



**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: 07/19/15 to 08/24/15

<p>1. Committee I.D. Number C-2015-001</p> <p>2. Committee Name Committee to Elect Zachary Ackerman</p>	<p>4. Candidate Last Name Ackerman First Name Zachary M.I. D</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council - Ward 3</p> <p>4b. County of Residence WASHTENAW</p>
-------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>5. Committee's Mailing Address 1506 Morton Ave Ann Arbor, MI 48104</p> <p>Area Code and Phone <u>(734) 883-8391</u> 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.</p>	<p>6. Treasurer's Name & Residential Address Brad O'Conner 3816 Santa Fe Trail Ann Arbor, MI 48108</p> <p>Area Code & Phone <u>(832) 202-9454</u></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>7. Treasurer's Business Address 3816 Santa Fe Trail Ann Arbor, MI 48108</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>
--------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

FILED
 WASHTENAW COUNTY
 2015 SEP 30 PM 1:15
 LAURENCE
 COUNTY CLERK

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>08/04/15</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</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 lates 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>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

<p>Current Treasurer or Designated Record keeper</p>	<p>Brad O'Conner</p>	<p></p>	<p>Date <u>9/28/15</u></p>
<p>Candidate</p>	<p>Zachary Ackerman</p>	<p></p>	<p>Date <u>9/28/15</u></p>



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2015-001
2. Committee Name Committee To Elect Zachary Ackermann

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>08/02/15</u> Name & Address: Bernstein, Maya 2737 Devonshire Pl, NW Wasington, DC 20008 5. If over \$100.00 cumulative, please provide: Occupation <u>Government Official</u> Employer <u>US Dept of HHS</u> Business Address <u>200 Independence Avenue, SW Washington, DC 2024</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/20/15</u> Name & Address: Clevey, Mark 2917 Brockman Blvd Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>Renovo Power Systems</u> Business Address <u>416 W Huron St #20 Ann Arbor, MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/31/15</u> Name & Address: Emaus, Ron 2503 Hampshire Rd Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Software Engineer</u> Employer <u>Learning A-Z</u> Business Address <u>3767 Ranchero Drive, Suite 200 Ann Arbor MI 48108</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/31/15</u> Name & Address: Hampel, Matt 1511 Chandler Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization

Page Subtotal **450.00**
 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-2015-001
2. Committee Name Committee To Elect Zachary Ackerm

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>7/21/15</u> Name & Address: Kotarski, John 1230 Saunders Crescent Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/22/15</u> Name & Address: Radina, Travis 2750 Windwood Dr. Apt. 146 Ann Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>75.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ _____	\$ _____ Click Here for Memo Itemization

Page Subtotal	100.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	550.00

Enter this total on line 3a of Summary Page.