

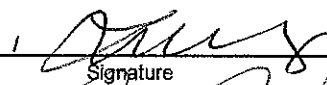
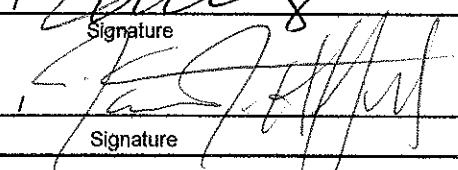


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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-2017-004		3. This Statement covers From: <u>10/22/17</u> to <u>12/07/17</u>	
2. Committee Name Committee to Elect Jared Hoffert		4. Candidate Last Name Hoffert First Name Jared M.I. 4a. Office Sought Including District # or Community Served (If applicable) Ann Arbor City Council, Ward 2 <input checked="" type="checkbox"/> 4b. County of Residence WASHTENAW <input checked="" type="checkbox"/>	
5. Committee's Mailing Address PO Box 130592 Ann Arbor, MI 48113 Area Code and Phone <u>(734) 531-7425</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 Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 Area Code & Phone <u>(734) 707-1189</u>	
7. Treasurer's Business Address Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 Area Code and Phone <u>(734) 707-1189</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Larissa Sano 1455 Bardstown Trail Ann Arbor, MI 48105 Area Code and Phone <u>(734) 338-6988</u>	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" 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>12/07/17</u>		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. <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 Linh Song Type or Print Name		Signature  Date <u>12-7-17</u>	
Candidate Jared Hoffert Type or Print Name		Signature  Date <u>12-7-17</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C2017004

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jared Hoffert

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>395.00</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>\$395.00</u>	(20.) \$ <u>\$6,755.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$230.00</u>	(21.) \$ <u>\$250.00</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>\$3,141.64 \$3,231.64</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$3,141.64 \$3,231.64</u>	<u>\$6,224.95</u> (23.) \$ <u>\$6,139.95</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>\$6,360.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$395.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$6,755.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$6,139.95 \$6,224.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$615.05 \$525.05</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2017-004
2. Committee Name Committee to Elect Jared Hoffert

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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>11/01/17</u>	
Name & Address: Iron Workers Local 25 PO Box 965 25150 Trans X Drive Novi, MI 48376		\$ <u>100.00</u>	\$ <u>100.00</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 <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/24/17</u>	
Name & Address: Daniel Ketalaar 225 South Ashley St. Ann Arbor, MI 48104		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Urban Development Group</u> Business Address <u>225 South Ashley St., Ann Arbor, MI 48104</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 <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/24/17</u>	
Name & Address: Nishta Bhatia 705 Barclay Ct. Ann Arbor, MI 48105		\$ <u>25.00</u>	\$ <u>25.00</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 <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/24/17</u>	
Name & Address: Jessica Letaw 533 Fifth Street Ann Arbor, MI 48103		\$ <u>20.00</u>	\$ <u>20.00</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 <input type="button" value="v"/>	

Page Subtotal \$345.00

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

\$ 395.00

~~345~~ 395.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2017-004
2. Committee Name Committee to Elect Jared Hoffert

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>10/24/17</u> Name & Address: <u>Jaime Magiera</u> <u>1410 Henry</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.00</u>	\$ <u>100.00</u>
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		Click Here for Memo Itemization	
3. Contribution #2 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		Click Here for Memo Itemization	
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 type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
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		Click Here for Memo Itemization	

Page Subtotal \$50.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$395.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **C-2017-004**
2. Committee Name **Committee to Elect Jared Hoffert**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Gavan Photo Address 8947 Virginia St. Livonia, MI 48150 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Photography <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/17 Date	\$ 300.00 Click Here for Memo Itemization Type
Expenditure #2 Name Printing Plus Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: Doorhangers and Mailer <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31/17 Date	\$ 1010.06 Click Here for Memo Itemization Type
Expenditure #3 Name Alex Yerkey Address 3658 View Drive Dexter, MI 48130 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Mangement <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/17 Date	\$ 1250.00 Click Here for Memo Itemization Type
Expenditure #4 Name Sam Weinberger Address 1025 Packard Rd. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: Transportation for doorknocking <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/30/17 Date	\$ 151.58 Click Here for Memo Itemization Type
Expenditure #5 Name Committee to Elect Chip Smith Address 517 Kraus Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: Multi-candidate election night party <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/17 Date	\$ 430.00 Click Here for Memo Itemization Type

Subtotal this page **\$3,141.64**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,141.64**

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2017-004
2. Committee Name Committee to Elect Jared Hoffert

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>United Postal Service</u> Address <u>3000 Green Rd. Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-1-17</u> Date	<u>\$ 90.00</u>
Expenditure #2 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	\$ _____
Expenditure #3 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	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page

\$ 90.00

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

\$ 3,231.64

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2017004

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Jared Hoffert

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: Linh Song 1290 Bardstown Trail Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Website Domain and Hosting</u> 5. Date Of Receipt: <u>05/05/17</u> 6. Vendor Name & Address: Wix.com POB 40190 San Francisco, CA	\$ <u>120.00</u>	\$ <u>120.00</u>
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 PAC Receipt? <input type="checkbox"/> 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. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Park reservation for meet and greet.</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ <u>110.00</u>	\$ <u>110.00</u>
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address:	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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal \$230.00 \$230.00

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$230.00

Enter this total
on line 6 of Summary
Page