

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

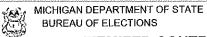
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From:	01/01/16 to 07/17/16			
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.			
C-2015-020		Giannola	Diane M			
2010 020	•	4a. Office Sought Including Dist	rict # or Community Served (If applicable)			
2. Committee Name		Ann Arbor City Council	ward 4			
Diane Giannola for City C	ouncil	4b. County of Residence WAS	SHTENAW			
5. Committee's Mailing Address		6. Treasurer's Name & Resider	ntial Address			
3252 Alpine Dr		Linda Thompson				
Ann Arbor, MI 48108		794 N. Wagner Rd.				
		Ann Arbor, MI 48103	Phillips			
Area Code and Phone (734) 973-7344 If the address in this box is different from the commitment address on the Statement of Organization, robe sent to this address by the filing official.	ttee nail may	Area Code & Phone (734) 21				
7. Treasurer's Business Address		8. Designated Record keeper's	Nome and Moiling Address (If the committee has a			
		Designated Record keeper)	COUNTY M			
Area Code and Phone		Area Code and Phone				
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee			
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the :	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here			
Pre-Election or Post-Election Statement relates to:	July Quart	iorly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,			
Primary	July Qual	ecrry	owes no lates fees or has any oustanding debt.			
General	October C	Quarterly	Further, if the dissolution cannot be granted, that this be			
Convention			considered a request for the Reporting Waiver.			
Special	9c. 🗔 .		•			
	Annua	al Statement () Coverage Year	Effective date of dissolution			
School	Amen	ndment to Campaign Statement				
Caucus	Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
Date of Election, Convention or Caucus						
08/02/16						
10. Verification: I/We certify that all reasonable dilige my/our knowledge and belief the contents are true,	ence was used accurate and o	in the preparation of this stateme	ent and attached schedules (if any) and to the best of			
Current Treasurer or Linda Thompson , Audu Auman - 117110						
Designated Record keeper Type or Print Name	14.41	Signature	Date			
Candidate Diane Giannola		1 Dibne 6	MM Date 7/17/16			
Type or Print Name		Signature				

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

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Diane Giannola for City Council

CANDIDATE COMMITTEE	2. Continue Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,530.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$1,530.00	(18.) \$ \$1,530.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$1,530.00	(20.) \$ \$1,530.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$3,361.68	(21.) \$ \$3,361.68
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$1,318.28	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$1,318.28	(23.) \$ \$1,318.28
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	-
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$ \$0.00 (14.) + \$ \$1,530.00 (15.) = \$ \$1,530.00 (16.) - \$ \$1,318.28 (17.) \$ \$211.72	

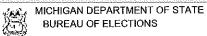


CANDIDATE COMMITTEE

2. Committee Name

Diane Giannola for City Council

Enter contributor's name and address. If contribution is from an individual, enter la middle initial. Check box to indicate if contribution is from a Political Committee or Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 12 Name & Address:	2/22/15	(
Giannola, Diane 3252 Alpine Dr Ann Arbor		_{\$} 400	_{\$} 400
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Program Manager Employer University of Mich	ıgan		
Business Address 1600 Huron Pkwy, Ann Arbor, MI 48109			
Type of Contribution: Direct Loan from a person Fund	l Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 01/	09/16		
Giannola, Gail 20866 Marlinga		<u>\$ 100</u>	_{\$} 100
Clinton Twp, MI 48038		00.11	
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer	•		
Business Address			
Type of Contribution: ✓ Direct Loan from a person Fur	nd Raiser	· · ·	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:			
Makarski, Fran 44688 Rivergate		_{\$} 200	_{\$} 200
Clinton Township, Mi 48038		Click Horo for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		Click Here to	Wellio Remization
Occupation Nurse Employer Beaumont Hospita			
Business Address Royal Oak, Michigan			
	nd Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address			
Giannola, Fotini 22512 Barton St. Clair Shores, MI 48081		_{\$} 200	_{\$_} 200
5. If over \$100.00 cumulative, please provide:			
Occupation Retired Employer	<u> </u>	Click Here for	Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person Fun	d Raiser		,
	Page Subtotal	\$900.00	
	tal of All Schedules 1A		
	last page of Schedule) L	Enter this total on	o.
Page 3 of 13		line 3a of Summary Page.	

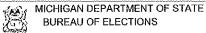


CANDIDATE COMMITTEE

2. Committee Name

Diane Giannola for City Council

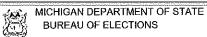
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 03/20/16 Name & Address:		
Grace, Elizabeth 2401 PineCrest	_{\$} 50	_s 50
Ann Arbor, MI 48104	\$	Φ
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? 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:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/20/16 Name & Address:		
Martin, Michael 27840 Berrywood LN Unit 12	_{\$} 50	_{\$} 50
Farmington Hills, MI 48334	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:	2	
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? 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:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page of 13	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

Diane Giannola for City Council

Enter contributor's name and address. If contribution is from a middle initial. Check box to indicate if contribution is from a Po Committee (PAC) Report all contributions regardless of amour	litical Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. D	eate of Receipt 03/25/16	_	
Ho, Daniel			
4633 Jadestone Dr.		_s 50	, 50
Williamston, MI 48895		<u>\$_50</u>	. \$
5. If over \$100.00 cumulative, please provide:		Click Here 1	for Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution:	rson 🗸 Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. D Name & Address	ate of Receipt 03/25/16		
Paffel, Gregory		E0	F0
3999 Cornerstone Dr.		_{\$_} 50	_{\$} 50
Canton, MI 48188			
5. If over \$100.00 cumulative, please provide:		Click Here for	or Memo Itemization
Occupation Employer	·		
Business Address			
Type of Contribution:	son 🚺 Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. I Name & Address:	Date of Receipt 03/26/16	-	
Sapienza, Mary		40	40
3045 Whisperwood Dr, Apt 366		<u>\$ 40</u>	_{- \$} 40
Ann Arbor, MI 48105		Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		G.,G., 1.0.0	
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a pe			
Contribution # 4 PAC Receipt? YES 4. Name & Address	Date of Receipt 04/04/16		
Xian, Victor		150	150
1117 W. Huron #305 Ann Arbor,, Mi 48103		<u>\$ 150</u>	150
5. If over \$100.00 cumulative, please provide:			
	ımasoft	Click Here fo	or Memo Itemization
Business Address Ann Arbor, MI			
Type of Contribution: Direct Loan from a pe	rson 🗸 Fund Raiser		
	Page Subtota	\$290.00	
	Grand Total of All Schedules 1A	i	
	(Complete on last page of Schedule	Enter this total on	
Page <u>5</u> of <u>13</u>		line 3a of Summar Page.	y



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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/30/16	-	
Name & Address: ———————————————————————————————————		
54394 Blue Cloud Drive	100	<u>,</u> 100
Shelby Twp, MI 48315	<u>\$ 100</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser	,	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/11/16 Name & Address		
Michael McPhilips 3250 Alpine Dr	_{\$} 10	_{\$} 10
Ann Arbor, Mi 48108	Click Hore to	r Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here IC	n wenio nemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
Ontribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	-	
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	\$110.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule		_l

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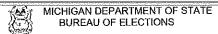
Enter this total on line 3a of Summary Page.

SCHEDULE 1-IK 1. Gommittee I. D. Number C-2015-0

OOHLDOLL I-II	Diana Ciana	ا مام	for City C	oupoil
CANDIDATE COMM	IITTEE 2. Committee Name Diane Giani	ioia i	or Gity G	Julicii
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services purchased	were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	. 1	8.34	_s 418.34
Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- L	· <u> </u>		\$ 1,0101
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Business Address:	Description Domain name 5. Date Of Receipt: 01/01/16			
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109	6. Vendor Name & Address: GoDaddy www.godaddy.com	Click	k Here for Memo	Itemization
Fund Raiser Contribution				
Contribution # 2 PAC Receipt? Yes Name & Address Giannola, Diane	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	\$ 1 '	91.76	s 610.10
3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-			
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address:	Description Website hosting 5. Date Of Receipt: 01/01/16 6. Vendor Name & Address:			
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109 Fund Raiser Contribution	A2 Hosting 2000 Hogback Rd #6 Ann Arbor, MI 48105	Clict	k Here for Memo	Itemization
Contribution #3 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	_{\$} 98	.00	_{\$} 708.10
Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- L	OAN		
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address:	Description Stamps 5. Date Of Receipt: 03/26/16 6. Vendor Name & Address:			
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109	USPS 2075 W Stadium Blvd Ann Arbor, MI 48103	Clic	k Here for Memo	ltemization
Fund Raiser Contribution	, , , , , , , , , , , , , , , , , , , ,			
	Page S	Bubtotal	\$308.10	·
•	Grand Total of all Schedu (Complete on last page of Sc			
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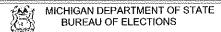
Page $\frac{7}{9}$ of $\frac{13}{13}$



HEMIZED M-VIND COM I		20				
SCHEDULE 1-IK	Diane Giannola for City Council					
CANDIDATE COMM	ITTEE 2. COMMINGO TRAINS					
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 purchased	were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)		
Contribution # 1 PAC Receipt? Yes Name & Address: Giannola, Diane	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	* 9	9.92	_{\$} 808.02		
3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- Lo					
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Business Address:	Description Office Supplies-toner, labels, Thank you note 5. Date Of Receipt: 03/26/16	<u>es</u>				
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109	6. Vendor Name & Address: Office Max 2777 Oak Valley Dr. Ann Arbor, Mi 48203	Click	k Here for Memo	Itemization		
Fund Raiser Contribution						
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated		4.50	050.54		
Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- L					
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address:	Description Campaign T-shirts 5. Date Of Receipt: 04/22/16					
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109	6. Vendor Name & Address: Ann Arbor T-shirt Company 2275 S. Industrial	Click	k Here for Memo	temization		
Fund Raiser Contribution	Ann Arbor, Mi 48104	·····				
Contribution #3 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	_{\$} _62	8.05	_{\$} _1480.59		
Giannola, Diane 3252 Alpine Dr Ann Arbor, Mi 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-Li	OAN	,			
If over \$100.00 cumulative, please provide:	Description Yard Signs					
Occupation: Program Manager Employer Name & Address:	5. Date Of Receipt: 04/27/16					
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109	6. Vendor Name & Address: Sawicki & Son 1521 W. Lafayette Detroit, MI 48216	Click	k Here for Memo	temization		
Fund Raiser Contribution						
	Page S	Subtotal	\$772.49			
	Grand Total of all Schedu (Complete on last page of Sc					
			Enter this tota on line 6 of Su			

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SCHEDULE 1-IK

ANDIDATE COMMITTEE	2. Committee Name	Diane Giannola for Ci	ty Counci
ANDIDATE COMMITTEE			

CANDIDATE CONTIN	A CONTRACT C		, , , , , , , , , , , , , , , , , , ,
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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? Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Program Manager	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Printing	105.82	1586.41
Employer Name & Business Address: University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109 Fund Raiser Contribution	5. Date Of Receipt: 04/20/16 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108	ick Here for Memo It	emization
Contribution # 2 PAC Receipt? Yes Name & Address Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others- LOAN	105.82	1692.23
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109	Description Printing 5. Date Of Receipt: 06/15/16 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108	ick Here for Memo It	emization
Contribution #3 PAC Receipt? Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	41.00 \$	1833.23
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address: University of Michigan 1600 Huron Pkwy	Description Stamps 5. Date Of Receipt: 06/23/16 6. Vendor Name & Address: USPS 2075 W Stadium Blvd Ann Arbor, MI 48103	lick Here for Memo It	lemization
Ann Arbor,MI 48109 Fund Raiser Contribution	,	1 4050 04	
	Page Subtota	\$352.64	
	Grand Total of all Schedules 1-i (Complete on last page of Schedule	. 1	

Enter this total on line 6 of Summary Page

SCHEDULE 1-IK

1. Committee I. D. Number <u>C2</u>015020

CA	NI	חור	ΔΊ	F	CO	M	ЛIT	TE	E
		JID	\sim	_	\sim		F		_

2. Committee Name Diane Giannola for City Council

CANDIDATE COMM	III EE	
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Solution Solut
Contribution # 1 PAC Receipt? Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Business Address: University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109 Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Printing Date Of Receipt: 06/22/16 Vendor Name & Address:	217.65 _{\$} 2050.88
Contribution # 2 PAC Receipt? Yes Name & Address Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Treats for parade 5. Date Of Receipt: 07/01/16	1.92 \$ 2082.8
University of Michigan 1600 Huron Pkwy Ann Arbor,MI 48109 Fund Raiser Contribution	6. Vendor Name & Address: Sams Club 5450 Carpenter Rd Ypsilanti, MI 48197	ck Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address: Giannola, Diane 3252 Alpine Dr Ann Arbor, MI 48108	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$78.88 _{\$} 3761.68
If over \$100.00 cumulative, please provide: Occupation: Program Manager Employer Name & Address: University of Michigan 1600 Huron Pkwy Ann Arbor, MI 48109 Fund Raiser Contribution	Description Printing and Direct Mail 5. Date Of Receipt: 06/23/16 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108	ck Here for Memo Itemization
<u> </u>	Page Subtotal	\$1,928.45
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	1 N. 3 . 3 D. J. D. G. J.

Enter this total on line 6 of Summary Page



ITEMIZED EXPENDITURES

SCHEDULE 1B

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	J. Date	o. Amount
Expenditure #1			
Name Deluxe Order Pro		12/22/15	\$ 18.50
	Purpose: Checks	Date	\$ <u>10.50</u>
Address	Purpose: OTICORO		
Ordered through University of Michigan Credit Union 2725 S State St	Click I	lere for Memo	Itemization Type
Ann Arbor, MI 48104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Diane Giannola		03/26/16	\$ 98.00
	Purpose: reimburse in-kind contrib Sch1-1k-stamps	Date	
Address	Purpose:		
3252 Alpine Dr.	Click F	tere for Memo	temization Type
Ann Arbor, Mi 48108	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
^{Name} Diane Giannola		03/26/16	\$ 99.92
Address	reimburse in-kind contrib Sch1-1k- office supplies	Date	+ <u>00.02</u>
3252 Alpine Dr.			
Ann Arbor, Mi 48108	Click I	lere for Memo	temization Type
Alli Alboi, Wi 40100	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Diane Giannola		04/22/16	
plano Glamota		Date	\$ <u>44.52</u>
Address	Purpose: Purpose:		
3252 Alpine Dr.	Click	lara for Momo	temization Type
Ann Arbor, Mi 48108		ICIC IOI MICITIO	ternization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Diane Giannola		04/27/16	
	reimburse in-kind contrib Sch1-1k-signs	Date	\$ <u>628.05</u>
Address	Purpose:	200	•
3252 Alpine Dr.	Click F	Here for Memo	temization Type
Ann Arbor, Mi 48108	Check box if this expenditure is payment of debt or obligation reported on previous	•	
Fund Raiser	statement		
	Subto	tal this page	\$888.99
	Grand Total of all		
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES

SCHEDULE 1B **CANDIDATE COMMITTEE**

C-2015-020

2. Committee Name Diane Giannola for City Council

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Diane Giannola		04/20/16	↑ 10E 00
	_ reimburse in-kind contrib Sch1-Printing	Date	\$ <u>105.82</u>
Address	Purpose: reimburse in-kind contrib Sch1-Printing		
3252 Alpine Dr. Ann Arbor, Mi 48108	Click F	lere for Memo	Itemization Type
Alli Alboi, Wi to too	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name Diane Giannola		06/15/16	\$ 105.82
Address	Purpose:	Date	
3252 Alpine Dr. Ann Arbor, Mi 48108	Click F	lere for Memo	Itemization Type
Alli Alboi, Mil 40100	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
^{Name} Diane Giannola		06/22/16	\$ 217.65
Address	Purpose: reimburse in-kind contrib Sch1-Printing	Date	¥ <u>E17.00</u>
3252 Alpine Dr.		lara far Mama	tomization Type
Ann Arbor, Mi 48108	<u>-</u>	lete tot Metrio	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #4	statement		
Name			
·			\$
Address	Purpose:	Date	
		ere for Memo	temization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name .			
Address	Purpose:	Date	3
	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
<u>Land</u>		tal this page	\$429.29
	Grand Total of all S	Schedules 1B	\$1.318.28

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

2. Committee Name Diane Giannola for City Council

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.
03/20/16	greater)	Reception	1331 Sheehan Ann Arbor, Mi 4810 Private Residence
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 (Total Cost includes In-Kind Co	\$0.00 ntributions and All Expenditures	Made For the Event)	
11. Check if event was a jo	int fund raiser and complete the	e following:	
11. Check if event was a jo	int fund raiser and complete the Contribution S (%)		Expenditure Split (%)
_	Contribution S		
_	Contribution S		
	Contribution S		
_	Contribution S		
_	Contribution S		
_	Contribution S		

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

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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