

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

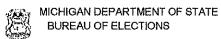
Committee to Number	Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and d	d signed by andidate.	3. This Statement covers Fron	^{n:} 10/22/17	to 12/07/17	
4a. Office Sought Including District if or Community Served (if applicable) Ann Arbor City Council, Ward 2 Committee to Elect Jared Hoffert 5. Committee's Mailing Address PO Box 130592 Ann Arbor, MI 48113 4. Councy of Residence WASHTENAW 290 Bardstown Trail Ann Arbor, MI 48105 Area Code and phone (734) 531-7425 Area Code and Phone (734) 707-1189 Bardstown Trail Ann Arbor, MI 48105 3. Designated Record teaper's Name and Mailing Address (it the committee mail report to this address by the Shift of th			Candidate Last Name	First I	_ 10	M.I,
2. Committee's Mailing Address PO Box 130592 Ann Arbor, MI 48113 Area Code and Phone (734) 531-7425 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may see that this address by the filing official Area Code and Phone (734) 531-7425 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may see that this address by the filing official Area Code and Phone (734) 707-1189 4. Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe committee has a Designated Record keeper's Name and Mailing Address (fifthe Committee has a Designated Record keeper's Name and Mailing Address (fifthe Committee has a Designated Record keeper's Name and Mailing Address (fifthe Committee has a Designated Record keeper'	C-2017-004		Hoffert	Jared		
Committee to Elect Jared Hoffert 5. Committee's Mailing Address PO Box 130592 Ann Arbor, MI 48113 Area Code and Phone (734) 581-7425 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 filling official. Area Code and Phone (734) 581-7425 The address in the Statement of Organization, mail may be sent to this address by the filling official. Area Code and Phone (734) 707-1189 Beginned Record keeper) Larissa Saino 1290 Bardstown Trail Ann Arbor, MI 48105 Area Code and Phone (734) 707-1189 9. TYPE OF STATEMENT 9a. Pre-Election R 86 Post-Election Pre-Election or Post-Election Statement relates to: Distance Code and Phone (734) 707-1189 9. TYPE OF STATEMENT 9a. Pre-Election Statement relates to: Distance Code and Phone (734) 707-1189 9. TYPE OF STATEMENT 9a. Pre-Election or Post-Election Statement relates to: Distance Code and Phone (734) 707-1189 9. TYPE OF STATEMENT 9a. Pre-Election or Post-Election Statement relates to: Distance Code and Phone (734) 707-1189 9a. Convention General Convention or Caucus 12/07/17 10. Verification: In Vive certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of Current Treasure Convention to two, accurate and compilete Current Treasure Convention and Convention to two, accurate and compilete Current Treasure Convention or Caucus 12/07/17 10. Verification: In Vive certify that all reasonable diligence was used in the preparation of this statement ad attached schedules (if any) and to the best of Current Treasure Convention or Caucus 12/07/17 10. Verification: In Vive certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of Current Treasure Convention or Caucus 12/07/17 10. Verificat	G. Committee Name		1		Served (If applicable)	
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1455 Bardstown Trail Ann Arbor, MI 48105			Designated Record keeper)	's Name and Mailing A		<u>— [11]</u>
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Pre-Election or Post-Election Statement relates to: Primary	9a Pre-Election OR 9b X Post-Election			By checking this	s item I/We certify any o	utstanding debt
Primary				by the committee to	the candidate or his or h	ner spouse is here
General Convention Special School Caucus October Quarterly Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. 10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Linh Song Type or Print Name Signature Date 12-7-17 Type or Print Name Signature Date 12-7-17 Date		July Quart	eriy	the committee. The	committee has no ousta	anding assets,
Convention Special School School Amendment to Campaign Statement (Complete ltem 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	Primary		· · · · · · · · · · · · · · · · · · ·	owes no lates lees of	i nas any oustanding de	Dt.
Special 9c. Annual Statement () Coverage Year School Coverage Year 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The dispos	X General	October G	luarteriy	Further, if the dissolu	ition cannot be granted,	that this be
School Caucus Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. 10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Linh Song Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date 12 - 7 - 17 Type or Print Name Signature Date Da	Convention			considered a request	t for the Reporting Walve	er.
Caucus Coverage Year Coverage Year Coverage Year School Caucus Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. 12/07/17 12/07	Special	9c. Annua	l Statement (
Date of Election, Convention or Caucus 12/07/17 10. Verification: NWe 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 Candidate 13red Hoffert Type or Print Name (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	School		`*************************************	Effective d	ate of dissolution	
Date of Election, Convention or Caucus 12/07/17 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 mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Type or Print Name Indicate which Statement is being amended.) Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	Caucus					
Date of Election, Convention or Caucus 12/07/17 10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Type or Print Name Date 12-7-17 Type or Print Name Signature Date 12-7-17		indica	te which Statement is being			be reported on
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Current Treasurer or Designated Record keeper Candidate Type or Print Name Type or Print Name Signature Date 12-7-17 Date 12-7-17 Date 12-7-17	12/07/17					
Current Treasurer or Designated Record keeper Candidate Type or Print Name Type or Print Name Signature Date 12-7-17 Date 12-7-17 Date 12-7-17						
Current Treasurer or Designated Record keeper Candidate Type or Print Name Type or Print Name Signature Date 12-7-17 Date 12-7-17 Date 12-7-17	10. Verification: I/We certify that all reasonable dilige	ence was used	in the preparation of this stateme	I and attached sche	dules (if any) and to the	hest of
Designated Record keeper Type or Print Name Candidate Date Date Date 12-7-17 Type or Print Name Signature Date	my\our knowledge and belief the contents are true, a	accurate and co	emplete.		and (if any) and to the	
Type or Print Name Signature Date 12-7-17 Type or Print Name Signature Date	Current Treasurer or Linh Song		Maria		12-7-1	, 7
Type or Print Name Signature	Designated Record Reeper	.	Signature	5///	-Date	
Type or Print Name Signature	Jared Hoffert		L. K.	HATA	, , ,	
	Candidate		1/6/1	 	Date 12-4-	1+
Authority granted under P.A. 388 of 1976	Type or Print Name Authority granted under P.A. 388 of 1976		Signature /	/ / 		

1. Committee I.D. Number C2017004

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Jared Hoffert

RECEIPTS	Column I	Column II
2 Contributions	This Period	Cumulative this election cycle
3. Contributions	205.00	·
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 395.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
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.) \$ \$395.00	(20.) \$ \$6,755.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$230.00	(21.) \$ \$250.00
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.) \$ \$3,141.64 \$3,231.64	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50,01 each - no Schedule)	(8c.) \$ \$0.00	\$6,224.95
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$3,141.64 13,231.64	(23.) \$ \$6,139.95
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	(11.) \$	(24.) \$ \(\phi \).00
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$6,360.00	,
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + s \$395.00	
(Line 5, Total Contributions & Other Receipts)		
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_\$6,755.00	
(Add lines 9 and 11)	(16.) - \$ \$6,139.95 - 3 (e, 229.95	
17. ENDING BALANCE	, · · · · · · · · · · · · · · · · · · ·	j
(Subtract line 16 from line 15)	(17.) \$ \$615.05 \$ 525,05.	

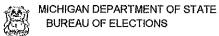


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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2. Oddinico nemo		
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? VES 4. Date of Receipt 11/01/17		
Name & Address: Iron Workers Local 25 PO Box 965		400.00
25150 Trans X Drive Novi, MI 48376	_{\$} 100.00	_{\$} 100.00
5. If over \$100.00 cumulative, please provide:		79.00
Occupation Employer	Glick Here fo	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/24/17 Name & Address		
Daniel Ketalaar 225 South Ashley St.	_{\$} 200.00	<u>,</u> 200.00
Ann Arbor, MI 48104	§ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization 🔻
Occupation President Employer Urban Development Group		Account.
Business Address 225 South Ashley St., Ann Arbor, MI 48104		
Type of Contribution: Unirect Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/24/17 Name & Address:		,
Nishta Bhatia	_{\$} 25.00	25.00
705 Barclay Ct. Ann Arbor, MI 48105	\$ <u>20.00</u>	_{\$} 25.00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/24/17 Name & Address		
Jessica Letaw		
533 Fifth Street	_{\$} 20.00	20.00
Ann Arbor, MI 48103	\$ 20.00	\$
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 Fund Raiser		
Page Subtotal	\$345.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 3 9. 5.00	395.00
(a mily and an inter-seas of additionals).	Enter this total on	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Page.

2. Committee Name Committee to Elect Jared Hoffert

Enter contributor's nam middle initial. Check bo Commíttee (PAC) Repo	ox to indicate if cor	tribution is fror	n a Political C		enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jaime Magiera 1410 Henry	PAC Receipt?	YES	4. Date of	Recei	^{pt} 10/24/17		
Ann Arbor, MI 4	8104					_s 50.00	_s 100.00
5. If over \$100.00 cum	ulative, please pr	oviđe:				T	
Occupation	,					Click Here f	or Memo Itemization ▼
Business Address		_ ' '					
Type of Contribution:	Direct	Loan fror	n a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of F	Receip	ot		
						\$	\$
5. If over \$100.00 cumu	ılative, please pro	ovide:				Click Here fo	or Memo Itemization
Occupation		_ Employer					
Business Address			 ,		·		
Type of Contribution:	Direct	Loan from	a person		Fund Raiser		
3, Contribution #3 Name & Address;	PAC Receipt?	YES	4. Date of	Recei	pt	-	
						\$. \$
5. If over \$100.00 cumu	ılative, please pro	vide:				Click Here fo	r Memo Itemization 🔽 📗
Occupation		Employer					
Business Address							
Type of Contribution:	Direct	Loan from	a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of	Recei	pt		
						\$	\$
5. If over \$100.00 cumu	lative, please pro	víde:				Click Here for	Memo Itemization
Occupation	,	_ Employe	er				233
Business Address							
Type of Contribution:	Direct	Loan from	a person		Fund Raiser		
sametra esta esta esta esta esta esta esta est					Page Subtota	\$50.00	
					nd Total of All Schedules 1A		-
2 2			(C	omple	ete on last page of Schedule	Enter this total on line 3a of Summary	≥ }



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I, D. Number <u>C-2017-004</u>

2. Committee Name Committee to Elect Jared Hoffert

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Gavan Photo	†	12/07/17	\$ 300.00
Authorno	Purpose: Campaign Photography	Date	* <u>500.00</u>
Address 8947 Virginia St.	Purpose:		
Livonia, MI 48150	Click I	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Rálser	debt or obligation reported on previous		
Expenditure #2	statement		
		40/04/47	
Name Printing Plus		10/31/17	\$ 1010.06
Address	Purpose: Doorhangers and Mailer	Date	
105 W. Michigan Ave.			
Ypsilanti, MI 48197	Click F	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name Alox Vorkov			
Name Alex Yerkey		11/15/17	\$ 1250.00
Address	Purpose: Campaign Mangement	Date	
3658 View Drive			
Dexter, MI 48130		ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Sam Weinberger		11/30/17	
3]	Date	\$ <u>151.58</u>
Address	Purpose: Transportation for doorknocking	Duit	
1025 Packard Rd.	Official		
Ann Arbor, MI 48104	 	ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Committee to Elect Chip Smith		10/07/17	ļ
·	Multi-candidate election night party	12/07/17	\$430.00
Address 517 Kraus	Purpose:	Date	
Ann Arbor, MI 48103	Click H	ere for Memo	Itemization Type
7 (111 / 1100), WIL TO 100	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
		al this page	00 141 04
	Suitor	ar una hañe	\$3,141.64
	Grand Total of all S	chedules 1B	\$3 141 64

(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 6-2017-006 2. Committee Name Committee to Eloc Javed Hoffer

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 States			
Name United Fostal Service Address 3000 Green Rd. Ann Arbon, MI 48105		6-1-17	\$ 90.00
Address Co. Co. C. Mana R. d.	Purpose: PO Box	Date	<u>110(</u>)
Jun Arbon, MI 48105	Click H	ere for Memo	Itemization Type
Militar	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	•	
Expenditure #2			
Name			
***		Date	\$
Address	Purpose:		
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of	4	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
A.11.		Date	\$
Address	Purpose:	Date	
	Click He	re for Memo I	temization Type
	Check box if this expenditure is payment of		·
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			-,-,
Name			
	_	 Date	\$
Address	Purpose:	Date	,
	Click Ho	re for Momo l	temization Type
	—	ic for wonton	conization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	•		•
	_		\$
Address	Purpose:	Date	·
	Click He	re for Memo I	lemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		ļ
	Subtotal	this page	F 90.00
	Grand Total of all Sci		4: - (
	(Complete on last page of	f Schedule)	3,231.64

Enter this total on line 8a of Summary Page

Page 2 of 2



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2017004

CANDIDATE COMMI	Ţ	TEE
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2. Committee Name Committee to Elect Jared Hoffert

CANDIDATE COM	III I CC		
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: Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Website Domain and Hosting Date Of Receipt: 05/05/17 Vendor Name & Address: Wix.com	120.00	\$ 120.00 Itemization
Fund Raiser Contribution	POB 40190 San Francisco, CA		
Contribution #2 PAC Receipt? Yes Name & Address Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Address:	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 Description Park reservation for meet and greet, 5. Date Of Receipt:	110.00	s 110.00
	6. Vendor Name & Address:	ick Here for Memo !	itemization
Fund Raiser Contribution			
Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4.	ick Here for Memo I	
Fund Raiser Contribution			
	Page Subtotal	\$230.00	\$230.00
	Grand Total of all Schedules 1-lk (Complete on last page of Schedule)	1 % 2 3 1 1 1 1 1	

Enter this total on line 6 of Summary Page