



### 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: 8/24/15 to 10/12/15

1. Committee I.D. Number  
L-2015-001

2. Committee Name  
LTE ZACHARY ACKERMAN

4. Candidate Last Name ACKERMAN First Name ZACHARY M.I. D

4a. Office Sought Including District # or Community Served (If applicable)  
ANN ARBOR CITY COUNCIL, WARD 3

4b. County of Residence WASHTENAW

5. Committee's Mailing Address  
1506 MORTON AVE  
ANN ARBOR, MI 48104

Area Code and Phone \_\_\_\_\_  
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.

6. Treasurer's Name & Residential Address  
BRAD O'CONNOR  
3816 SANTA FE TRAIL  
ANN ARBOR, MI 48108

Area Code & Phone (832) 202-9454

7. Treasurer's Business Address  
3816 SANTA FE TRAIL  
ANN ARBOR, MI 48108

Area Code and Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
11/3/2015

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) Coverage Year

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/we certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution \_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 BRAD O'CONNOR Signature Date 11/10/15

Candidate Zachary Ackerman Signature Date 11/11/15



**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**

1. Committee I. D. Number C-2015-001

**CANDIDATE COMMITTEE**

2. Committee Name CTE ZACHARY ACKERMAN

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <u>ZACHARY ACKERMAN</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>	\$ <u>275</u>	\$ <u>275</u>
If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address: <u>NOTSHELL</u> <u>212 S 5TH</u> <u>ANN ARBOR, MI 48104</u>	Description <u>FEE TO COUNTY</u>  5. Date Of Receipt: _____ 6. Vendor Name & Address: <u>WASHTENAW COUNTY</u> <u>200 N MAIN</u> <u>ANN ARBOR, MI 48104</u>	<a href="#">Click Here for Memo Itemization</a>	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>	\$ _____	\$ _____
If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	Description _____  5. Date Of Receipt: _____ 6. Vendor Name & Address:	<a href="#">Click Here for Memo Itemization</a>	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>	\$ _____	\$ _____
If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	Description _____  5. Date Of Receipt: _____ 6. Vendor Name & Address:	<a href="#">Click Here for Memo Itemization</a>	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal 275

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 275

Enter this total  
on line 6 of Summary  
Page