



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.

|  |  |   |  |
|--|--|---|--|
| 1. Committee I.D. Number<br><b>C-2016-162</b>  |  | 3. This Statement covers From: <u>08/15/16</u> to <u>10/23/16</u>   |  |
| 2. Committee Name<br><b>Committee to Elect Jeffrey Gaynor</b>  |  | 4. Candidate Last Name <b>Gaynor</b> First Name <b>Jeffrey</b> M.I. <b>T</b><br>4a. Office Sought Including District # or Community Served (If applicable)<br><b>Board Member - Ann Arbor School Board</b><br>4b. County of Residence <b>WASHTENAW</b>  |  |
| 5. Committee's Mailing Address<br><b>Committee to Elect Jeffrey Gaynor<br/>1010 Red Oak Road<br/>Ann Arbor, MI 48103</b><br>Area Code and Phone <u>(734) 330-4793</u><br>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<br><b>Jacki Weisman<br/>1010 Red Oak Road<br/>Ann Arbor, MI 48103</b><br>Area Code & Phone <u>(734) 330-4793</u>  |  |
| 7. Treasurer's Business Address<br><b>Truven Health Analytics<br/>100 Phoenix Drive<br/>Ann Arbor, MI 48109</b><br>Area Code and Phone <u>(734) 913-3613</u>   |  | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)<br><br>Area Code and Phone _____   |  |
| 9. TYPE OF STATEMENT<br>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><u>11/08/16</u> |  | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year<br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  |  |
|  |  | 9e. Dissolution of Candidate Committee<br><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>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<br><b>Jacki Weisman</b><br>Type or Print Name  |  | Signature <u>Jacki Weisman</u> Date <u>10/27/16</u>   |  |
| Candidate<br><b>Jeffrey Gaynor</b><br>Type or Print Name   |  | Signature <u>Jeffrey Gaynor</u> Date <u>10/27/2016</u>  |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2016-162

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jeffrey Gaynor

| RECEIPTS  |            | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|---|------------|-------------------------|---|
| 3. Contributions  |            |                         |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$   |                         |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$   | NOT APPLICABLE          |   |
| c. Subtotal of "Contributions"  | (3c.) \$   |                         | (18.) \$                                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$    |                         | (19.) \$                                    |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$    | \$0.00                  | (20.) \$ \$0.00                             |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |            |                         |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$    | \$1,361.12              | (21.) \$ \$1,361.12                         |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$    |                         | (22.) \$                                    |
| <b>EXPENDITURES</b>   |            |                         |   |
| 8. Expenditures   |            |                         |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$   |                         |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$   |                         |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$   |                         |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$    | \$0.00                  | (23.) \$ \$0.00                             |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |            |                         |   |
| 10. Disbursements   |            |                         |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$  |                         |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$  |                         |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$   | \$0.00                  | (24.) \$ \$0.00                             |
| <b>DEBTS AND OBLIGATIONS</b>  |            |                         |   |
| 12. Debts and Obligations   |            |                         |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$  |                         |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$  |                         |   |
| <b>BALANCE STATEMENT</b>  |            |                         |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$   | \$0.00                  |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ | \$1,361.12              |   |
| 15. SUBTOTAL Add lines 13 and 14  | (15.) = \$ | \$1,361.12              |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ | \$0.00                  |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                    | (17.) \$   | \$1,361.12 *            |   |



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number C2016162

### CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Jeffrey Gaynor

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last<br>name first. Check box to indicate if contribution<br>is from a Political Committee or an Independent<br>Committee (Both are commonly called PACs).<br>Report all in-kind contributions.  | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were<br>purchased   | 7. Amount or<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
|---|---|--------------------------------------|--|
| <b>Contribution # 1</b> PAC Receipt? <input checked="" type="checkbox"/> Yes<br><b>Name &amp; Address:</b><br>Ann Arbor Community for Education-Political Action Committee<br>1010 Red Oak Road<br>Ann Arbor, MI 48103<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer Name & Business Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Yard Signs</u><br>5. Date Of Receipt: <u>08/25/16</u><br>6. <b>Vendor Name &amp; Address:</b><br>Sawicki & Son<br>1521 W. Lafayette<br>Detroit, MI 48216<br><a href="#">Click Here for Memo Itemization</a>       | \$ <u>777.33</u>                     | \$ <u>812.67</u>   |
| <input type="checkbox"/> Fund Raiser Contribution   |   |                                      |  |
| <b>Contribution # 2</b> PAC Receipt? <input checked="" type="checkbox"/> Yes<br><b>Name &amp; Address:</b><br>Ann Arbor Community for Education-Political Action Committee<br>1010 Red Oak Road<br>Ann Arbor, MI 48103<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer Name & Address:          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Postcards</u><br>5. Date Of Receipt: <u>08/26/16</u><br>6. <b>Vendor Name &amp; Address:</b><br>On Demand Printing<br>4359 Jackson Road<br>Ann Arbor, MI 48103<br><a href="#">Click Here for Memo Itemization</a> | \$ <u>35.34</u>                      | \$ <u>812.67</u>   |
| <input type="checkbox"/> Fund Raiser Contribution   |   |                                      |  |
| <b>Contribution #3</b> PAC Receipt? <input checked="" type="checkbox"/> Yes<br><b>Name &amp; Address:</b><br>AAEA-PAC/MEA-PAC<br>1216 Kendale Blvd, PO Box 2573<br>E. Lansing, MI 48826<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br><br>Employer Name & Address:   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>Postcards</u><br>5. Date Of Receipt: <u>09/05/16</u><br>6. <b>Vendor Name &amp; Address:</b><br><a href="#">Click Here for Memo Itemization</a>   | \$ <u>471.25</u>                     | \$ <u>471.25</u>   |
| <input type="checkbox"/> Fund Raiser Contribution   |   |                                      |  |

Page Subtotal **\$1,283.92**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number C2016162

2. Committee Name Committee to Elect Jeffrey Gaynor

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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) |
|---|---|--------------------------------|---|
| <p>Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:</p> <p>Elmo Morales<br/>404 E. Liberty<br/>Ann Arbor, MI 48103</p> <p>If over \$100.00 cumulative, please provide:<br/>Occupation: <u>Owner</u></p> <p>Employer Name &amp; Business Address:</p> <p>Elmo's T-Shirts &amp; Gifts<br/>404 E. Liberty<br/>Ann Arbor, MI 48103</p> <p><input type="checkbox"/> Fund Raiser Contribution</p> | <p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br/><input checked="" type="checkbox"/> Goods Donated or Loaned      <input type="checkbox"/> Services Donated<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b></p> <p>Description <u>T-Shirts</u></p> <p>5. Date Of Receipt: <u>09/09/16</u></p> <p>6. Vendor Name &amp; Address:<br/>Elmo's T-Shirts &amp; Gifts<br/>404 E. Liberty<br/>Ann Arbor, MI 48103</p> <p><a href="#">Click Here for Memo Itemization</a></p> | <p>\$ <u>56.00</u></p>         | <p>\$ <u>56.00</u></p>                                    |
| <p>Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:</p> <p>Peter Ways<br/>815 Mt. Pleasant Ave.<br/>Ann Arbor, MI 48103</p> <p>If over \$100.00 cumulative, please provide:<br/>Occupation: <u>Teacher</u></p> <p>Employer Name &amp; Address:</p> <p>Ann Arbor Open School<br/>920 Miller Avenue<br/>Ann Arbor, MI 48103</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>      | <p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br/><input checked="" type="checkbox"/> Goods Donated or Loaned      <input type="checkbox"/> Services Donated<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b></p> <p>Description <u>Postcards</u></p> <p>5. Date Of Receipt: <u>09/15/16</u></p> <p>6. Vendor Name &amp; Address:<br/>Office Depot<br/>3765 Washtenaw Ave<br/>Ann Arbor, MI 48104</p> <p><a href="#">Click Here for Memo Itemization</a></p>           | <p>\$ <u>21.20</u></p>         | <p>\$ <u>21.20</u></p>                                    |
| <p>Contribution #3      PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:</p> <p>If over \$100.00 cumulative, please provide:<br/>Occupation:<br/>Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>  | <p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br/><input type="checkbox"/> Goods Donated or Loaned      <input type="checkbox"/> Services Donated<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br/><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b></p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name &amp; Address:</p> <p><a href="#">Click Here for Memo Itemization</a></p>   | <p>\$ _____</p>                |   |

Page Subtotal **\$77.20**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$1,361.12**

Enter this total  
on line 6 of Summary  
Page