



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 <div style="font-size: 1.2em; font-family: cursive;">C-2016-162</div>		3. This Statement covers From: <u>10/19/2020</u> to <u>11/13/2020</u>	
2. Committee Name <div style="font-size: 1.2em; font-family: cursive;">Committee to Elect Jeff Gaynor</div>		4. Candidate Last Name First Name M.I. <div style="font-size: 1.2em; font-family: cursive;">GAYNOR Jeffrey T</div> 4a. Office Sought Including District # or Community Served (If applicable) <div style="font-size: 1.2em; font-family: cursive;">Ann Arbor Public Schools Board of Education</div> 4b. County of Residence <u>Washtenaw</u>	
5. Committee's Mailing Address <div style="font-size: 1.2em; font-family: cursive;">3020 Bolgos Circle Ann Arbor, MI 48105</div> Area Code and Phone <u>734-277-2305</u> <small>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.</small>		6. Treasurer's Name & Residential Address <div style="font-size: 1.2em; font-family: cursive;">Tina D. Luick 1455 N. Dancer Rd Dexter, MI 481030</div> Area Code & Phone <u>734-474-4423</u>	
7. Treasurer's Business Address <div style="font-size: 1.2em; font-family: cursive;">(same)</div> Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <div style="font-size: 1.2em; font-family: cursive;">none</div> Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input checked="" type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
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.		9e. Dissolution of Candidate Committee <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. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. <div style="text-align: center;"> Effective date of dissolution _____ <div style="font-size: 0.8em; transform: rotate(-90deg); position: absolute; left: 50%; top: 50%;"> LAMAR COUNTY CLERK COUNTY CLERK / REGISTER 2020 DEC 8 P 3:56 WASHTENAW COUNTY, MI FILED </div> </div> Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
Current Treasurer or Designated Record keeper <u>Tina D. Luick</u> <div style="display: flex; justify-content: space-between;"> Type or Print Name Signature <u>Tina D. Luick</u> Date <u>12/1/2020</u> </div>		Candidate <u>Jeffrey T GAYNOR</u> <div style="display: flex; justify-content: space-between;"> Type or Print Name Signature <u>Jeffrey T Gaynor</u> Date <u>12/1/2020</u> </div>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

2. Committee Name Committee to Elect Jeff Gaynor

**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>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0</u>	(18.) \$ <u>4647.86</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>0</u>	(20.) \$ <u>4647.86</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1326.90</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1326.90</u>	(23.) \$ <u>4647.86</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u> </u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1326.90</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1326.90</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1326.90</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	*



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2016-162
2. Committee Name Committee to Elect Jeff Gaynor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Ele's Place</u> Address <u>5665 Hines Dr.</u> <u>Ann Arbor, MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	<u>\$ 100.⁰⁰</u>
Expenditure #2 Name <u>Speedway</u> Address <u>3000 Carpenter Rd.</u> <u>Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>gas for yard signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	<u>27.80</u>
Expenditure #3 Name <u>Community Action Network</u> Address <u>P.O. Box 130076</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 150.⁰⁰</u>
Expenditure #4 Name <u>Peace Neighborhood Center</u> Address <u>1111 N. Maple Rd.</u> <u>Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 50.⁰⁰</u>
Expenditure #5 Name <u>Ann Arbor Learning Center</u> Address <u>Church of Good Shepherd</u> <u>2145 Independence Blvd</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 100.⁰⁰</u>

Subtotal this page 427.80

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-2016-162
2. Committee Name Committee to Elect Jeff Gaylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Jeff Gaylor</u> Address <u>3020 Belgos Cir</u> <u>Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>repay loan</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/20</u> Date	<u>\$1,327.57</u>
Expenditure #2 Name <u>Neutral Zone</u> Address <u>310 E. Washington St.</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 100.00</u>
Expenditure #3 Name <u>Ozone House</u> Address <u>1600 N. Huron River Dr.</u> <u>Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 100.00</u>
Expenditure #4 Name <u>Ypsilanti Community Schools Foundation</u> Address <u>P.O. Box 98043</u> <u>Ypsilanti, MI 48198</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 50.00</u>
Expenditure #5 Name <u>Student Advocacy Center</u> Address <u>124 Pearl St, Suite 504</u> <u>Ypsilanti, MI 48197</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 25.00</u>

Subtotal this page

275.00
~~2602.57~~

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

4022.76
~~4022.76~~

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2016-162
2. Committee Name Committee to Elect Jeff Gaynor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Jeff Gaynor</u> Address <u>3020 Bolgos Cir</u> <u>Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>repay loan</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 578.10</u>
Expenditure #2 Name <u>Jeff Gaynor</u> Address <u>3020 Bolgos Cir</u> <u>Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>repay loan</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/20</u> Date	<u>\$ 51.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

624.10

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

1326.90

1326.90

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2016-162
2. Committee Name Committee to Elect Jeff Gaynor

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 endorser 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: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> G Jeffrey T Gaynor 3020 Bolgos Cir Ann Arbor, MI 48105 </div>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/18, 9/18, 10/18/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3x\$17 = \$51.00</u>	<u>11/1/20 \$ 51.00</u> \$ \$ \$ \$	\$ <u>51.00</u>	\$ <u>0</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: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Jeffrey T Gaynor 3020 Bolgos Cir Ann Arbor, MI 48105 </div>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 573.10</u>	<u>11/13/20 \$ 573.10</u> \$ \$ \$ \$	\$ <u>573.10</u>	\$ <u>0</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: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Jeffrey T Gaynor 3020 Bolgos Cir Ann Arbor, MI 48105 </div>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/16/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1.17</u>	\$ - \$ \$ \$ \$	\$ <u>0</u>	\$ <u>(1.17)</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0

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

0

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.

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

Page 1 of 2

owed on 10/20: \$624.10
paid this period 624.10
Balance 0