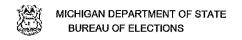


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Demandament has be within 1				
Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car	signed by ndidate.	3. This Statement covers From	n: 8/28/18 to _	10/21/18
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
C2013-04		4a. Office Sought Including Di	strict # or Community Served (If applicable)
2. Committee Name		AVN Anno	7. C177 LUV~	CCLWA-201
JETT HAYNEZ FOR CO	77 COV	4b. County of Residence	WATH TOW	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
1807 DONTIACS	702	JEVEL	HAGNER	
AND ANBOR, MI	my of Karaman	1807 (6	NTIAC PRI	11 4 flos
Area Code and Phone If the address in this box is different from the committed.	100			
mailing address on the Statement of Organization, make sent to this address by the filing official.	ail may	Area Code & Phone	747556085	>
7. Treasurer's Business Address			r's Name and Address (If the co	
		. ,		
Area Code and Phone	į	Area Code and Phone		
9. TYPE OF STATEMENT		, soa oodo and Filone	9e. Dissolution of Candida	te Committee
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the lourrent year:	LY if candidate ballot for the	By checking this item I/W	/e certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	July Quarte	erl v	by discharged and forgiven, a the committee. The committee	ind no longer collectible from se has no oustanding assets,
Primary		•	owes no lates fees or has any	
General	October Qu	uarterly	Further, if the dissolution cann	o Be granted, that this be
Convention			considered a request for the F	Remarking Walver.
Special 9	c. Annual	Statement ()	25	
School		Coverage Year	Effective date of dis	solution &
Caucus 9	d. Amend	Iment to Campaign Statement	<u> </u>	<u> </u>
	indicate	lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition of resid	ual ends miss be reported on
	amende	ed.)	Schedule 1B and the Symma	ux Kage. 🚉
Date of Election, Convention or Caucus			一点	2 3
11/6/18			,7	
10. Verification: I\We certify that all reasonable diligence	OA Was Used !-	the propagation of this -t-t-	ont and attached selve to a see	
nylour knowledge and belief the contents are true, acc	curate and cor	nplete.	эн ано auached schedules (if a /	any) and to the best of
Current Treasurer or	HAUN	1512 /1/	- market of particular of the state of the	6/0/100
Designated Record keeperType or Print Name	7/11 7/4	Signature /	Date -	11/3/18
for Change	#72	, January Tarana	and the second s	11/2/18
Candidate Type or Print Name		Signature	Date _	11/5//

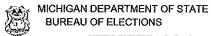


1. Committee I.D. Number <u>C2013-014</u>

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.) \$ 4375000	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 437 5 500	(18.)\$ 9665.07
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	/19\\$ ·**
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 4375.00	(20.)\$ 9665.07
IN-KIND CONTRIBUTIONS & EXPENDITURES	O as the Park	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>975 * 58</u>	(21.)\$ 975.58
7. In-Kind Expenditures (Schedule 1B-iK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _//58.5/	
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.) \$ <u>//58-57</u>	(23.)\$ 6226,73
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$	(24.)\$
12. Debts and Obligations	mand	
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.) \$ <u>211085</u> (14.)+\$ <u>4375000</u>	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4586.85</u>	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.)-\$ 1/58,5/	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 3128 034 .	

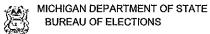


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	22013-014
2. Committee Name	

	' ' '		
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 9/14/18 Name & Address: TO USENG 202 TRAVER ST AZ MI HSUS 5. If over \$100.00 cumulative, please provide:	s 100 -	s 100 -	
	Click Here for Memo Itemization		
Occupation Employer			
Business Address			
Type of Contribution:			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/14/15 Name & Address PETEN & CLESTEIN			
2551 60000000mm	\$ 550	s 710	
AZ MI 48104-4017		¥	
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization	
Occupation <u>ACTIR-CD</u> Employer			
Business Address			
Type of Contribution: Loan from a person Fund Raiser			
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/14/14			
YNU BORSET 322 VIRGINIA AVE AZ MI 4563 5. If over \$100.00 cumulative, please provide:	\$ 50 Click Here for	\$ <u>(00</u> 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 9/16/18 Name & Address WART HAYNER			
SAGINAN, MI GELOZ	<u> 300</u>	<u>\$ 300 -</u>	
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization	
Occupation // Employer	Official 1616 107	Menio Remization	
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser			
Page Subtotal	1000	· · · · · · · · · · · · · · · · · · ·	
£ 7.9	Enter this total on		
	line 3a of Summary Page,		



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

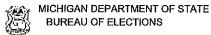
		. 1	
Committee I.D. Number	C2015-	214	
Committee Name	doffHanner f	or City	Quel 1
	4 11 11 11		"

CANDIDATE COMMITTEE 2. Committee Name	JUMANIA	MEC 101 CSG (
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 10/4/15 Name & Address: 11 TA CANUSO 556 GLONDALE CORCLE	25-	05
5. If over \$100.00 cumulative, please provide:	\$ Click Horo to	\$ //
Occupation Employer	Click nere id	r Memo Itemization
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt (0) 4/18		
Name & Address ACEN ZEGLER		
514 1412 AUSE ST	\$ 200°	\$ 200°
AZMI 45103		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation ACTINED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/4//		
DARRON MCKINNON		
809 DANIEL ST	s (00°	\$ (00
A2M 48103 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		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 0/4/8 lame & Address GNAXTON GLATE		
1508 LONGSHORE AVE	· 50	. 150
i. If over \$100.00 cumulative, please provide:	Click Horo for	Mama Itamization
Occupation AUTHOR Employer SCIF	Ollow Hele IOI	Memo Itemization
Business Address 1508 LONGSHONE AZ MI 4 F105		
Type of Contribution: Direct Loan from a person Fund Raiser	way was	
Page Subtotal	575	

Page 3 of 8

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

1. Committee I.D. Number C2013-014

(CANDIDATE (COMMITT	EE	2. Committee Name 🔟	ett it sync	CHICH CON
	box to indicate if cont	ribution is from	a Political Comn	, enter last name, first name, nittee or an independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:		F CO	4. Date of Received OCE E ICI NG S	77		
			•	uflo4	\$ 70	\$ > 0
5. If over \$100.00 cur	mulative, please pro			AALUA	Click Here fo	or Memo Itemization
Occupation Business Address	*** *** ****	_ Employer_				
Type of Contribution:	Direct	Loan from	a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of Rece	ipt 10/4/18		
vario a / tadroso	JOHN CO			^	\$ 500°	
	579 5				\$ <u>700</u>	\$ <u>500</u>
5. If over \$100.00 cun	nulative, please pro	viae:	n_j M	148103	Click Here fo	r Memo Itemization
Occupation	111180	Employer				,
Business Address				/		
Type of Contribution:	<u> </u>	Loan from	a person 📝	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of Rece	oipt 10/4/18		
	ATHLEE			_ ' '		
4	549 s.				\$ 170	\$ 190
5. If over \$100.00 cum	ANN nulative, please prov	FRISOV vide:	z, M/	48105	Click Here for	Memo Itemization
Occupation <u>4</u>	IN &D	Employer				
Business Address Type of Contribution:	Direct	Loan from	a person	Fund Raiser		
. Contribution # 4 lame & Address	PAC Receipt?	YES	4. Date of Rece	eipt 10/10/18		
ζ	JEFF	HAGN	5/2	l v		
l	807 00	NTIA	Z TNA	W	\$ 100=	\$ 700°
5. If over \$100.00 cum	nulative, please prov	V/ H √ide:	8105	yyyeendd Artin		
Occupation OWA				ATE STUDIOS	LLC	Memo Itemization
Business Address	1807 POR	STIAZ	MATC	AZ MI 4	£105	
Type of Contribution:	Direct	Loan from	a person	Fund Raiser		
	=			Page Subtotal	800	
			Gr:	and Total of All Schedules 1A		l

Page \overline{Z} of $\underline{\mathcal{E}}$

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK 1

CANDIDATE COMMITTEE

Committee I. D. Number	62013	<u>014</u>

CANDIDATE COMN	NITTEE 2. Committee Name Jeth 1724 July	ter CET	Aronne.
Name and Address from whom received If contribution is from an individual, enter last	Type of In-Kind Contribution (Check applicable box)	7. Amount or	8. Cumulative
name first. Check box to indicate if contribution	5. Date of Receipt	Fair Market Value	for Election Cycle (Through
is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased	į	date in Item 5)
Contribution #1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	<u></u>	
Name & Address: HATHAVAY S HIDEAWAY	Goods Donated or Loaned Services Donated	160 s	Hono
NOS. ASHLEY	Goods or Services Purchased by Candidate or Others	100 \$	100
AZMI 48104	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide: Occupation:	Description JAM USE		1
Employer Name & Business Address:	5. Date Of Receipt: (0/4//		
310 S. ASHLEY	6. Vendor Name & Address:		
AZMI 4404	310 S. ASHLEY	k Here for Memo Iter	mization
Fund Raiser Contribution	AZ MI USTO4		
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address KAIFY GMSWOLD	Goods Donated or Loaned Services Donated	1-7-a	
3565 FOR HUNT OR	Goods or Services Purchased by Candidate or Others	111 39 \$	11130
AZ MI 48105	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description T SHTATS		
Occupation: ALTIMED	5. Date Of Receipt: 9/8/14		
Employer Name & Address:	6. Vendor Name & Address:		
	HEIKKINGN PRODUCTIONS CHICK	c Here for Memo Iter	nization
Fund Raiser Contribution	YPSILANTI, MI 48198		
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		an y cong
Name & Address: LATHY GNJSWOW	Goods Donated or Loaned Services Donated \$	9393 \$	104 83
3565 FOX HUNT	Goods or Services Purchased by Candidate or Others		
AZ MI 48185	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description SIGNS		
Occupation: RETINEO	5. Date Of Receipt: 10 /20/18		
Employer Name & Address:	6. Vendor Name & Address:		j
	· · · · · · · · · · · · · · · · · · ·	Here for Memo Iten	nization
	1521 W. LAFAYETTE		
Fund Raiser Contribution	DETROIT, MI 48216		
	Page Subtotal	664 83	664 83
	Grand Total of all Schedules 1-IK		6/
	(Complete on last page of Schedule)		

整

Enter this total on line 6 of Summary Page

Page _____ of _____

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

	7	7_	- M	
Committee I. D. Number)	· Common	-

CANDIDATE COM	AITTEE 2. Committee Name Jeff Hauner for City Cource
3. 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 were purchased 7. Amount or Fair Market Value 7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: OCTEN METSON (3/9 AND MOOR AVE AND MOOR AVE If over \$100.00 cumulative, please provide: Occupation: Contribution #1 PAC Receipt? Yes Yes Yes	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 Goods or Services Purchased by Candidate or Others-LOAN 5. Date Of Receipt:
The WTONE COMPANT 15703 COMMERCIE DE DEARBORD M/4/12 Fund Raiser Contribution	6. Vendor Name & Address: Click Here for Memo Itemization 25735 LEAUTST OUSBURGD MI 48066
Contribution #2 PAC Receipt? Yes Name & Address PGTGM MCTSO 1319 AND MOON DE ADD ANDON MI 48103 If over \$100.00 cumulative, please provide: Occupation: ENGINEE	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 WSB HSTIPS SOTUP 5. Date Of Receipt: 10/6/18
Employer Name & Address: FIND NOTUR COMBENT 15303 COMMERCE OR OCOMBEND MI Fund Raiser Contribution	6. Vendor Name & Address: Will. Com Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: FINANCE GOVENT AND ANTE YES IN Over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.
T ONG Naises Continuation	Page Subtotal 31675 43750 Grand Total of all Schedules 1-IK (Complete on last page of Schedule)
	,

Enter this total on line 6 of Summary Page

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