



**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: 07/23/18 to 08/27/18

1. Committee I.D. Number  
**CA-2017-012**

2. Committee Name  
**Ali Ramlawi for Council**

4. Candidate Last Name **Ramlawi** First Name **Ali** M.I. **Y**

4a. Office Sought Including District # or Community Served (If applicable)  
**Ann Arbor City Council Ward 5**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**428 S. 7th Street  
Ann Arbor MI 48103**

Area Code and Phone (734) 730-6062  
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  
**Justin Jacobsen  
28537 Cleveland  
Livonia MI 48150**

Area Code & Phone (734) 777-5079

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  
08/07/18

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 \_\_\_\_\_

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

2018 SEP 6 P 2:44  
LARRY WESTENBAUM  
COUNTY CLERK/REGISTRAR  
WASHTENAW COUNTY, MI

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 Justin Jacobsen Type or Print Name Signature [Signature] Date Sept 6, 18

Candidate Ali Ramlawi Type or Print Name Signature [Signature] Date Sept 6, 18



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number CA2017-012

2. Committee Name Ali Ramlawi for Council

**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>1,649.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,649.00</u>	(18.) \$ <u>\$9,434.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$1,649.00</u>	(20.) \$ <u>\$9,434.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$230.00</u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$3,085.45</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$3,085.45</u>	(23.) \$ <u>\$9,216.40</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
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>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,777.53</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,649.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$3,426.53</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,085.45</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$341.08</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number CA2017-012  
2. Committee Name Ali Ramlawi for 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 all 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 Name & Address: Kathryn O'Brien 1405 Charlton Street Ann Arbor MI 48103		\$ 100.00	\$ 100.00
4. Date of Receipt <u>07/20/18</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: Mary Thiefels 1711 Dexter Avenue Apt 2 Ann Arbor MI 48103		\$ 50.00	\$ 50.00
4. Date of Receipt <u>07/24/18</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: Ali Ramlawi 428 S. 7th Street Ann Arbor MI 48103		\$ 1000.00	\$ 1000.00
4. Date of Receipt <u>07/24/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner/Operator</u> Employer <u>Jerusalem Garden</u> Business Address <u>314 E. Liberty Street 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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: Frank Wilhelme 1405 Lutz Avenue Ann Arbor MI 48103		\$ 100.00	\$ 100.00
4. Date of Receipt <u>08/07/18</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$1,250.00

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number CA2017-012  
2. Committee Name Ali Ramlawi for 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 all 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>07/31/18</u>	
Name & Address: <u>Nadrah Switzer</u> <u>3472 E. 4100 N</u> <u>Liberty UT 84310</u>		\$ <u>99.00</u>	\$ <u>99.00</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>07/24/18</u>	
Name & Address: <u>Jordan Siegel</u> <u>1A Emmons Place Unit 1A</u> <u>Cambridge MA 02138</u>		\$ <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 #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>08/02/18</u>	
Name & Address: <u>Rafal Farjo</u> <u>5210 Overlook Drive</u> <u>Ann Arbor MI 48105</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>EyeCRO</u> Business Address <u>173 Parkland Plaza Suite C Ann Arbor MI 48103</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 #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt: <u>08/02/18</u>	
Name & Address: <u>Joseph Scanlon</u> <u>504 W. Keech Avenue</u> <u>Ann Arbor MI 48103</u>		\$ <u>75.00</u>	\$ <u>75.00</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 **\$399.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$1,649.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number CA2017-012  
2. Committee Name Ali Ramlawi for Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <b>City Printing Company Inc</b> Address: 411 W. Cross Street Ypsilanti MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/23/18</u> Date	<u>\$ 1125.72</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #2 Name: <b>Unit Packaging and Mailing</b> Address: 119 Enterprise Drive Ann Arbor MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/18</u> Date	<u>\$ 1244.24</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #3 Name: <b>Pizza House</b> Address: 618 Church Street Ann Arbor MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/18</u> Date	<u>\$ 178.31</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #4 Name: <b>Pretzel Bell</b> Address: 226 S. Main Street Ann Arbor MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/18</u> Date	<u>\$ 514.40</u> Click Here for Memo Itemization Type <input type="checkbox"/>
Expenditure #5 Name: <b>Google</b> Address: 1600 Amphitheatre Pkwy Mountain View CA 94043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Gmail hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/18</u> Date	<u>\$ 10.00</u> Click Here for Memo Itemization Type <input type="checkbox"/>

Subtotal this page: **\$3,072.67**  
 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 CA2017-012  
2. Committee Name Ali Ramlawi for Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <b>PayPal</b>  Address: <b>2211 N. First Street San Jose CA 95131</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Credit card processing</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/18</u> Date	<u>\$ 12.78</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>
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	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$12.78**  
 Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$3,085.45**  
 Enter this total on line 8a of Summary Page