

2. Committee Name Jeff Haynes For City Council

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions  |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>4375</u>           |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>4375</u>           | (18.) \$ <u>9665.07</u>                     |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ <u>-</u>               | (19.) \$ <u>-</u>                           |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>4375</u>            | (20.) \$ <u>9655.07</u>                     |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>664.83</u>          | (21.) \$ <u>664.83</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>-</u>               | (22.) \$ <u>-</u>                           |
| <b>EXPENDITURES</b>   |                                |   |
| 8. Expenditures   |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>1158.51</u>        |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ <u>-</u>              |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ <u>-</u>              |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>1158.51</u>         | (23.) \$ <u>6226.73</u>                     |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |   |
| 10. Disbursements   |                                |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$ <u>-</u>             |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$ <u>-</u>             |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>-</u>              | (24.) \$ <u>-</u>                           |
| <b>DEBTS AND OBLIGATIONS</b>  |                                |   |
| 12. Debts and Obligations   |                                |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$ <u>-</u>             |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ <u>-</u>             |   |
| <b>BALANCE STATEMENT</b>  |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>211.85</u>         |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>4375.00</u>      |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ <u>4586.85</u>      |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>1158.51</u>      |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                    | (17.) \$ <u>3428.34</u>        |   |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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 <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? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/14/18</u> |   |   |
| Name & Address:<br><u>TOM STULBERG</u><br><u>1702 TRAVEL ST A2 MI 48105</u>   |   |                                   | \$ <u>100-</u>                                  | \$ <u>100-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____  |   |                                   |   |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                   |   |   |
| 3. Contribution #2  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/14/18</u> |   |   |
| Name & Address:<br><u>Defer ECKSTEIN</u><br><u>2551 LONDONDERRY</u><br><u>A2 MI 48104-4017</u>  |   |                                   | \$ <u>500-</u>                                  | \$ <u>710-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____   |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____  |   |                                   |   |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                   |   |   |
| 3. Contribution #3  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/14/18</u> |   |   |
| Name & Address:<br><u>LYNN BOUSEY</u><br><u>322 VIRGINIA AVE, A2 MI</u><br><u>48103</u>   |   |                                   | \$ <u>50-</u>                                   | \$ <u>100-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____  |   |                                   |   |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                   |   |   |
| 3. Contribution #4  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/16/18</u> |   |   |
| Name & Address:<br><u>JEFF HAYNER</u><br><u>2278 MAYFIELD RD</u><br><u>SHAWAN MI 48002</u>  |   |                                   | \$ <u>300-</u>                                  | \$ <u>300-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____  |   |                                   |   |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |                                   |   |   |

Page Subtotal 1,000

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2013-14  
2. Committee Name Jeff Hayne, 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<br>Name & Address:<br><u>KATHRYN BOBIS</u><br><u>PO BOX 8117 ANN ARBOR MI</u><br><u>48107</u>   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>9/16/18</u> | \$ <u>50-</u>                                   | \$ <u>50-</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution #2<br>Name & Address:<br><u>ANNE L BARNSTER</u><br><u>612 N MAIN ST</u><br><u>ANN ARBOR, MI 48104</u>   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>9/21/18</u> | \$ <u>100-</u>                                  | \$ <u>700-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DIRECTOR</u> Employer <u>PFES, INC</u><br>Business Address <u>612 N MAIN ST 48104</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 3<br>Name & Address:<br><u>EDWARD STEINMAN</u><br><u>621 5TH ST</u><br><u>ANN ARBOR, MI 48103</u>   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>9/30/18</u> | \$ <u>250-</u>                                  | \$ <u>250-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 4<br>Name & Address:<br><u>JOHN AND CELLE WAMPB</u><br><u>1606 DICKSON DRIVE</u><br><u>ANN ARBOR MI 48103</u>   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt _____          | \$ <u>500</u>                                   | \$ <u>600-</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                  |  | <a href="#">Click Here for Memo Itemization</a> |   |

Page Subtotal 900-

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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 <u>all</u> contributions regardless of amount.                       |   | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|---|---|
| 3. Contribution # 1<br>Name & Address:<br><u>RITA CARWIS</u><br><u>556 GLENDALE AVE, AZ MI</u><br><u>48103</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u>               |   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | \$ <u>25</u>                                    | \$ <u>25</u>  |
|   |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution #2<br>Name & Address:<br><u>Alan Fiegler</u><br><u>514 KRAVSE ST, AZ MI</u><br><u>48103</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u>               |   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                  |   | \$ <u>200</u>                                   | \$ <u>200</u>   |
|   |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 3<br>Name & Address:<br><u>DANNON G. MCKINNON</u><br><u>809 DANIEL ST</u><br><u>AZ MI 48103</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u>               |   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   | \$ <u>100</u>                                   | \$ _____  |
|   |   | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 4<br>Name & Address:<br><u>BAARTON BLAKE</u><br><u>1508 LONGSHORE AZ MI</u><br><u>48105</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u>               |   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>AUTHOR</u> Employer <u>SELF</u><br>Business Address <u>1508 LONGSHORE AZ MI 48105</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |   | \$ <u>50</u>                                    | \$ <u>150</u>   |
|   |   | <a href="#">Click Here for Memo Itemization</a> |   |

Page Subtotal 375

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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.

3. Contribution # 1 PAC Receipt?  YES 4. Date of Receipt 10/4/18  
Name & Address: ANN ATTARIAN  
2440 GIBBY SPRING  
AZ MI 48105 6. Amount \$ 50 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50

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 10/4/18  
Name & Address: CHARLES LEWIS  
330 S 7TH ST. AZ MI 48103 6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation RETIRED Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 10/4/18  
Name & Address: AMY D STEETOO  
411 CEDAR BROOK - 3407  
AZ 48105 6. Amount \$ 200 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation RETIRED Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 10/4/18  
Name & Address: POTTER NELSON  
1319 ANDERSON AVE  
AZ MI 48103 6. Amount \$ 200 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)  
Occupation ENGINEER Employer FORD MOCO  
Business Address 15303 COMMERCIAL DEARBORN, MI 48120  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 550  
Grand Total of All Schedules 1A (Complete on last page of Schedule)



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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 <u>all</u> contributions regardless of amount. |  | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|---|---|
| 3. Contribution # 1<br>Name & Address:<br><u>COMMITTEE TO ELECT DAVID SILK WORTH</u><br><u>2045 CHARLTON ST #301</u><br><u>AZ MI 48103</u>  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>10/4/18</u> | \$ <u>100</u>                                   | \$ <u>100</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  |   |   |
| 3. Contribution #2<br>Name & Address:<br><u>FRANK WILHELME</u><br><u>1405 LUTZ AVE</u><br><u>AZ MI 48103</u>  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>10/4/18</u> | \$ <u>100</u>                                   | \$ <u>200</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOTIFIED</u> Employer _____  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  |   |   |
| 3. Contribution # 3<br>Name & Address:<br><u>DAVID P STEINBERG</u><br><u>1425 PONTIAC TRAIL</u><br><u>AZ MI 48105</u>   | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>10/4/18</u> | \$ <u>125</u>                                   | \$ <u>125</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PHYSICIAN</u> Employer <u>MICHIGAN MEDICINE</u>  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address <u>1500 E MORTIMER CTR. DRIVE AZ MI 48102</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  |   |   |
| 3. Contribution # 4<br>Name & Address:<br><u>ALAN HARPER</u><br><u>531 TAYLOR ST AZ MI 48103</u>  | PAC Receipt? <input type="checkbox"/> YES<br>4. Date of Receipt <u>10/4/18</u> | \$ <u>50</u>                                    | \$ <u>100</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NOTIFIED</u> Employer _____  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |  |   |   |

Page Subtotal 375

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2013-014  
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 <u>all</u> contributions regardless of amount. |   |                                   | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|-----------------------------------|---|---|
| 3. Contribution # 1<br>Name & Address:<br><u>KAI PETERSON</u><br><u>2222 FULLER CT APT 801A</u><br><u>AZ MI 48105</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u> | \$ <u>50</u>                                    | \$ <u>50</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____  |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |   |
| 3. Contribution #2<br>Name & Address:<br><u>MARY HAZHAWAY</u><br><u>1407 WILCEFIELD AVE</u><br><u>ANN ARBOR, MI 48103</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u> | \$ <u>100</u>                                   | \$ <u>200</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____   |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |   |
| 3. Contribution # 3<br>Name & Address:<br><u>WILLIAM HAZHAWAY</u><br><u>3424 STOWE</u><br><u>ANN ARBOR, MI 48103</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u> | \$ <u>50</u>                                    | \$ <u>50</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____  |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |   |
| 3. Contribution # 4<br>Name & Address:<br><u>JULIE ROTH</u><br><u>2605 SAUS BURY LN</u><br><u>AZ MI 48103</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/4/18</u> | \$ <u>75</u>                                    | \$ <u>75</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____  |   |                                   | <a href="#">Click Here for Memo Itemization</a> |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |                                   |   |   |

Page Subtotal 275

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

Enter this total on line 3a of Summary Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2013-014  
2. Committee Name Jeff Haynar 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<br>Name & Address:<br><u>JEFF CROCKETT</u><br><u>506 E. KINGSLEY</u><br><u>AZ MI 48104</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/9/18</u>   | 6. Amount<br>\$ <u>50</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>50</u>               |   |
| Business Address _____  |   | Click Here for Memo Itemization   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |
| 3. Contribution #2<br>Name & Address:<br><u>JOHN C FLOYD</u><br><u>519 SUNSET RD</u><br><u>ANN ARBOR, MI 48103</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/9/18</u>   | 6. Amount<br>\$ <u>500</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____   |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>500</u>              |   |
| Business Address _____  |   | Click Here for Memo Itemization   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |
| 3. Contribution # 3<br>Name & Address:<br><u>KATHLEEN A CLARK</u><br><u>549 S FIRST ST</u><br><u>AZ MI 48103</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/9/18</u>   | 6. Amount<br>\$ <u>150</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____   |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>150</u>              |   |
| Business Address _____  |   | Click Here for Memo Itemization   |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |   |   |   |
| 3. Contribution # 4<br>Name & Address:<br><u>JEFF HAYNAR</u><br><u>1807 PONTIAC TRAIL</u><br><u>AZ MI 48105</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/10/18</u>  | 6. Amount<br>\$ <u>100<sup>00</sup></u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>SATURATE STUDIOS LLC</u>   |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>700<sup>00</sup></u> |   |
| Business Address <u>1807 PONTIAC TRAIL AZ MI 48105</u>  |   | Click Here for Memo Itemization   |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |   |   |

Page Subtotal 800  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
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 <u>all</u> contributions regardless of amount.   |   | 6. Amount  | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|--|---|
| 3. Contribution # 1<br>Name & Address:<br><u>SCOTT RUTSFIELD</u><br><u>2370 STADIUM BLVD</u><br><u>AZ MI 48104</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/10/18</u>   | 6. Amount<br>\$ <u>50</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>50</u>    |   |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a>  |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |  |   |
| 3. Contribution #2<br>Name & Address:<br><u>RANDALL JACOBS + ANN COVAD</u><br><u>1510 JONES DRIVE</u><br><u>AZ MI 48105</u>   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/10/18</u>   | 6. Amount<br>\$ <u>25</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>75</u>    |   |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a>  |   |
| Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |   |  |   |
| 3. Contribution # 3<br>Name & Address:<br><u>JORDAN SIEGEL</u><br><u>14 CANNON ST</u><br><u>CAMPBELL, MA 02138</u>  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/12/18</u>   | 6. Amount<br>\$ <u>50</u>   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____  |   | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)<br>\$ <u>90.00</u> |   |
| Business Address _____  |   | <a href="#">Click Here for Memo Itemization</a>  |   |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |   |  |   |
| <del>3. Contribution # 4<br/>Name &amp; Address: _____<br/>PAC Receipt? <input type="checkbox"/> YES<br/>4. Date of Receipt _____<br/>6. Amount \$ _____<br/>7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____<br/>5. If over \$100.00 cumulative, please provide:<br/>Occupation _____ Employer _____<br/>Business Address _____<br/>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</del> |   |  |   |

Page Subtotal

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

125  
4375

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<br>Name <u>ACE BLUE</u><br>Address <u>606 TOWNSEND ST<br/>LANSING, MI<br/>48233</u><br><input type="checkbox"/> Fund Raiser                        | Purpose: <u>MAP Membership</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>8/30/18</u><br>Date | <u>\$ 25.00</u>  |
| Expenditure #2<br>Name <u>DEX OFFICE AZ</u><br>Address <u>505 EAST LIBERTY<br/>48104</u><br><input type="checkbox"/> Fund Raiser                                  | Purpose: <u>PRINTING</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | <u>9/13/18</u><br>Date | <u>\$ 65.96</u>  |
| Expenditure #3<br>Name <u>DEBBIE DONALD<br/>FOR CONGRESS</u><br>Address <u>19855 WINTER DR<br/>DEARBORN, MI<br/>48124</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>CAMPION<br/>CONCRETE</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>9/24/18</u><br>Date | <u>\$ 25</u>     |
| Expenditure #4<br>Name <u>TRADER JETS</u><br>Address <u>678 SEADOWN AZ<br/>MI 48103</u><br><input checked="" type="checkbox"/> Fund Raiser                        | Purpose: <u>FOOD</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | <u>10/4/18</u><br>Date | <u>\$ 122.41</u> |
| Expenditure #5<br>Name <u>MAIN PARTY SHOP</u><br>Address <u>201 N MAIN<br/>AZ MI 48105</u><br><input checked="" type="checkbox"/> Fund Raiser                     | Purpose: <u>BEVERAGES</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement            | <u>10/4/18</u><br>Date | <u>\$ 135.28</u> |

Subtotal this page

373.65

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C2013-014**

1. Committee I. D. Number

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<br>Name <u>FACEBOOK</u><br>Address <u>1 HACKER WAY<br/>MENLO PARK CA<br/>94025</u><br><input type="checkbox"/> Fund Raiser       | Purpose: <u>ADVERTISING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/8/18</u><br>Date  | <u>\$ 158</u>   |
| Expenditure #2<br>Name <u>FACEBOOK</u><br>Address <u>1 HACKER WAY<br/>MENLO PARK CA<br/>94025</u><br><input type="checkbox"/> Fund Raiser       | Purpose: <u>ADVERTISING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/8/18</u><br>Date  | <u>\$ 25</u>    |
| Expenditure #3<br>Name <u>WEB PRINTING</u><br>Address <u>411 WEST CROSS<br/>YPSILANTI, MI<br/>48197</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>PRINTING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>10/10/18</u><br>Date | <u>\$ 99.69</u> |
| Expenditure #4<br>Name <u>UNIT PACKAGING</u><br>Address <u>119 ENTERPRISE<br/>A2 MI<br/>48103</u><br><input type="checkbox"/> Fund Raiser       | Purpose: <u>SHIPPING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>10/13/18</u><br>Date | <u>\$ 200</u>   |
| Expenditure #5<br>Name <u>HRWC</u><br>Address <u>1110 N. MAIN ST<br/>ANN ARBOR, MI<br/>48105</u><br><input type="checkbox"/> Fund Raiser        | Purpose: <u>MEMBERSHIP</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>10/15/18</u><br>Date | <u>\$ 50</u>    |

Subtotal this page

376.27

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

Enter this total  
on line 8a 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<br>Name <u>FACEBOOK</u><br>Address <u>1 HACKERWAY<br/>MENLO PARK, CA<br/>94025</u><br><input type="checkbox"/> Fund Raiser         | Purpose: <u>ADVERTISING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/20/18</u><br>Date | <u>\$ 50</u>   |
| Expenditure #2<br>Name <u>CITY PRINTING</u><br>Address <u>411 WEST CROSS<br/>YPSICANTON, MI<br/>48197</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>PRINTING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>10/20/18</u><br>Date | <u>\$ 9969</u> |
| Expenditure #3<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | _____<br>Date           | \$ _____       |
| Expenditure #4<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | _____<br>Date           | \$ _____       |
| Expenditure #5<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement              | _____<br>Date           | \$ _____       |
| Subtotal this page  |   |                         | <u>14969</u>   |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule)  |   |                         |                |

Enter this total on line 8a 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<br>Name <u>USPS</u><br>Address <u>200 E LIBERTY</u><br><u>ANN ARBOR, MI</u><br><input type="checkbox"/> Fund Raiser <u>48104</u> | Purpose: <u>POSTAGE</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/10/18</u><br>Date | <u>\$ 259<sup>00</sup></u> |
| Expenditure #2<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | _____<br>Date           | \$ _____                   |
| Expenditure #3<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | _____<br>Date           | \$ _____                   |
| Expenditure #4<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | _____<br>Date           | \$ _____                   |
| Expenditure #5<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement          | _____<br>Date           | \$ _____                   |

Subtotal this page

259

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

115851

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2013-014  
2. Committee Name Jeff Hayner For City Council

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|  |   |  |   |
|--|---|--|---|
| 3. Date Event Was Held<br><u>10/4/18</u> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><u>45</u> | 5. Type of Fund Raising Activity<br><u>MEET +</u><br><u>ANALYSIS</u> | 6. Address and Name (if any) of the place where the activity was held.<br><u>HATHAWAYS</u><br><u>310 S ASHLEY</u><br><input type="checkbox"/> Private Residence <u>A2414104</u> |
|--|---|--|---|

7. Total Contributions 2275

8. Other Receipts -

9. Gross Receipts (Add lines 7 and 8) 2275

10. Total Cost of Event 257.69  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions 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.



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

**CANDIDATE COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Jeff Hayner For City Council

|  |  |                                |   |
|--|--|--------------------------------|---|
| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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?  Yes

Name & Address: HATHAWAY HIDEAWAY  
3105 ASHLEY  
AZ MI 48104

If over \$100.00 cumulative, please provide:  
Occupation: OWNER  
Employer Name & Business Address:  
3105 ASHLEY  
AZ MI 48104

Fund Raiser Contribution

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- LOAN

Description: HALL USE

5. Date Of Receipt: 10/4/18

6. Vendor Name & Address: HATHAWAY HIDEAWAY  
3105 ASHLEY  
ANN ARBOR, MI 48104 [Click Here for Memo Itemization](#)

7. Amount or Fair Market Value: \$ 160 \$ 160

Contribution # 2 PAC Receipt?  Yes

Name & Address: KATHY GMSWOLD  
3565 FOX HUNT DR  
ANN ARBOR MI 48105

If over \$100.00 cumulative, please provide:  
Occupation: RETIRED  
Employer Name & Address:

Fund Raiser Contribution

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- LOAN

Description: 7 SHIRTS

5. Date Of Receipt: 10/18/18

6. Vendor Name & Address: HEIKKINEN PROD. [Click Here for Memo Itemization](#)  
PO BOX 980401  
YPSICANT MI 48188

7. Amount or Fair Market Value: \$ 111.30 \$ 111.30

Contribution #3 PAC Receipt?  Yes

Name & Address: KATHY GMSWOLD  
3565 FOX HUNT  
AZ MI 48105

If over \$100.00 cumulative, please provide:  
Occupation: RETIRED  
Employer Name & Address:

Fund Raiser Contribution

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- LOAN

Description: SIGNS

5. Date Of Receipt: 10/20/18

6. Vendor Name & Address: SANGLI + SONS [Click Here for Memo Itemization](#)  
1521 W LAFAYETTE  
48216 48216

7. Amount or Fair Market Value: \$ 393.53 \$ 504.83

Page Subtotal 668.83 664.83

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 664.83

Enter this total  
on line 6 of Summary  
Page