



STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: C-2016-139		*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to Items:		Eff. Date: 7/26/16
*3. Full Name of Committee (must include Candidate's first and last name): Committee To Elect David Silkworth				
*4a. Candidate Full Name: Last Name Silkworth		First Name David		M.I. A.
*4b. Political Party (if applicable):		*4c. County of Residence: Washtenaw		
*4d. Office Sought: City Council		*4e. District/Circuit # or Jurisdiction: Ann Arbor		
*5. Date Committee was Formed: 7-21-16				
*6a. Committee Phone: (734) 646-8852		6b. Committee Fax #:		
6c. Committee Email Address:		*6d. Committee Website Address:		
*7a. Complete Committee Mailing Address (May be PO Box): 2048 Charlton St #301, Ann Arbor, MI 48103				
*7b. Complete Committee Street Address (May not be PO Box): 2048 Charlton St #301, Ann Arbor, MI 48103				
*8. Treasurer Name and Complete Address: Tanya Ridella-Mehlos 2048 Charlton St #301 Ann Arbor, MI 48103				
Phone #: (734) 646-8852		Email Address: tirm11@aol.com		
9. Designated Record Keeper Name and Complete Address: Tanya Ridella-Mehlos				
Phone #:		Email Address:		
*10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input checked="" type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000 in an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.				
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Comerica 5370 Jackson Rd, Ann Arbor, MI 48103 Secondary Depository (name and address):				
12. This item applies only to gubernatorial candidate committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.				
13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5,000 and is required to file electronically. <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in Appendix D of the Committee Manual.				
14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)				
*Candidate: David Silkworth		*Current Treasurer: Tanya Ridella-Mehlos		Date: 7-26-16
Designated Record Keeper (Required only if filing electronically)		Date:		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 7/26/16 to 10/23/16

1. Committee I.D. Number
C-2016-139

2. Committee Name
Committee to Elect David Silkworth

4. Candidate Last Name Silkworth First Name David M.I. A

4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City Council Ward 5

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
2048 Charlton St. #301
Ann Arbor, MI 48103

Area Code and Phone 734-646-8852

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
Tanya Ridella-Mehlos
2048 Charlton St. #301
Ann Arbor, MI 48103

Area Code & Phone 734-646-8852

7. Treasurer's Business Address
N/A

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Tanya Ridella-Mehlos
2048 Charlton St. #301
Ann Arbor, MI 48103

Area Code and Phone 734-646-8852

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
Nov. 8, 2016

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. 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 Tanya Ridella-Mehlos Tanya Ridella-Mehlos Date 10/26/16
Type or Print Name Signature

Candidate David Silkworth David Silkworth Date 10/26/16
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2016-139

2. Committee Name Committee To Elect David Silkworth

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>16,448.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>16,448.00</u>	(18.) \$ <u>16,448.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>16,448.00</u>	(20.) \$ <u>16,448.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>947.10</u>	(21.) \$ <u>947.10</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>14,113.99</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>14,113.99</u>	(23.) \$ <u>14,113.99</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>10,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>16,448.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>16,448.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>14,113.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,334.01</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee To Elect David Silkworth

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>7/26/16</u> Name & Address: <u>Silkworth David</u> <u>2048 Charlton St. #301</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Claims Adjuster</u> Employer <u>Hartford Fire Insurance Co.</u> Business Address <u>Hartford Plaza, Hartford, Conn. 06115</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>5,000.00</u>	\$ <u>5,000.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/14/16</u> Name & Address: <u>Daniels Sally</u> <u>1847 Packard St.</u> <u>Ann Arbor, MI 48103</u> 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
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/14/16</u> Name & Address: <u>Abrams Lisa</u> <u>2745 Ember Way</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>301.00</u>	\$ <u>301.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/15/16</u> Name & Address: <u>Silkworth David</u> <u>2048 Charlton St. #301</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Claims Adjuster</u> Employer <u>Hartford Fire Insurance Co.</u> Business Address <u>Hartford Plaza, Hartford, Conn. 06115</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>5,000.00</u>	\$ <u>10,000.00</u> Click Here for Memo Itemization

Page Subtotal 10,351.00

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-2016-139
2. Committee Name Committee to Elect David Silkworth

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>8/16/16</u> Name & Address: <u>[REDACTED] Abrams Lisa</u> 2745 Ember Way Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>301.00</u>	\$ <u>602.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/16/16</u> Name & Address: <u>[REDACTED] Ridella-Mehlos Sharon</u> 1202 Birk Ave Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Psychologist</u> Employer <u>Self Employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>301.00</u>	\$ <u>301.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/24/16</u> Name & Address: <u>[REDACTED] Ridella-Mehlos Sharon</u> 1202 Birk Ave Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide: Occupation <u>Psychologist</u> Employer <u>Self Employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>500.00</u>	\$ <u>801.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/26/16</u> Name & Address: <u>[REDACTED] Carrol Phil</u> 1006 Lincoln Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization

Page Subtotal 1122.00

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
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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>8/12/16</u>	
Name & Address: <u>Leduc John</u> 1047 Olivia Ave Ann Arbor, MI 48104		\$ <u>1.00</u>	\$ <u>1.00</u>
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>8/28/16</u>	
Name & Address: <u>Carrol Phil</u> 1006 Lincoln Ann Arbor, MI 48104		\$ <u>20.00</u>	\$ <u>40.00</u>
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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/30/16</u>	
Name & Address: <u>Shafer Grant</u> 3400 Carpenter Rd #717 Ypsilanti, MI 48197		\$ <u>100.00</u>	\$ <u>100.00</u>
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>8/31/16</u>	
Name & Address: <u>Ridella-Mehlos Sharon</u> 1202 Birk Ave Ann Arbor, MI 48103		\$ <u>199.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Psychologist</u> Employer <u>Self Employed</u> 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	

Page Subtotal

320.00

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-2016-139
2. Committee Name Committee to Elect David Silkworth

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>9/8/16</u> Name & Address: <u>Perry Sue</u> 1708 Fair St. Ann Arbor, MI 48103		\$ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self Employed</u> 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>9/12/16</u> Name & Address: <u>Borset Lynn</u> 322 Virginia Ave Ann Arbor, MI 48103		\$ 25.00	\$ 25.00
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 #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/17/16</u> Name & Address: <u>Caruso Vince</u> 556 Glendale Cir Ann Arbor, MI 48103		\$ 100.00	\$ 100.00
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>9/20/16</u> Name & Address: <u>Wilhelme Frank</u> 1405 Lutz Ave Ann Arbor, MI 48103		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Consultant</u> Employer <u>Richner + Richner LLC</u> Business Address <u>117 North First st. #10 Ann Arbor, MI. 48104</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	

Page Subtotal 525.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

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>9/28/16</u> Name & Address: <u>Nattler Gerlinde</u> <u>1039 Pine Tree dr</u> <u>Ann Arbor, MI 48103</u>		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Brinks Gilson and Lione</u> Business Address <u>542 Main st. #200, Ann Arbor, MI 48104</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/16</u> Name & Address: <u>Aikenhead Doug</u> <u>583 Glendale Circle</u> <u>Ann Arbor, MI 48103</u>		\$ 50.00	\$ 50.00
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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/4/16</u> Name & Address: <u>Ponvert Phyllis</u> <u>719 South Seventh</u> <u>Ann Arbor, MI 48103</u>		\$ 300.00	\$ 441.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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>9/30/16</u> Name & Address: <u>Hutchinson Aaron</u> <u>6399 Sycamore Bluff</u> <u>Coloma, mi 49038</u>		\$ 20.00	\$ 20.00
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	

Page Subtotal 470.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
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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>10/5/16</u> Name & Address: <u>██████████ Blake Susan</u> 1213 Morningside Ann Arbor, MI. 48103 5. If over \$100.00 cumulative, please provide: Retired 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>500.00</u>	\$ <u>500.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/7/16</u> Name & Address: <u>██████████ Roth Mary</u> 2111 Arlene Ann Arbor, MI 48103 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: <u>██████████ Wieland Sharon</u> 1531 Packard Ann Arbor, MI 48104 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>20.00</u>	\$ <u>20.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: <u>██████████ Parker Priscilla</u> 1706 Charlton St Ann Arbor, MI 48103 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization

Page Subtotal 570.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

C-2016-139

1. Committee I.D. Number

Committee to Elect David Silkworth

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 <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>10/9/16</u>	
Name & Address: <u>Borset Lynn</u> <u>322 Virginia</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/9/16</u>	
Name & Address: <u>Eckstein Peter</u> <u>2551 Londonderry rd</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/9/16</u>	
Name & Address: <u>Shafer Cathy</u> <u>455 Sumark Way</u> <u>Ann Arbor, MI 48103</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/9/16</u>	
Name & Address: <u>Wilhelme Frank</u> <u>1405 Lutz</u> <u>Ann Arbor, MI 48103</u>		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Consultant</u> Employer <u>Richner + Richner LLC</u> Business Address <u>117 North First St. #10 Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

175.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

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>10/9/16</u> Name & Address: <u>Potts Ethel</u> 1014 Elder Blvd Ann Arbor, MI 48103 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 checked="" 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>10/9/16</u> Name & Address: <u>Boris Kathy</u> 1726 Charlton St Ann Arbor, MI 48103 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>74.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: <u>Haber Alan</u> 531 Third St Ann Arbor, MI 48103 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: <u>Eaton Jack</u> 1606 Dicken Dr Ann Arbor, MI 48103 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 checked="" type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

Page Subtotal 250.00
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-2016-139
2. Committee Name Committee To Elect David Silkworth

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>10/9/16</u> Name & Address: ██████ <u>Michalowski Piotr</u> 451 South Fourth Ave Ann Arbor, MI 48103 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 checked="" type="checkbox"/> Fund Raiser	100.00 \$ _____	100.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: ██████ <u>Peek Jill</u> 272 Crest Ann Arbor, MI 48103 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	100.00 \$ _____	100.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: ██████ <u>Robins Diane</u> 1914 Old Orchard Ct Ann Arbor, MI 48103 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	50.00 \$ _____	50.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/9/16</u> Name & Address: ██████ <u>D'amour James</u> 2771 Maplewood Ann Arbor, MI. 48103 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	10.00 \$ _____	10.00 \$ _____ Click Here for Memo Itemization

Page Subtotal 260.00

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-2016-139
2. Committee Name Committee To Elect David Silkworth

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>10/10/16</u>	
Name & Address: <u>Thompson Glenn</u> 100 Longman Ln Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/16</u>	
Name & Address: <u>Brundage John</u> 295 Mason Ave Ann Arbor, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/16</u>	
Name & Address: <u>Nattler Gerlinde</u> 1039 Pine Tree Dr Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Brinks Gilson and Lione</u> Business Address <u>542 Main st. #200 Ann Arbor, MI 48104</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/16</u>	
Name & Address: <u>Raymond Frank</u> 611 Sunset Rd Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
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	

Page Subtotal 250.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee To Elect David Silkworth

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>10/13/16</u> Name & Address: <u>[REDACTED] Glorie Catherine Louise</u> <u>827 Brooks</u> <u>Ann Arbor, MI 48103</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
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>10/17/16</u> Name & Address: <u>[REDACTED] Kahn Katherine (kitty)</u> <u>525 Krause St</u> <u>Ann Arbor, MI 48103</u>		\$ <u>30.00</u>	\$ <u>55.00</u>
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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/20/16</u> Name & Address: <u>[REDACTED] Thorp Stephan J.</u> <u>124 Chapin St</u> <u>Ann Arbor, MI 48103</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
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>10/19/16</u> Name & Address: <u>[REDACTED] Ridella-Mehlos Tanya</u> <u>2048 Charlton St. #301</u> <u>Ann Arbor, MI 48103</u>		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> 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	

Page Subtotal 1155.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee To Elect David Silkworth

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>10/19/16</u> Name & Address: <u>Ridelia-Mienlos Brian</u> <u>1202 Birk Ave</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: <u>not employed</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1,000.00 \$ _____	1,000.00 \$ _____ Click Here for Memo Itemization
3. Contribution #2 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 # 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 **1,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **16,448.⁰⁰**

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2016-139
2. Committee Name Committee To Elect David Silkworth

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	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: LeDuc John 1047 Olivia Ave Ann Arbor, MI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: LeDuc Creation 1047 Olivia Ave Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" 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- LOAN Description <u>Website design services</u> 5. Date Of Receipt: <u>8/13/16</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>432.00</u>	\$ <u>433.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Kahn Katherine (Kitty) 515 Krause St. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>50 Silkworth Buttons</u> 5. Date Of Receipt: <u>9/12/16</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>25.00</u>	\$ <u>55.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Boris Kathy 1726 Charlton St. Ann Arbor, MI If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>Ann Arbor maps</u> 5. Date Of Receipt: <u>9/13/16</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>24.00</u>	\$ <u>74.00</u>

Page Subtotal 481.00 562.00

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

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2016-139
2. Committee Name Committee To Elect David Silkworth

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	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Abrams Lisa 2745 Ember Way Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Self Employed <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>530 first class stamps</u> 5. Date Of Receipt: <u>9/15/16</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>249.10</u>	\$ <u>851.10</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Ponvert Phyllis 719 South Seventh Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Retired <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>300 first class stamps</u> 5. Date Of Receipt: <u>9/27/16</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>141.00</u>	\$ <u>441.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Silkworth David 2048 Charlton st. #301 Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Hartford Fire Insurance Co. Hartford Plaza, Hartford, Conn. 06115 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>Appetizers for fundraiser</u> 5. Date Of Receipt: <u>10/9/16</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>24.00</u>	\$ <u>10,024.00</u>

Page Subtotal 414.10 11316.10

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

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on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C-2016-139
2. Committee Name Committee To Elect David Silkworth

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	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Griswold Kathy 3565 Fox Hunt Drive Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>Appetizers for fundraiser</u> 5. Date Of Receipt: <u>10/9/16</u> 6. Vendor Name & Address:	\$ <u>38.00</u>	\$ <u>38.00</u>
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Abrams Lisa 2745 Ember Way Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Self Employed	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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- LOAN Description <u>Appetizers for fundraiser</u> 5. Date Of Receipt: <u>10/9/16</u> 6. Vendor Name & Address:	\$ <u>14.00</u>	\$ <u>865.10</u>
Click Here for Memo Itemization			
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer 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- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal 52.00 894.10

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 947.10

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on line 6 of Summary
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>LeDuc Creative</u> Address <u>1047 Olivia Ave</u> <u>Ann Arbor, mi 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Website design + maintenance Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/26/16</u> Date	<u>\$ 3,000.⁰⁰</u>
Expenditure #2 Name <u>LeDuc Creative</u> Address <u>1047 Olivia Ave</u> <u>Ann Arbor, mi 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature design + website maintenance Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/16/16</u> Date	<u>\$ 3,888.⁰⁰</u>
Expenditure #3 Name <u>Express Sign Design</u> Address <u>2239 W. Liberty</u> <u>Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/16</u> Date	<u>\$ 463.⁷⁵</u>
Expenditure #4 Name <u>Allegra</u> Address <u>1283 Industrial Drive</u> <u>Saline, mi 48176</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door Hangers + Handbills</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/16</u> Date	<u>\$ 1,541.³²</u>
Expenditure #5 Name <u>LeDuc Creative</u> Address <u>1047 Olivia Ave</u> <u>Ann Arbor, mi</u> <u>48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T Shirt Art</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/16</u> Date	<u>\$ 125.⁰⁰</u>

Subtotal this page 9,018.07
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Ascott Corporation</u> Address <u>1202 North main Ann Arbor, mi 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts + caps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>9/9/16</u> Date	<u>\$ 350.33</u>
Expenditure #2 <u>OFFICE DEPOT</u> Name <u>Office max</u> Address <u>2777 Oak Valley Dr Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels + Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>9/10/16</u> Date	<u>\$ 115.51</u>
Expenditure #3 Name <u>Staples</u> Address <u>2601 Jackson Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes + Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>9/10/16</u> Date	<u>\$ 112.85</u>
Expenditure #4 Name <u>OFFICE DEPOT</u> Address <u>OFFICE max 2777 Oak Valley Dr Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>9/13/16</u> Date	<u>\$ 109.56</u>
Expenditure #5 Name <u>Debbie Dingell</u> Address <u>Fundraiser 19855 W. Outer Dr, #03AE Dearborn, mi 48124</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser for Debbie Dingell</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>9/14/16</u> Date	<u>\$ 25.00</u>

Subtotal this page 713.25

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>Kolossos Printing, INC.</u> Address <u>301 East Liberty Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>'Vote David Silkworth' Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/16</u> Date	<u>\$ 299.45</u>
Expenditure #2 Name <u>Staples</u> Address <u>2601 Jackson st. Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/15/16</u> Date	<u>\$ 103.86</u>
Expenditure #3 Name <u>US Post Office</u> Address <u>2075 W. Stadium Blvd Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/16</u> Date	<u>\$ 235.00</u>
Expenditure #4 Name <u>Staples</u> Address <u>2601 Jackson st. Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27/16</u> Date	<u>\$ 14.81</u>
Expenditure #5 Name <u>Kolossos Printing, INC.</u> Address <u>301 East Liberty Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>'Vote David Silkworth' Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27/16</u> Date	<u>\$ 299.45</u>

Subtotal this page 952.57

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Office Depot</u> Address <u>Office max</u> <u>2777 Oak Valley Dr</u> <u>Ann Arbor, mi. 48103</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Print Services</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/16</u> Date	<u>\$ 218.89</u>
Expenditure #2 Name <u>Sawicki + Son</u> Address <u>1521 W. LaFayette</u> <u>Detroit, mi 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/29/16</u> Date	<u>\$ 1155.40</u>
Expenditure #3 Name <u>Kolossos Printing, Inc.</u> Address <u>301 East Liberty</u> <u>Ann Arbor, mi</u> <u>48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>'Vote David Silkworth'</u> <u>Envelopes</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/16</u> Date	<u>\$ 339.27</u>
Expenditure #4 Name <u>US Post Office</u> Address <u>2075 W Stadium Blvd</u> <u>Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/16</u> Date	<u>\$ 47.00</u>
Expenditure #5 Name <u>US Post office</u> Address <u>2075 W. Stadium Blvd</u> <u>Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/16</u> Date	<u>\$ 470.60</u>

Subtotal this page 2230.56

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Facebook Ad</u> Address <u>Facebook</u> <u>Headquarters 1</u> <u>Hackerway, Menlo</u> <input type="checkbox"/> Fund Raiser <u>Park, CA 94025</u>	Purpose: <u>Facebook Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10/11/16</u> Date	<u>\$ 25.08</u>
Expenditure #2 Name <u>Staples</u> Address <u>2601 Jackson st.</u> <u>Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10/12/16</u> Date	<u>\$ 50.87</u>
Expenditure #3 Name <u>Facebook Ad</u> Address <u>Facebook</u> <u>Headquarters 1</u> <u>Hackerway, menlo Park, CA</u> <input type="checkbox"/> Fund Raiser <u>94025</u>	Purpose: <u>Facebook Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10/14/16</u> Date	<u>\$ 50.06</u>
Expenditure #4 Name <u>Print Tech, Inc.</u> Address <u>6800 Jackson rd.</u> <u>Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10/20/16</u> Date	<u>\$ 500.00</u>
Expenditure #5 Name <u>Staples</u> Address <u>2601 Jackson st.</u> <u>Ann Arbor, mi 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink, Stamps + Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	<u>10/21/16</u> Date	<u>\$ 234.26</u>

Subtotal this page 860.27

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Kolossos Printing, INC</u> Address <u>301 East Liberty Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Vote David Silkworth Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/16</u> Date	<u>\$ 339.27</u>
Expenditure #2 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 #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 339.27
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 14,113.99
Enter this total on line 8a of Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/9/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>29</u>	5. Type of Fund Raising Activity <u>meet + Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>414 South Main St. #808</u> <input checked="" type="checkbox"/> <u>Ann Arbor, 48104</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 821.⁰⁰

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 821.⁰⁰

10. Total Cost of Event 294.89
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-139
2. Committee Name Committee to Elect David Silkworth

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: David Silkworth 2048 Charlton st. #301 Ann Arbor, MI 48103	4. Type: <u>Campaign Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7/26/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: David Silkworth 2048 Charlton st. #301 Ann Arbor, MI 48103	4. Type: <u>Campaign Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/15/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>5,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) 10,000.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 10,000.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.