



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 C-2015-020		3. This Statement covers From: <u>8/23/16</u> to <u>10/22/17</u>	
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 <u>(734) 973-7344</u> 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 Diane Giannola 3252 Alpine Dr Ann Arbor, MI 48108 Area Code & Phone <u>(734) 973-7344</u>	
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input 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 type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/07/17</u>		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.)	
		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. 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 Diane Giannola Type or Print Name		<u>Diane Giannola</u> Signature Date <u>10/25/17</u>	
Candidate Diane Giannola Type or Print Name		<u>Diane Giannola</u> Signature Date <u>10/25/17</u>	



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
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$2,322.22</u>	(21.) \$ <u>\$2,322.22</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</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>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$0.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
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>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$211.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$211.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$211.72</u> *	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number C2015020

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- LOAN Description <u>Printing</u> 5. Date Of Receipt: <u>08/24/17</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108 Click Here for Memo Itemization	\$ <u>83.68</u>	\$ <u>83.68</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- LOAN Description <u>Printing</u> 5. Date Of Receipt: <u>09/26/17</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108 Click Here for Memo Itemization	\$ <u>113.22</u>	\$ <u>196.90</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- LOAN Description <u>Stamps</u> 5. Date Of Receipt: <u>10/06/16</u> 6. Vendor Name & Address: USPS 3000 Green Rd Ann Arbor, MI 48105 Click Here for Memo Itemization	\$ <u>49.00</u>	\$ <u>245.90</u>

Page Subtotal **\$245.90**

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

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 <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: Program Manager 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- LOAN Description <u>Printing and mailing</u> 5. Date Of Receipt: <u>10/02/17</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108 Click Here for Memo Itemization	\$ 206.93	\$ 452.83
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: Program Manager 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- LOAN Description <u>Printing and mailing</u> 5. Date Of Receipt: <u>10/21/17</u> 6. Vendor Name & Address: Messenger Printing 20136 Ecorse Rd Taylor Rd, MI 48108 Click Here for Memo Itemization	\$ 1859.59	\$ 2312.42
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: Program Manager 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- LOAN Description <u>Stamps</u> 5. Date Of Receipt: <u>10/16/17</u> 6. Vendor Name & Address: USPS 3000 green rd Ann Arbor, MI 48105 Click Here for Memo Itemization	\$ 9.80	\$ 2322.22

Page Subtotal \$2,076.32

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$2,322.22

Enter this total
on line 6 of Summary
Page