



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE

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

4. Candidate Last Name First Name M.I.

Giannola Diane M

2. Committee Name

Diane Giannola for City Council

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

6. Treasurer's Name & Residential Address

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

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.

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 here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Linda Thompson

Type or Print Name

Signature

Date

7/19/16

Candidate Diane Giannola

Type or Print Name

Signature

Date

7/19/16



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 Name & Address: <u>Giannola, Diane</u> <u>3252 Alpine Dr</u> <u>Ann Arbor</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>12/22/15</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		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Giannola, Gail</u> <u>20866 Marlinga</u> <u>Clinton Twp, MI 48038</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/16</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		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Makarski, Fran</u> <u>44688 Rivergate</u> <u>Clinton Township, MI 48038</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/16</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		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Giannola, Fotini</u> <u>22512 Barton</u> <u>St. Clair Shores, MI 48081</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/09/16</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		Click Here for Memo Itemization	

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.



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SCHEDULE 1A

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CANDIDATE COMMITTEE

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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: Ho, Daniel 4633 Jadestone Dr Williamston, MI 48895		\$ <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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/25/16</u> Name & Address: Paffel, Gregory 3999 Cornerstone Dr. Canton, MI 48188		\$ <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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/26/16</u> Name & Address: Sapienza, Mary 3045 Whisperwood Dr, Apt 366 Ann Arbor, MI 48105		\$ <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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/04/16</u> Name & Address: Xian, Victor 1117 W. Huron #305 Ann Arbor,, MI 48103		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Supply Chain Design Consultant</u> Employer <u>LLamasoft</u> Business Address <u>201 S. Division St. Suite 200 Ann Arbor, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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.