



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:

01/01/16 to 07/17/16

1. Committee I.D. Number

C-2015-020

2. Committee Name

Diane Giannola for City Council

4. Candidate Last Name

Giannola

First Name

Diane

M.I.

M

4a. Office Sought Including District # or Community Served (If applicable)

Ann Arbor City Council ward 4

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address

3252 Alpine Dr  
Ann Arbor, MI 48108

Area Code and Phone (734) 973-7344

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

Linda Thompson  
794 N. Wagner Rd.  
Ann Arbor, MI 48103

Area Code & Phone (734) 213-2187

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

Area Code and Phone

**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

08/02/16

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. Dissolution of Candidate Committee**

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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 Linda Thompson

Type or Print Name

Signature

Date

7/17/16

Candidate Diane Giannola

Type or Print Name

Signature

Date

7/17/16



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2015-020

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Diane Giannola for City Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,530.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,530.00</u>	(18.) \$ <u>1,530.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,530.00</u>	(20.) \$ <u>1,530.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$3,361.68</u>	(21.) \$ <u>\$3,361.68</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,318.28</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,318.28</u>	(23.) \$ <u>1,318.28</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,530.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,530.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,318.28</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$211.72</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2015-020

2. Committee Name Diane Giannola for City Council

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>12/22/15</u> Name & Address: <u>Giannola, Diane</u> <u>3252 Alpine Dr</u> <u>Ann Arbor</u>		\$ <u>400</u>	\$ <u>400</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Program Manager</u> Employer <u>University of Michigan</u> Business Address <u>1600 Huron Pkwy, Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/16</u> Name & Address: <u>Giannola, Gail</u> <u>20866 Marlinga</u> <u>Clinton Twp, MI 48038</u>		\$ <u>100</u>	\$ <u>100</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Makarski, Fran</u> <u>44688 Rivergate</u> <u>Clinton Township, MI 48038</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse</u> Employer <u>Beaumont Hospital</u> Business Address <u>Royal Oak, Michigan</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Giannola, Fotini</u> <u>22512 Barton</u> <u>St. Clair Shores, MI 48081</u>		\$ <u>200</u>	\$ <u>200</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$900.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

C-2015-020

2. Committee Name

Diane Giannola for City Council

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 03/20/16	
Name & Address: Grace, Elizabeth 2401 PineCrest Ann Arbor, MI 48104		\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 03/20/16	
Name & Address: Fitzpatrick, Karen 1516 Colony Dr Saline, MI 48176		\$ 100	\$ 100
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 03/20/16	
Name & Address: Martin, Michael 27840 Berrywood LN Unit 12 Farmington Hills, MI 48334		\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 03/25/16	
Name & Address: Lilly, Amy 3550 Oak Dr. Ypsilanti, MI 48197		\$ 30	\$ 30
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	

Page Subtotal

\$230.00

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

Enter this total on  
line 3a of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2015-020

2. Committee Name Diane Giannola for City Council

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>03/25/16</u> Name & Address: <u>Ho, Daniel</u> <u>4633 Jadestone Dr</u> <u>Williamston, MI 48895</u>		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/25/16</u> Name & Address: <u>Paffel, Gregory</u> <u>3999 Cornerstone Dr.</u> <u>Canton, MI 48188</u>		\$ <u>50</u>	\$ <u>50</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/26/16</u> Name & Address: <u>Sapienza, Mary</u> <u>3045 Whisperwood Dr, Apt 366</u> <u>Ann Arbor, MI 48105</u>		\$ <u>40</u>	\$ <u>40</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>04/04/16</u> Name & Address: <u>Xian, Victor</u> <u>1117 W. Huron #305</u> <u>Ann Arbor, MI 48103</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Lamasoft</u> Business Address <u>Ann Arbor, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$290.00

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

1. Committee I.D. Number C-2015-020

CANDIDATE COMMITTEE

2. Committee Name Diane Giannola for City Council

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>04/30/16</u>	
Name & Address: Daniel Makarski 54394 Blue Cloud Drive Shelby Twp, MI 48315		\$ <u>100</u>	\$ <u>100</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/11/16</u>	
Name & Address: Michael McPhilips 3250 Alpine Dr Ann Arbor, MI 48108		\$ <u>10</u>	\$ <u>10</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		<a href="#">Click Here for Memo Itemization</a>	
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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$110.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$1,530.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I.D. Number C-2015-0

CANDIDATE COMMITTEE

2. Committee Name Diane Giannola for City Council

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 <u>all</u> 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: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Business Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Domain name</u> 5. Date Of Receipt: <u>01/01/16</u> 6. Vendor Name & Address: GoDaddy www.godaddy.com  Click Here for Memo Itemization	\$ <u>18.34</u>	\$ <u>418.34</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Website hosting</u> 5. Date Of Receipt: <u>01/01/16</u> 6. Vendor Name & Address: A2 Hosting 2000 Hogback Rd #6 Ann Arbor, MI 48105  Click Here for Memo Itemization	\$ <u>191.76</u>	\$ <u>610.10</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Stamps</u> 5. Date Of Receipt: <u>03/26/16</u> 6. Vendor Name & Address: USPS 2075 W Stadium Blvd Ann Arbor, MI 48103  Click Here for Memo Itemization	\$ <u>98.00</u>	\$ <u>708.10</u>

Page Subtotal

\$308.10

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

Enter this total  
on line 6 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I.D. Number **C2015020**

2. Committee Name **Diane Giannola for City Council**

CANDIDATE COMMITTEE

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 <u>all</u> 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: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <b>Program Manager</b> Employer Name & Business Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Office Supplies-toner, labels, Thank you notes</u> 5. Date Of Receipt: <u>03/26/16</u> 6. Vendor Name & Address: Office Max 2777 Oak Valley Dr. Ann Arbor, MI 48203  Click Here for Memo Itemization	\$ <u>99.92</u>	\$ <u>808.02</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <b>Program Manager</b> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Campaign T-shirts</u> 5. Date Of Receipt: <u>04/22/16</u> 6. Vendor Name & Address: Ann Arbor T-shirt Company 2275 S. Industrial Ann Arbor, MI 48104  Click Here for Memo Itemization	\$ <u>44.52</u>	\$ <u>852.54</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <b>Program Manager</b> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Yard Signs</u> 5. Date Of Receipt: <u>04/27/16</u> 6. Vendor Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216  Click Here for Memo Itemization	\$ <u>628.05</u>	\$ <u>1480.59</u>
Page Subtotal		\$ <u>772.49</u>	

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

Enter this total  
on line 6 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2015020

CANDIDATE COMMITTEE

2. Committee Name Diane Giannola for City Council

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: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Business Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109 <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Printing</u> 5. Date Of Receipt: <u>04/20/16</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108 <a href="#">Click Here for Memo Itemization</a>	\$ <u>105.82</u>	\$ <u>1586.41</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109 <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Printing</u> 5. Date Of Receipt: <u>06/15/16</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108 <a href="#">Click Here for Memo Itemization</a>	\$ <u>105.82</u>	\$ <u>1692.23</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Stamps</u> 5. Date Of Receipt: <u>06/23/16</u> 6. Vendor Name & Address: USPS 2075 W Stadium Blvd Ann Arbor, MI 48103 <a href="#">Click Here for Memo Itemization</a>	\$ <u>141.00</u>	\$ <u>1833.23</u>

Page Subtotal

\$352.64

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

Enter this total  
on line 6 of Summary  
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## ITEMIZED IN-KIND CONTRIBUTIONS

### SCHEDULE 1-IK

1. Committee I. D. Number C2015020

### CANDIDATE COMMITTEE

2. Committee Name Diane Giannola for City Council

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: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Business Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Printing</u> 5. Date Of Receipt: <u>06/22/16</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108  Click Here for Memo Itemization	\$ <u>217.65</u>	\$ <u>2050.88</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Treats for parade</u> 5. Date Of Receipt: <u>07/01/16</u> 6. Vendor Name & Address: Sams Club 5450 Carpenter Rd Ypsilanti, MI 48197  Click Here for Memo Itemization	\$ <u>31.92</u>	\$ <u>2082.8</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108  If over \$100.00 cumulative, please provide: Occupation: <u>Program Manager</u> Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>Printing and Direct Mail</u> 5. Date Of Receipt: <u>06/23/16</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108  Click Here for Memo Itemization	\$ <u>1678.88</u>	\$ <u>3761.68</u>

Page Subtotal \$1,928.45

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) \$3,361.68

Enter this total  
on line 6 of Summary  
Page



ITEMIZED EXPENDITURES

SCHEDULE 1B

CANDIDATE COMMITTEE

1. Committee I.D. Number

C-2015-020

2. Committee Name

Diane Giannola for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Deluxe Order Pro</b>  Address Ordered through University of Michigan Credit Union 2725 S State St Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Checks</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/22/15</u> Date	\$ <u>18.50</u>
Expenditure #2 Name <b>Diane Giannola</b>  Address 3252 Alpine Dr. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-1k-stamps</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/26/16</u> Date	\$ <u>98.00</u>
Expenditure #3 Name <b>Diane Giannola</b>  Address 3252 Alpine Dr. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-1k- office supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/26/16</u> Date	\$ <u>99.92</u>
Expenditure #4 Name <b>Diane Giannola</b>  Address 3252 Alpine Dr. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-1k- tshirts</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/16</u> Date	\$ <u>44.52</u>
Expenditure #5 Name <b>Diane Giannola</b>  Address 3252 Alpine Dr. Ann Arbor, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-1k-signs</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/16</u> Date	\$ <u>628.05</u>
Subtotal this page			\$888.99
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-2015-020

1. Committee I.D. Number

2. Committee Name Diane Giannola for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Diane Giannola</u>  Address <u>3252 Alpine Dr.</u> <u>Ann Arbor, Mi 48108</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/16</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>105.82</u>
Expenditure #2 Name <u>Diane Giannola</u>  Address <u>3252 Alpine Dr.</u> <u>Ann Arbor, Mi 48108</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/16</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>105.82</u>
Expenditure #3 Name <u>Diane Giannola</u>  Address <u>3252 Alpine Dr.</u> <u>Ann Arbor, Mi 48108</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>reimburse in-kind contrib Sch1-Printing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/16</u> Date <a href="#">Click Here for Memo Itemization Type</a>	\$ <u>217.65</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 <a href="#">Click Here for Memo Itemization Type</a>	\$ _____
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 <a href="#">Click Here for Memo Itemization Type</a>	\$ _____
Subtotal this page			\$ <u>429.29</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ <u>1,318.28</u>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2015-020  
2. Committee Name Diane Giannola for City Council

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>03/20/16</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>10</u>	5. Type of Fund Raising Activity  <u>Reception</u>	6. Address and Name (if any) of the place where the activity was held.  <u>1331 Sheehan</u> <u>Ann Arbor, Mi 48104</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$520.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$520.00  
10. Total Cost of Event \$0.00  
(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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- 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.