



**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.

3. This Statement covers From: _____ to _____

1. Committee I.D. Number
C-2018-031

2. Committee Name
**Committee to Elect
Ron Ginyard**

4. Candidate Last Name **GINYARD** First Name **RONALD** M.I. **D**

4a. Office Sought Including District # or Community Served (If applicable)
WARD 1 Council Seat - ANN ARBOR

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**448 BROOKSIDE DR.
ANN ARBOR, MI**

Area Code and Phone **734 795-5545**

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
**RON GINYARD
448 BROOKSIDE
ANN ARBOR, MI 48105**

Area Code & Phone **734 795-5545**

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

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
8/7/18

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
20 SEP 11:37

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

FILED
WASHTENAW COUNTY MI
COUNTY CLERK / REGISTER

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 **Ron Ginyard** *Ronald Ginyard* Date **9/6/18**

Candidate **Ron Ginyard** *Ronald Ginyard* Date **9/6/18**



1. Committee I.D. Number C-2018-031
 2. Committee Name Committee to Elect Ron Givens

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|--|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>0</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>0</u> | (18.) \$ <u>2555.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0</u> | (19.) \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>0</u> | (20.) \$ <u>0</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0</u> | (21.) \$ <u>335.00</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0</u> | (22.) \$ <u>0</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>733.25</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>0</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>0.10</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>733.35</u> | (23.) \$ <u>2519.54</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0</u> | (24.) \$ <u>0</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>0</u> | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ <u>0</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>768.81</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>0</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>768.81</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>733.35</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>35.46</u> * | |

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2018-031
 2. Committee Name Committee to Elect Ron Ginyard

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|------------------------|------------------|
| Expenditure #1 Name <u>Sawicki & Son</u> Address <u>1521 W. LAFAYETTE</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7/24/18</u> Date | <u>\$ 333.90</u> |
| Expenditure #2 Name <u>Rubber Stamps Unlimited</u> Address <u>334 S. HARVARD</u> <u>PLYMOUTH, MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>RUBBER REIL STAMP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/6/18</u> Date | <u>\$ 34.35</u> |
| Expenditure #3 Name <u>Taco Bell</u> Address <u>STADIUM BLVD</u> <u>ANN ARBOR</u> <u>48103</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>FEED YOUTH WORKERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/7/18</u> Date | <u>\$ 42.43</u> |
| Expenditure #4 Name <u>FedX</u> Address <u>PLYMOUTH RD</u> <u>ANN ARBOR, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/9</u> Date | <u>\$ 15.87</u> |
| Expenditure #5 Name <u>USPS</u> Address <u>GREEN RD</u> <u>ANN ARBOR MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>MAIL SOS ELECTIONS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/10</u> Date | <u>\$ 6.70</u> |

Subtotal this page 433.25

Grand Total of all Schedules 1B
(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 C-2018-031
 2. Committee Name Committee to Elect Ron Ginyard

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|-----------------------|-----------------|
| Expenditure #1 Name <u>Zeina Batour</u> Address <u>Arrowwood Dr</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign Carrier</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/2/18</u> Date | <u>\$ 25.00</u> |
| Expenditure #2 Name <u>Zakiga Fortner</u> Address <u>Arrowwood Dr</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign Carrier</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/2/18</u> Date | <u>\$ 25</u> |
| Expenditure #3 Name <u>Delilah Lewis</u> Address <u>Arrowwood Dr</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign Carrier</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/2/18</u> Date | <u>\$ 25.00</u> |
| Expenditure #4 Name <u>Onyx Lewis</u> Address <u>Arrowwood Dr</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign Carrier</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/2/18</u> Date | <u>\$ 25.00</u> |
| Expenditure #5 Name <u>Sam Malcom</u> Address <u>Daniel Ave</u> <u>Ann Arbor, MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign Carrier</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/8/18</u> Date | <u>\$ 20.00</u> |

Subtotal this page 120.00
 Grand Total of all Schedules 1B-
 (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 C-2018-031
2. Committee Name Committee to Elect Ron Givvyard

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|------------------------|----------------|
| Expenditure #1 Name <u>Mohamed Soumaoro</u> Address <u>Daniel Aug</u> <u>Ann Arbor, MI</u> <u>48103</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Sign Larrion</u> <u>8/7</u> | <u>8/20</u> Date | <u>\$20.00</u> |
| Click Here for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #2 Name <u>Jelolni Porter</u> Address <u>2460 Arrowood</u> <u>Ann Arbor, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Deliver Flyers</u> <u>CARRY SIGNS</u> | <u>8-5-87</u> Date | <u>\$ 45</u> |
| Click Here for Memo Itemization Type | | | |
| Click Here for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #3 Name <u>NASIR PORTER</u> Address <u>2460 Arrowood</u> <u>ANN ARBOR, MI</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Deliver Flyers</u> <u>CARRY SIGNS</u> | <u>8-5-87</u> Date | <u>\$ 45</u> |
| Click Here for Memo Itemization Type | | | |
| Click Here for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #4 Name <u>MARQUIE Porter</u> Address <u>2460 Arrowood</u> <u>ANN A</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Deliver SIGNS Flyers</u> <u>CARRY SIGNS</u> | <u>8-5-8-7</u> Date | <u>\$ 45</u> |
| Click Here for Memo Itemization Type | | | |
| Click Here for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #5 Name <u>Taylor Porter</u> Address <u>2460 Arrowood</u> <u>ANN ARBOR, MI</u> <u>48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Deliver Flyers</u> | <u>8/5</u> Date | <u>\$ 15</u> |
| Click Here for Memo Itemization Type | | | |
| Click Here for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |

Subtotal this page

170.00

Grand Total of all Schedules 1B
(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 C-2018-031
2. Committee Name Committee to Elect Ron Givnyard

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|--------------------|--------------|
| Expenditure #1 Name <u>Maliki BARNES</u> Address <u>Arrowood Ann Arbor, MI 48105</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Deliver Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/5</u> Date | <u>\$ 10</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

10.00

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

733.25

Enter this total
on line 8a of
Summary Page