



**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: 10/24/16 to 11/28/16

1. Committee I.D. Number
G-2016-150

2. Committee Name
Committee to Elect Anna Zinkel

4. Candidate Last Name First Name M.I.
Zinkel Anna C

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**1488 Kirtland Dr.
Ann Arbor, MI 48103**

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'Furey
105 Fieldcrest #203
Ann Arbor, MI 48103**

Area Code & Phone (734) 474-3935

7. Treasurer's Business Address
**Brad O'Furey
105 Fieldcrest #203
Ann Arbor, MI 48103**

Area Code and Phone (734) 474-3935

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
**Brad O'Furey
105 Fieldcrest #203
Ann Arbor, MI 48103**

Area Code and Phone (734) 474-3935

FILED
 WASHTENAW COUNTY, MI
 2016 DEC 15 A 9:42
 LAWRENCE H. TENSBAUM
 COUNTY CLERK / REGISTER

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 _____

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 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.

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'Furey Signature *Brad O'Furey* Date 12/08/16

Candidate: Anna Zinkel Signature *Anna Zinkel* Date 12/08/16



1. Committee I.D. Number C-2016-150

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Anna Zinkel

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>235.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$235.00</u>	(18.) \$ <u>\$8,254.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$235.00</u>	(20.) \$ <u>\$8,254.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$487.00</u>
7. In-Kind Expenditures (Schedule 1B-K, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,661.06</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,604.02</u>	(23.) \$ <u>\$8,304.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed)	(13.) \$ <u>\$2,319.02</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$235.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,804.02</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,604.02</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$200.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-150
2. Committee Name Committee To Elect Anna Zinkel

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? <input type="checkbox"/> YES 4. Date of Receipt <u>11/07/16</u> Name & Address: William Butler 1 Woodward Ave Detroit, MI 48226		\$ 35	\$ 35
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		Click Here for Memo Itemization	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/05/16</u> Name & Address: Andrew Bronstein 30 W. Oak St. Apt. 4D Chicago, IL 60610		\$ 150	\$ 150
5. If over \$100.00 cumulative, please provide: Occupation <u>US Dept of Education</u> Employer <u>US Dept of Education</u> Business Address <u>U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/06/16</u> Name & Address: Brewster Gere 2106 Vinewood Blvd Ann Arbor, MI 48104		\$ 50	\$ 50
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/06/16</u> 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	\$235.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$235.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-150
2. Committee Name Committee to Elect Anna Zinkel

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>LAWSON PRINTERS, INC.</u> Address: <u>685 W Columbia Ave</u> <u>Battle Creek, MI 49015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>10/31/16</u> Date	\$ <u>2515.11</u>
Expenditure #2 Name <u>PayPal</u> Address <u>2211 North First Street</u> <u>San Jose, California 95131</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Payment System</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	<u>11/08/16</u> Date	\$ <u>88.91</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	_____ Date	\$ _____

Subtotal this page **\$2,604.02**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,604.02**

Enter this total
on line 8a of
Summary Page