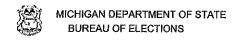


## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

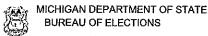
Report must be legible, typed or printed in lnk and the treasurer (or designated record keeper) and o	d signed by andidate.	3. This Statement covers Fron	n: 10/21/18 to	11/26/18	
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
C2013-014	<b>6</b>	4a. Office Sought Including Di	strict # or Community Served (I	f applicable)	
2. Committee Name		AUN ARBOY (	CITY COUNCLL	42201	
JEFF HAYNER FOR CE	21 COUNCI	4b. County of Residence	WASHTENAN	1	
5. Committee's Mailing Address	, , , , , , , , , , , , , , , , , , ,	6. Treasurer's Name & Reside			
1807 PONTIAC TY			HAYNER		
ANN ARBOR, M	l	1807 PONTIAL TRAIL			
Area Code and Phone 234 /2556	085		ison, mi 4		
If the address in this box is different from the comm mailing address on the Statement of Organization.	ittee mail mav	<i>(</i>	7/1	Erac a	
be sent to this address by the filing official.			34) 255		
7. Treasurer's Business Address		<ol> <li>Designated Record Keeper Designated Record Keeper)</li> </ol>	's Name and Address (If the co	J-177	
			<u>د</u> ت		
				150 - P	
			୍ଟ ମ ଜ	ED 4 6	
Area Code and Phone		Area Code and Phone	~	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
9. TYPE OF STATEMENT			9e. Dissolution of Candida	e Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	LY if candidate ballot for the	by the committee to the candid	e certify any outstanding debt date or his or her spouse is here	
Pre-Election or Post-Election Statement relates to:		- a.	by discharged and forgiven, at the committee. The committee	nd no longer collectible from	
□ Primary	July Quarte	эгіу	owes no lates fees or has any		
☑ General	October Q	uarterly	Further, if the dissolution cann	ot be granted, that this be	
Convention			considered a request for the R	eporting Waiver.	
Special	9c. Annual	Statement ( )			
School		Coverage Year	Effective date of disc	solution	
Caucus	9d. Amend	dment to Campaign Statement lete Item 9a, 9b, 9c or 9e to			
	indicat	e which Statement is being	Note: The disposition of residu Schedule 1B and the Summar		
	amend	ea.)	Conceder 15 and the outilinar	y rage.	
Date of Election, Convention or Caucus					
11/6/2018					
10. Verification: I\We certify that all reasonable dilige	nce was used i	n the preparation of this stateme	ent and attached schedules (if a	and to the heet of	
my\our knowledge and belief the contents are true, a	accurate and co	mplete.	and and advisor of the	/	
Current Treasurer or Designated Record keeper	(AYNG	2 /11	Date _	12/5/18	
Type or Print Name		Signature	*	**************************************	
Candidate SEFFA	YNER	AL .	Date _	12/5/18	
Type or Print Name		Signature	1	·	



SUMMARY PAGE

1. Committee I.D. Number _	C2013	-014	
2 Committee Name	Allamar.	ForCite	Control

CANDIDATE COMMITTEE	2. Committee Name 5-11 1 155 1154	1 0 (1 F) COUNCIL
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	/ / ^	Cufridave and election cycle
a, Itemized (Schedule 1A - Column 6)	(3a.) \$ 16 +0 -	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	2.0.42
c. Subtotal of "Contributions"	(3c.) \$ <u>(640</u> -	(18.)\$ <u>1305</u> ° <u>T</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1640 -	(20.)\$ 1/30507
IN-KIND CONTRIBUTIONS & EXPENDITURES		10
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>76 8 8</u>	(21.)\$ 1057 46
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	r.00 74	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 5025 T	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	117 10
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 5023 14	(23.)\$ 11250 47
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	(13.) $\frac{3728.37}{16.1 + 16.1$	



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

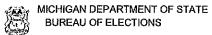
1. Committee I.D. Number  $\underline{<2013-0}$ 

2. Committee Name Left Hay Nor For City Council **CANDIDATE COMMITTEE** Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 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? 4. Date of Receipt Name & Address: Ethel K. Potts 104 Elder Blud. AnnArbor, MI 5. If over \$100.00 cumulative, please provide: 48103 Click Here for Memo Itemization Occupation \_\_\_\_\_ Employer\_ Business Address Type of Contribution: | Direct Loan from a person Fund Raiser PAC Receipt? 3. Contribution #2 4. Date of Receipt Name & Address Vincent Carusa 556 Glendale Ave Ann Arbor, M/48103 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer\_ Occupation \_ Business Address \_\_ Type of Contribution: Direct Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Kay Holsinger + Doug wood \$ 100 \$ 200 2300 Keut St. AnnArber, MI Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: 48163 Occupation Retired Employer **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #4 PAC Receipt? 4. Date of Receipt Name & Address Donald D Danyko 1206 Pontac Tr AnnAlber, MI 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** Page Subtotal

Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of 6

Enter this total on

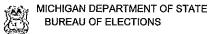
line 3a of Summary Page.



### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number C2013-014

CANDIDATE COMMITTEE 2. Committee Name	HE HAYNOC TO	11 CITY COUNCIL
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/31/18  Heff Hay Ner		•
1807 Portrac Trail Ann Arbor,	\$ ZOD	s 960
5. If over \$100.00 cumulative, please provide:  Occupation Owac P Employer SATWATE STUDIES LLC	Click Here fo	or Memo Itemization
Business Address (AUA CONTINUED TO AUN AND AND AND AND AND AND AND AND AND AN	48165	
3. Contribution #2 Name & Address  PAC Receipt? YES 4. Date of Receipt (0/31/18		
PETER N HEYDON 356Z W. HURON RIVER DRIVE	<u> 750</u>	\$ 1000
5. If over \$100.00 cumulative, please provide:  Occupation Philam Modist Employer SECT	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution:		
3. Contribution #3 Name & Address:  PAC Receipt? YES 4. Date of Receipt ///02/18  Keith Fottz  310 Maynard St AnnArbar, MI	<u>\$ 250</u>	\$ 250
5. If over \$100.00 cumulative, please provide: 48/04	Click Here for	Memo Itemization
Occupation OUN BR Employer SCONEKEEP 3 PS		
Business Address 3(© Manyword St. Anna boy M 47  Type of Contribution: Direct Loan from a person Fund Raiser	104	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt /// D4/1/		
charles t. Loucks 2957 Laslie PK Circle	s 40	\$60
5. If over \$100.00 cumulative, please provide: Ann Arbor, MI 4\$105	Oliak blava fav	Mana Hanisati
Occupation Employer	Click Here for	Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Ralser		
Page Subtotal	1740 -	
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 <u>C7013-014</u> ISC 11-10- Gar City Lounce (

	CANDIDATE	COMMITTEE		2. Committee Name	+ Hayter	for (175 Come
middle initial. Check	cbox to indicate if cor	contribution is from ar ntribution is from a Pol s regardless of amount	itical Commi	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  5. If over \$100.00 ca Occupation	ımulative, please pr	YES 4.D  HULBERG  Traver  Trav	Wher,	et M/4/105	\$ 100 Click Here fo	\$ 280 or Memo Itemization
Type of Contribution	Direct	Loan from a per		Fund Raiser		
3. Gentribution #2 Name & Address	PAC Receipt?	YES 4. Da	ate of Receip	ot	The state of the s	
		- And the Annual	manufacture and the second		\$	\$
5. If over \$100.00 cu					Click Here fo	r Memo Itemization
		_ Employer			The state of the s	
Business Address Type of Contribution:	Direct	Loan from a pers		Fund Raiser		
3. Centribution # 3 Name & Address:	PAC Receipt?		ate of Recei			
5. If over \$100.00 cu	mulative please pro	ovide.			\$Click Here for	\$Memo Itemization
	maidavo, piedos pre					
Business Address					- Marie and the second	
Type of Contribution:	Direct	Loan from a pers	on 📗	Fund Raiser		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. D	ate of Recei	pt		
					\$	\$
5. If over \$100.00 cu	mulative, please pro	ovide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address			<u></u>			
Type of Contribution	Direct	Loan from a pers	on 🗌	Fund Raiser		
Page	_			Page Subtotal nd Total of All Schedules 1A ete 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

SCHEDULE ID	1 66.1	*
CANDIDATE COMMITTEE 2. C	Committee Name Jeffhagver F	or City Cosnell
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Facebook		(0/22/18 , 50
Address / Hacker Way Meylo Park, CA  [Fund Raiser 94825	Purpose: Provided Single Click He  Check box if this expenditure is payment of debt or obligation reported on previous statement	Date  ere for Memo Itemization Type
Expenditure #2		······································
Name City Printing Address 411 W. Cross St	Purpose: Printing	0/24/18 \$ 99 69 Date
Ypsilanti, MI		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 Michigan Chinese-		124/10 . 400
Address American News	Purpose: Advertising	Date \$ 400
4979 Riviges de Circle		re for Memo Itemization Type
Anularbor, MI 48105	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name City Printing	(0	129/18 \$ 275 58
Address 411 W. Cross St	Purpose: Orinting	Date
Ypsilanti, MI	Click Her Check box if this expenditure is payment of	re for Memo Itemization Type
Fund Raiser 4\$197	debt or obligation reported on previous statement	
xpenditure #5		
Name City Printing	0:11	129/18, 300
Address 411 W. Cross St	Purpose: Printing	Date
Address 411 W. Cross St Ypsilant, M1 Jeund Raiser 48197	Click Her Check box if this expenditure is payment of debt or obligation reported on previous	e for Memo Itemization Type
Fund Raiser	statement	
	Subtotal	this page 1/75 27

oubtotal tris page

125 27

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

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_\_ of \_\_\_\_\_



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number C 2013-017
2. Committee Name Jeff Hayver for City Council

	John Miles Name	J 00 C ( ) C 000C 1
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name Click 7 Mail, USPS		10/31/18 0000
	Day L. A. A.	Defe \$271/
Address 3603 10 th S+#201	Purpose: Print + Mail	Duto
	Clic	k Here for Memo Itemization Type
Arlington, VA	<del> </del>	• •
Fund Raiser 2270 /	Check box if this expenditure is payment debt or obligation reported on previous	Of .
	statement	
Expenditure #2		
Name Click 2 Mail, USPS		11/00/10 00 57
1, 10, 10	Purpose: Print + Mail	1462/8 552 5
Address 363 (0th 5+#201	Purpose: FINT T/VG/	Date
Λ .		
Arlington, VA	Clic	k Here for Memo Itemization Type
	Check box if this expenditure is payment	of
Fund Raiser 2220	debt or obligation reported on previous statement	
Expenditure #3	Statement	
Name Air America Aerial		
	1	1/05/18 : 500
Address Adverte sing	/terial	Date 3 V D
25228 Bradner Rd.	Purpose;	
a of the part of the said	Purpose: Adverti Sing Click	Here for Memo Itemization Type
Genoa OH 43430	Check box if this expenditure is payment of	of
Fund Raiser 4 3 4 3 0	debt or obligation reported on previous	,
Expenditure #4	statement	
Nama		7
Facebook	a. / /	1/09/13 \$ 18 42 Date \$ 18 42
ę	of were:	Date \$ 18 =
Address / Hacker Way	Purpose: Adjection	
1. 1 0 1		
Menlo Park, CA	<u> </u>	Here for Memo Itemization Type
	Check box if this expenditure is payment o debt or obligation reported on previous	f
Fund Raiser 94825	statement	
Expenditure #5		
Name African American Cutural		1000
the state of the s	und vaise (	174/18 .700
Address Mistric Museum	Purpose: Donation	Date \$
000 1000		
PO BOX 130724		Here for Memo Itemization Type
- Any Arhor in alis	Check box if this expenditure is payment or debt or obligation reported on previous	f
Fund Raiser SVI (VII 4510)	statement	
	Subt	otal this page 200 £47
		SX90"

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

389847 502374

Enter this total on line 8a of Summary Page

Page <u>5</u> of <u>6</u>

## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I, D. Numb

mber	_(2013	-014	
(-)	eff Harver	Ferrita	Come

CANDIDATE COMM	MITTEE 2. Committee Name 1944 1434	ver terc	ity (00,
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	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address:  Elizabeth Hunter  827 Bruce St 48103  If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description  Offices polics Chipbon	76 88 s	
Employer Name & Business Address:  Fund Raiser Contribution	5. Date Of Receipt: // 63//S 6. Vendor Name & Address:  Staples 260/ Jackson Ave Ann Arbor, M1 4863	ck Here for Memo Ite	mization
Contribution # 2 PAC Receipt? Yes Name & Address	4.	\$_	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	_	
Fund Raiser Contribution	Cli	ck Here for Memo Itel	mization
Contribution #3 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation:	4.	\$	
Employer Name & Address:  Fund Raiser Contribution	6. Vendor Name & Address:	ck Here for Memo Ite	nization
	Page Subtotal Grand Total of all Schedules 1-lK (Complete on last page of Schedule)	76 88	

Enter this total on line 6 of Summary Page

Page 6 of