



**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
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
734-646-8852

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
Tanya Ridella-mehlos
2048 Charlton St. #301
Ann Arbor, mi 48103
734-646-8852

Area Code & Phone 734-646-8852

7. Treasurer's Business Address

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
734-646-8852

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
11/8/16

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 12/5/16

Type or Print Name Signature

Candidate David A. Silkworth / David A. Silkworth Date 12/16/16

Type or Print Name Signature



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>3545.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3545.00</u>	(18.) \$ <u>19,993.00</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>3545.00</u>	(20.) \$ <u>19,993.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u> </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>5288.94</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>5288.94</u>	(23.) \$ <u>19,402.93</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>13,000.00</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>2,334.01</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3545.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,879.01</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,288.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>590.07</u>	



**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 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>10/24/16</u>	
Name & Address: Silkworth, David 2048 Charlton St. #301 Ann Arbor, MI 48103		\$ <u>3,000.00</u>	\$ <u>3,000.00</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>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/25/16</u>	
Name & Address: Zetlin, Peter 803 Duncan St. Ann Arbor, MI 48103		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Tracy, Christine 311 Mulholland Ann Arbor, MI 48103		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/3/16</u>	
Name & Address: Schafer, Kathleen 622 Center Dr. Ann Arbor, MI 48103		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

3095.00

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>11/3/16</u> Name & Address: <u>Blake, Susan</u> <u>1213 Morningside</u> <u>Ann Arbor, MI 48103</u> 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	250.00 \$ _____	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/8/16</u> Name & Address: <u>Wilhelme, Frank</u> <u>1405 Lutz Ave</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Consultant</u> Employer <u>Richner&Richner LLC</u> <u>117 North First St. #10 Ann Arbor, MI 48104</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/27/16</u> Name & Address: <u>Shafer, Grant</u> <u>3400 Carpenter Rd. #717</u> <u>Ypsilanti, MI 48197</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Eastern Michigan University</u> <u>900 Oakwood St. Ypsilanti, MI 48197</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00 \$ _____	\$ <u>100.00</u> 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

450.00

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

3545.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

C-2016-139

1. Committee I. D. Number _____
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 FedEx Office Address 2800 South State Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fax</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/16</u> Date	<u>\$ 1.89</u>
Expenditure #2 Name Facebook Address Headquarters 1 Hacker Way, Menlo Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/16</u> Date	<u>\$ 250.06</u>
Expenditure #3 Name Print Tech, Inc. Address 6800 Jackson rd. Ann Arbor, MI 48103 <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	<u>10/26/16</u> Date	<u>\$ 3,938.25</u>
Expenditure #4 Name Network Services Group Address 955 W. Eisenhower Circle Suite C Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/16</u> Date	<u>\$ 320.00</u>
Expenditure #5 Name Facebook Address Headquarters 1 Hacker Way, Menlow Park, CA 94025 <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/16</u> Date	<u>\$ 184.57</u>

Subtotal this page 4,694.77

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**

C-2016-139

1. Committee I. D. Number _____
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>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> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/16</u> Date	\$ <u>47.00</u>
Expenditure #2 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> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/16</u> Date	\$ <u>47.00</u>
Expenditure #3 Name <u>Facebook</u> Address <u>Headquarters 1</u> <u>Hacker Way, Menlow Park, CA</u> <u>94025</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/16</u> Date	\$ <u>500.16</u>
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

594.16

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

5288.93

Enter this total
on line 8a of
Summary Page



**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>10/24/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>13,000.00</u> <input type="checkbox"/> FORGIVE
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>7/26/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>13,000.00</u> <input type="checkbox"/> FORGIVE
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 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>13,000.00</u> <input type="checkbox"/> FORGIVE
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 13,000.00

Grand Total of all Schedules 1E 13,000.00
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of th Summary Pag

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.