

## CANDIDATE COMMITTEE COVER PAGE

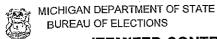
FOR OFFICIAL USE ONLY

COVER PAGE	
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: 8/19/11 to 10/23/11
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
C 7011-239	LUMM JANE B
C-2011-039	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	AMM ARBOR CARY COUNCIL WARD #Z
JAME LUMM FOR CITY COUNCIL	4b. County of Residence WASHITENAW
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
2921 Overridge Dewe Anine ARBOR, MI 48104	STEPHEN B. DOBSON 3350 GEMES ROAD
•	3350 GELLES ROAD
Area Code and Phone 734-677-4010  If the address in this box is different from the committee	ANNO ARBOR MZ 48105
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.	Area Code & Phone
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
	MONIQUE WARDNER 2921 Overridge DE. Anno ARBRE, MIZ 48104
NA	2921 Overridge De.
•	Ann ARBRE, MI 48104
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	
Convention	Effective Date of Dissolution
Special Cau	By checking this item, INVe certify that the committee has no assets or outstanding debts, including late filing fees. Further, INVercequest that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver:
NOU. B, ZOIL	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all re	equired Campaign Statements. The Campaign Statements must include all applicable nditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filling deadline of a required campaign statement, the	ed since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or
10. Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co	in the preparation of this statement and attached schedules (if any) and to the best of omplete.
	Co VL ()
Current Treasurer or Designated Record keeper Type or Print Name	Signature Date 10/28/11
,	
Candidate JANE B. LUMM  Type or Print Name	/ MAE B. L/Mm Date 10/28/11
LADE OF LITTING	Contractor



**SUMMARY PAGE** CANDIDATE COMMITTEE 1. Committee I.D. Number \_\_\_\_\_\_\_ C- ZOII- 039
2. Committee Name \_\_\_\_\_\_ TANE LUMM FOR City Causeil

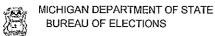
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	<u> </u>	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	10 0-
c. Subtotal of "Contributions"	(3c.) \$ <i>1             \</i>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>18,950</u>	(20.) \$ 16,950
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	11 101	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	11/01
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 11,696	(23.) \$ 11,696
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	ř	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	······	
	(12b.) \$ BALANCE STATEMENT	<u></u>
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(13.) \$ - (14.) + \$ 18,950 (15.) = \$ 18,950	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(16.) - \$ 11,696 (17.) \$ 7,254	*



#### CANDIDATE COMMITTEE

CARDIDATE COMMITTEE	· · · · · · · · · · · · · · · · · · ·	
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? YES 4. Date of Receipt 10/9/// Name & Address:		
CAMPBELL, BARBARA K. 309 S. REVENA BLUD	<sub>\$</sub> 200	<i>200</i>
5. If over \$100.00 cumulative, please provide:  OccupationNA EmployerNA (Alor Euployer)	Click Here fo	or Memo Itemization
Business Address	-	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/9/11 Name & Address		
Shelberl, INGEID B. 1416 FOLKSTONE CT.	\$ <b>Z</b> 00	\$ ZOO_
ANN APPOR MT 48105  5. If over \$100.00 cumulative, please provide:  N/A	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt /0/9/1/ Name & Address:		
FLOGD, JOHN C. 519 SUMBETRO	<sub>\$</sub> 200	\$ <b>Z00</b>
Anni ARBRE MI 46103		r Memo Itemization
Occupation CPA/FINANCIA AL VERBioyer SELF EMPLOYER A	CCO UNITAMI	No.
Business Address Address Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt /0/9/1/		
BORQUE, DEDRA	Z00	201
BORQUE, LEDRA 1615 KEARNEY RD ANN ARBER, MI 48104  5. If over \$100.00 cumulative, please provide:	\$ 200	\$
5. If over \$100.00 cumulative, please provide:  Occupation Research Asmin. Employer UNIV. OF Michie4	Click Here fo	or Memo Itemization
Business Address 426 Thompson ST. Ann Arber		
Type of Contribution: Direct Loan from a person X Fund Raiser		
Page Subtota	800	
Grand Total of All Schedules 1A (Complete on last page of Schedule	.)	
(Complete of fact page of contention	Enter this total on	

Page \_\_\_\_\_ of \_\_**49** 

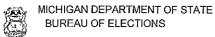


#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOII-039
2. Committee Name JANG LUMM FAS CHY Council

CANDIDATE COMMITTEE 2. Committee N	ame
Enter contributor's name and address. If contribution is from an individual, enter last name, fir middle initial. Check box to indicate if contribution is from a Political Committee or an Indepen Committee (PAC) Report all contributions regardless of amount.	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10 9 Name & Address:  SOEGE, RODNEY A.  1040 Granhill De- ANN FEBRE MI 48105 5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100 \s 100  Click Here for Memo Itemization
	<del></del>
Business Address	<del></del>
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /6/9/	<u>//</u>
KREHDIEL, DAVID E. 2940 PROUNCINC DE, ANIN ARBAC, MI 46104 5. If over \$100.00 cumulative, please provide:	\$ 100   \text{100}
Occupation Employer	
Business Address	***************************************
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/9/ Name & Address:  HCNTSCheL, KATHRYN J.  Z203 MALROSE  ANNI ARBOR, MI 48/04  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	SO \$ 50 \$ 50 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/9/Name & Address  MITCHELL RITA L.  G21 5th Street  ANN ARDER, MT 48/03	11 s 50 s 50
5. If over \$100.00 cumulative, please provide:	Click Haro for Mama Hamiratian
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
	ge Subtotal 3 <i>00</i>
Grand Total of All Sci	
(Complete on last page o	f Schedule)
	Enter this total on

Enter this total on line 3a of Summary Page.



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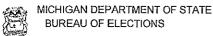
## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

line 3a of Summary

Page.

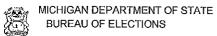
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9/10/11  Name & Address:  CONNELLAND, 5.5,  3125 GEDDES AVE  ANN ARBYE, MY 48104  5. If over \$100.00 cumulative, please provide:	\$ 50	\$ 50
Occupation Employer	Ollok Flere R	or Merrio Remization
Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/1/ Name & Address		
MAASEN, BEIGITTE 1178 HEAVNERWAY ANN ARBOR, MI 48104 5. If over \$100.00 cumulative, please provide:	\$ 50 Click Here fo	s SO
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 16/9/1/ Name & Address:  TUR COTTE, CLAIRE L.  I REGERT DEIVE ANN ARBOR, MIT 46/04  5. If over \$100.00 cumulative, please provide:	\$ 75 Click Here for	\$75 Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 Name & Address  STETZ, Tokul  3. United the pack receipt? YES 4. Date of Receipt 10/2/11  STETZ, Tokul  3. United the pack receipt? YES 4. Date of Receipt 10/2/11	150	15m
3444 E, HURON RIVER DE. ANN ARBR, MI 48104 5. If over \$100.00 cumulative, please provide:	\$	\$ /20
Occupation MANAGER - HR Employer FORD MOTOR CO.	Click Here for	· Memo Itemization
Business Address DEARGARI, MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	325	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	_



CANDIDATE COMMITTEE

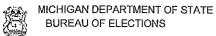
1. Committee I.D. Number C-2011-039
2. Committee Name JANE Lunn for Cong Council

Enter contributor's name middle initial. Check bo Committee (PAC) Repor	x to indicate if cont	ribution is from a Politica	-	iter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: WARDAWA Z92   OVA		UEC.	of Receipt	10/9/11		
	bue, MI				s 200	\$ <b>Z</b> 00_
5. If over \$100.00 cumu	lative, please pro		1.1	Not	Oliek Henr 5	ou Mana diaminatian
OccupationN/F	7	vide: Employer <i>\lambde{l}</i>	HL	Employed)	Click Here to	or Memo Itemization
Business Address					-	
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
3. Contribution #2 Name & Address CAHILL, S 1418 BAG, ONLAI ARB	PAC Receipt?		of Receipt	10/9/11	,/	
1418 1510	12 WAY	illine		•	<u> </u>	<u>50</u>
GNLN/HEB	ec, MI	40105				
5. If over \$100.00 cumu	•				Click Here fo	or Memo Itemization
Occupation		Employer		A JOSEPH WARRANT AND A STATE OF THE STATE OF		
Business Address						1
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
3. Contribution #3 Name & Address:  SCAUCZE 1956 Bac	PAC Receipt?  AHCELLI  LLAGA DR	М.	of Receipt	10/9/11	s 100	s 100
Anni Ark	WA MI	48104				
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here for	r Memo Itemization
Occupation		Employer		·		
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser	· · · · · · · · · · · · · · · · · · ·	
3. Contribution # 4 Name & Address	PAC Receipt?		of Receip	10/9/11		
ECKSTEIN,	TETER C	ÅA			1.m	
2551 Lond Ann Aebal	ONACMY	KES. ZIBU			\$ 100	\$
# # # # # # # # # # # # # # # # # # #	lative, please pro	ダルケ vide:				
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Occupation		Employer				
Business Address		·····				
Type of Contribution:	Direct	Loan from a person	M	Fund Raiser		
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Page 4 of 49					line 3a of Summary Page.	



I EMIZED COM I KIBU HONS	1 Committee LD Number 6-20/1-039
SCHEDULE 1A	1. Commutee 1.D. Number
CANDIDATE COMMITTEE	2. Committee Name JANCE LUMIN FOR City Council

	1	
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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /0/10/11  Name & Address:  LEWIS, CARRIYN B. 2250 GLENDALORN & RD.  ANNI ARBOR, MT 48104  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct	\$ 100 Click Here for	s/o  s/o  or Memo Itemization
If over \$100.00 cumulative, please provide:  Occupation Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt /0/10/11  Name & Address:  DAILEY, Kobses M.  /523 EAULBOYOUGH  ANN ARBY. MI 46104  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ ZØ Click Here for	\$
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/8/// Name & Address  MUNDUS, WILLIAM  1) REGART DEFFE  ANNI ARBAE, MI 46/04  5. If over \$100.00 cumulative, please provide:	\$ 50	§ 50
Occupation Employer	Click Here for	Memo Itemization
Business Address  Type of Contribution: Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
Page <u>5</u> of <u>49</u>	Page,	

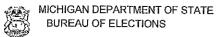


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZoII-039
2. Committee Name JANGLUMU For City Corneic

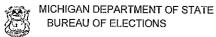
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt /0/le/1/ Name & Address:		
BORIS, KAMETYN 4. P.O. BOX BILT ANN ARBOR, MI 48107 5. If over \$100.00 cumulative, please provide:	\$ 50	\$or Memo Itemization
Occupation Employer	Olick Hele K	a memo temization
Business Address	-	
Type of Contribution: Loan from a person Fund Raiser	EMPERATURE CONTRACTOR OF THE PERSON OF THE P	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/7/1/ Name & Address		
BELANCEY, BARBARA L. 211 BELMONT ED. ANN ARBE, MI 48/04 5. If over \$100.00 cumulative, please provide:	\$Z S Click Here fo	s 25
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		l I
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/7/1/ Name & Address:		
DARGA, MIGNAEL  ZZZ DEVONSTITERD  ANNI ACBGE, MIT 48/04  5. If over \$100.00 cumulative, please provide:	\$ 100	\$/D/O
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	1	
B. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/8/1/		
POWELL, SUZANNE  8 RUTHVENI PLACE  Anini Arbee, MI 46104  5. If over \$100.00 cumulative, please provide:	\$ 50	\$SO
Occupation Employer	Ollow Hele IOI	WOLLO HOUISAROL
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal	225	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
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CANDIDATE COMMITTEE

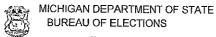
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount 7. Cumulative for Election Cycle for Each
Committee (PAC) Report <u>all</u> contributions regardless of amount.	Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /08/// Name & Address:	-
RIGHART, BETTY	
ZZIO HILL STORT ANNA ARBOR, MI 48/04	50 50
5. If over \$100.00 cumulative, please provide:	
	Click Here for Memo Itemization
Occupation Employer	-
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt // 8	
Name & Address	
MOSS, CRUSE W. (TRUST)	<b></b>
ZZOS MELROSE AVE	<u> </u>
ANNI ACDE, MI 48104	-
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation RETTIELD Employer MA	
Business Address	
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt /0/8/11	
KOZUA, ADAM	
KOZNA, ADAM 2996 Appleway Anni Arber, MI 46104	<u>\$ 25                                   </u>
Anial Alebee, MI 48104	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	A STATE OF THE STA
Occupation Employer	
Business Address	
2 Contribution #4 PAC Possint2 Taylor 12 152 11 12 152 11 12 152 11 12 152 11 12 152 11 152 1	
Name & Address	
SCHULTE, JEROME P. 3334 YELLOWSTONE DE ANNI HEBER, MI 46105 5. If over \$100.00 cumulative, please provide:	
3334 GULLOWSTONE DE	\$ 25 <sub>\$</sub> 25
4NLN/ HCbes, MT 46/05  5. If over \$100.00 cumulative, please provide:	
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Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Cotor this tetal or
Page 7 of 49	Enter this total on line 3a of Summary
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#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name THILL LUMM FOR CATY COUNCIL

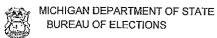
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	o. / mioant	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /0/6/1/		T date of receipty
Name & Address:		
1871 Shrainan/	19 pm	-
1821 Sheeisany Anni Arbae, MI 48104	s	\$ 25
5. If over \$100.00 cumulative, please provide:	Click Hara fo	or Memo İtemization
Occupation Employer	Olick Here to	or Metrio Remization
Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/9/1/ Name & Address		
FEMANTINO, JANETTE		
FEMANITIMO, JANETTE 276 INDIAN RIVER PLACE	<sub>s_</sub> 200	, <i>ZOO</i>
AnniAeboe, MI 46/04		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation RETIREA Employer N/A		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt /0/7/1/ Name & Address:		
- <i>I</i>		
EDSALL, TheMASA, ZISZ GERRATOWN BLUD.	s 50	s 50
ANN ACCOR, MI 48/05		
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		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/8/1/ Name & Address		
DAUIS, WILLIAM IT. Z64 BARTON ShOPELE.		
264 BARTON Shore De-	s 100	. 180
ANNI ACKE, MI 48/05  5. If over \$100.00 cumulative, please provide:		φ
	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	375	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on	J
Page 6 of 49	line 3a of Summary Page.	



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011 - 039
2. Committee Name JANELUM FOSCAY COUNCIL

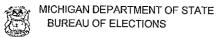
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/1/Name & Address:  CONLIN, LAVEA E.  ZZIS DEVONSHIEE RO.  ANN ARDOR, MIT 46104  5. If over \$100.00 cumulative, please provide:	\$ 100	\$ 100
Occupation Employer	Click Here to	or Memo Itemization
Business Address	-	
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/10/11		
BHATIA, INDERPALS.  ZSSS DEVENISHAR DP.  ANNI AEBEA, MI 48104  5. If over \$100.00 cumulative, please provide:	\$SO	ss
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address:  HOOD, E. EALLARD 1980 STONE DAILED AR. NOTH ANN ARBEL, MT 46108 5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ /00 Click Here for	\$ /OO  Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/7/1/ Name & Address  Pobrat Son, William  1511 Grandar AVE  Anni Arbot mil 48/04 5. If over \$100.00 cumulative, please provide:	\$ /00	s_/00
Occupation Employer	Click Here for	Memo Itemization
Business Address  Type of Contribution: DirectLoan from a person Fund Raiser		
Page Subtotal	3 <i>50</i>	1
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANCE Luman For City Council

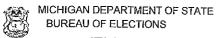
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /0/10/1/		
Brewer, Alancy 3460 E. Hureau River St Anni Arbac, MI 48104 5. If over \$100.00 cumulative, please provide:	s 100	\$ 100
Occupation Employer	Click Here to	or Memo Itemization
Business Address  Type of Contribution: Loan from a person Fund Raiser	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/10/1/ Name & Address		
GARTHWAITE, PENULY A. 5118 ISIANID Shore DE. LARGLAND, MI 46143 5. If over \$100.00 cumulative, please provide:	\$ /00 Click Here fo	\$ /oo
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt /0/8/11  AMONESEN, Edwin I.  3043 OVENINGE DE  Anim Aubor, MT 48104  5. If over \$100.00 cumulative, please provide:	\$Click Here for	\$MO Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/7/11		
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Occupation Employer	Click Here to	Memo Itemization
Business Address  Type of Contribution: Direct		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 10 of 49	line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-ZOII-039</u>
2. Committee Name JANUE LUMIN For Cry Councic

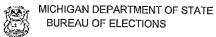
2. Committee Name 34		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:  WSkouitz, John Ziol WeenSide Anniactor, MJ 48104 5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ /00 Click Here fo	s /00 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/7/1/ Name & Address  NEWCOMB, WILLIAM K.  17 Hagherical ST		
5. If over \$100.00 cumulative, please provide:	\$SO	sr Memo Itemization
Occupation Employer		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/7/1/ Name & Address:  CEENLY, PATTI B.  ZEOO FAIRLAND DE- ANNI ARBEN, MT 48/04  5. If over \$100.00 cumulative, please provide:  Occupation FETHCEA Employer N/A  Business Address	\$ <u>150</u> Click Here for	\$\$Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/8/1/ Name & Address  AFIFI, Shekif 5, 2446 AGARE CAR.  Axial Archaet, MI 48/04 5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$SO	\$S Memo Itemization
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#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANE LUMN For City Council

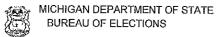
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /0/7/ M	att of the state o
HUNLYTE, JEWELF.  123 LAVEIN AR.  ANN ARBAE, MI 48105  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100
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Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/7/1/ Name & Address	
VEIGEL, JACQUELYN M. 3000 GLAZIPE WAY, Apt 360 ANN AEBOOK, MJ 48105  5. If over \$100.00 cumulative, please provide:	\$ 50 \$ 50 Click Here for Memo Itemization
Occupation Employer	
Business Address	İ
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/5/1/	
Declarate oberderster, Mark C  1527 STONEH QUENT RO  ANN ARBOR, MIL 48104  5. If over \$100.00 cumulative, please provide:  Occupation Physician Employer PARTMAS IN MEDICINE  Business Address ZZOO GERREN RD. ANN ARBOR	\$ ZOO \$ ZOO  Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/3/1/ Name & Address  STANAL WHIAM N.  5 KINSEMBE DE ANN ARBAE MJ 48/03  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	450
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on
Page 12 of 49	line 3a of Summary Page.



## CANDIDATE COMMITTEE

1. Committee I.D. Number C- 2011-039
2. Committee Name JANELUMM For City Coursin

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? YES 4. Date of Receipt 10/5/1/ Name & Address:	date of receipt)
MATTHEWS, JUDIN A	
4926 SAINT ANDRUS COURT ANN AREAR, MI 48108 5. If over \$100.00 cumulative, please provide:	: 25 : 25
Occupation Employer	Click Here for Memo Itemization
Business Address	~
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/4/1/ Name & Address	
BUTCHART, KENT 701 WESLEY ANN ARKON MT 48103 5. If over \$100.00 cumulative, please provide:	§ 50 § 50
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/4/1/ Name & Address:  CRESS, CONSTANCE T TRUST 1958 BOUCDAR DE- ANNI AFBIL MT 48/04 5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100  Click Here for Memo Itemization
Occupation Employer	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt /0/4/1/	
COCHIANE, MARIEL LIVING TRUST 1530 EDINESSOUGH ANNI ARBON, MJ 4BIOY 5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100  Click Here for Memo Itemization
Occupation Employer	Click here for Memo Remization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on
Page 13 of 49	line 3a of Summary Page.



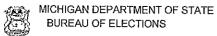
#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANUE LUMM For City 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 Name & Address:  LONG, PETER PALD FISHINGTONT, PAG  1993 STONE Bridge AR. A  HALL ABBOX, M.J. 4810B  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct	\$ 50 Click Here fo	\$SO
Name & Address  Skup Ski, James M. And Widzinski, Dianal  Z940 Be went Shake RD  Anni Alebac, MI 46/04  5. If over \$100.00 cumulative, please provide: (Dianal)  Occupation Manager Employer Valiv. of Michigan,  Business Address Anni Arbor Sthool Of MUSIC  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 250 Click Here fo	\$ZSO r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/3/11  Name & Address:  Sposito, John G. 2230 Charces DR. Annu Arbae MT 48103  5. If over \$100.00 cumulative, please provide:  Occupation REVICED Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ ZOO Click Here for	\$ZOO_ Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/5/11  Name & Address  Do MAL PLLAN, Robbet T.  1934 Boulder De.  Annu Arbae, MT 46/04  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: \( \times \) Direct	\$ 100 Click Here for	\$/OO Memo Itemization
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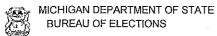
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#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name Janua Luma Fai Ciry Couseil

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount 7. Cumulative for
middle Initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/5/11 Name & Address:	
VAU GHANI, CHEISTOPHEC.  Z836 BALLECLIFF ST.  ANN ABBON, MJ 48105  5. If over \$100.00 cumulative, please provide:	§ 50 § 50
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Business Address	<del></del>
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/5/1/ Name & Address	
CARLISCE, BARBARA K- 2935 FXMER RA ANN ADON, MT 46104 5. If over \$100.00 cumulative, please provide:	\$ 50 \$ 50 Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 Name & Address:  HEIRKINEN, PRUBANCE F.  1914 LUGUNEST,  ANN ABBA, MJ 48104  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100 Click Here for Memo Itemization
Occupation Employer	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/4/1/ Name & Address  Cooper, Howard J. Trust	
COOPER, HOWARD J. TRUST 2465 LONDONDENYRD ANN ARBAR, M.J. 48104 5. If over \$100.00 cumulative, please provide:	\$ 200 \$ 200
Occupation PRINCIPAC Employer AUTO BRACARShipS  Business Address Anni Arber APEA	Click Here for Memo Itemization
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary
Page 15 of 49	Page.

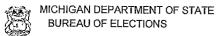


#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOUI-039
2. Committee Name TANCEL LEMAN For Cary Council

OATODATE COMMITTEE	
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 Name & Address:  ALEL SONL, STEWART  ZA75 MICKORY LANCE  ANUN ARBAN, MI 46/04  5. If over \$100.00 cumulative, please provide:  Occupation Retrictab Auxil Maployer Prior  Type of Contribution:  Direct Loan from a person Fund Raiser  3. Contribution #2 Name & Address  PETELSON, DENIALS C.  Z725 DENIALS LINE FOR  ANUN ARBOR, MI 466/04  5. If over \$100.00 cumulative, please provide:	\$ ZOO \$ ZOO  Click Here for Memo Itemization  \$ 50 \$ 50  Click Here for Memo Itemization
Occupation Employer	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 Name & Address:  HALLER, DEBOLAH A,  ZIOB Capacy Aud  ANEL ABOL, MIT 48/04  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 40 \$ 40 Click Here for Memo Itemization
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/4/1/ Name & Address  RENUCEN , NAME AT TRUST  Z 15 H 3 SWENTH 5T.  ANN ARBOR. MJ 48/03  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: X Direct Loan from a person Fund Raiser	\$
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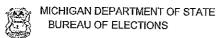


## CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011 - 039
2. Committee Name Jane Luma Far Ciry 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 Name & Address:  HVRWITZ, SUSANS,  /SZO CAMBRIDGE  ANAL DESEN, NIZ 46/0 4 5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: X Direct   Loan from a person   Fund Raiser	\$ /00 Click Here fo	\$/OO_ or Memo Itemization
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Anna & Address:  White, James J. Ani D. Maney C.  1663 6 Aniest  Anna Arban, M.J. 48/04  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ /00 Click Here for	\$OO  Memo Itemization
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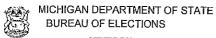
Page / / of 49



#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANE Lunes For Cryy Council

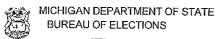
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Type of Contribution: Direct	Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address:  BARNEST, GLYNN I  I EWNYEN PLACE		s 50	<u>50</u>
ANUM AND MI 45. 5. If over \$100.00 cumulative, please provide	6104 le:	Click Here for	Memo Itemization
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Business Address  Type of Contribution: Direct	11		
<u></u>	Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? Name & Address			
RIDHA, SOPHIA 2038 S. SEVERAMS Annal Appleor MJ48. 5. If over \$100.00 cumulative, please provide	103 le:	S S O	\$50
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Page_18_ of_49_	Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	
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#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOII-039
2. Committee Name TANE Lumm Far Cary Council

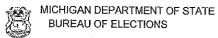
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3. Contribution # 1 Name & Address:  PEWNATT CHARLES & REVOCABLO TEOST ZZOO GREEN RD, SUITE E-PRESINCH  4. Date of Receipt 1014/11  REWNATT CHARLES & REVOCABLO TEOST ZZOO GREEN RD, SUITE E-PRESINCH  4. Date of Receipt 1014/11  REWNATT CHARLES & REVOCABLO TEOST ZZOO GREEN RD, SUITE E-PRESINCH  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 50 \$ 50  Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/3/1/ Name & Address  PERNICAN, CARRY FERONIAN  ZOOO GLADSYONE  ANN ACLOR, MJ 48104  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100
Occupation Employer  Business Address Loan from a person Fund Raiser	Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/6/1/ Name & Address:  BEUNIER, RAZAN H.  IZOO EARNACTRA. Apt 553  ANALAEBOR, MIT 46/05  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 25 \$ 25 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #4 Name & Address  PAC Receipt? YES 4. Date of Receipt /0/4/1/  BEUCHE, DEBORAH M	
1063 YOUNG VC.  ANAL ABOON MIT 46/05  5. If over \$100.00 cumulative, please provide:	\$ ZOO \$ ZOO  Click Here for Memo Itemization
Business Address  Type of Contribution:	·
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 19 of 49	Enter this total on line 3a of Summary Page.



## CANDIDATE COMMITTEE

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? YES 4. Date of Receipt 10/5/1/ Name & Address:  EALGEL DEET, DAVID E.		
ENIBEL BERT, DAVID E. 715 BASKLAY CT ANN ARBOY MI 48105 5. If over \$100.00 cumulative, please provide:	\$ 50	\$ 50
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/6/11  Name & Address		
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Anene Arebook, MI 48105		·
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/4/1/		
PORTER RICHARA C.		
PORTER, Richard C. 1012 SeaxT PLACE ANN ARBOR, MI 48105	\$ 30	\$ 50
ANN ARBOR MIT 48105	Cliek Hone for	Marsa Harris II
5. If over \$100.00 cumulative, please provide:	Click mere for	Memo Itemization
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/5/4/ Name & Address		
BARTOIA, ROGER R.		
3226 EDGEWOOD DE.	, 50	. 50
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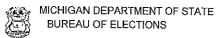


#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_ C-Z011-039
2. Committee Name TANG LIMM For Corry 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? YES 4. Date of Receipt 10/4/1/		auto of recorpt)
DELMINGER, INGERIA A.		
3063 OVELYDGENE.	100	100
3063 OVERTIGEDR, ANN ARBON, MY 48104 5. If over \$100.00 cumulative, please provide:	\$ 100	\$ 700
Occupation Employer	Click 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 19/3/1/ Name & Address NACE, BFLL		
ANNO ARBON, MI 48103	<u>50</u>	<u> 50</u>
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		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 19/5/11		
EDBT BARBANA C.		
1509 NORMANDY	<u> </u>	\$ <b>200</b>
ANIN 4860, MI 46103	Click Here for	Memo Itemization
Occupation NA Employer NA (FMALOYEA)		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt /0/3/1/ Name & Address		
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MINIARDAE, MI 48104	2	\$
5. If over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization
Occupation PRESIDENT Employer MEDAPOTUS ING. Business Address 176 FEDALAL ST. BOSTON, MASS 021	Onor Hore for	Wellio Remization
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Page 21 of 49



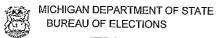
#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOII-039
2. Committee Name JANE Liems Fur City Coonoil

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
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/4/1 Name & Address:  COUYOUMINAL, KARL  ZIBT MELRUSE  ANNI ARBOR MI 46/04  5. If over \$100.00 cumulative, please provide:	\$ 100 \$ 100  Click Here for Memo Itemization
OccupationEmployer	-
Name & Address  Miller Stephen S.  Z412 George Value Blue  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50 \$ 50 Click Here for Memo Itemization
Accontribution # 3 PAC Receipt? YES 4. Date of Receipt 10/3/1/  WARAM, ABE  5261 VILAGE ED  SACIALE, MJ 48176  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser ,	\$ 100 \$ 100  Click Here for Memo Itemization
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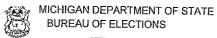


#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name BAKE Light For City Council

2. Continuee Name	V-10-6- 44 O /	
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
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/5/ U	_ 1	date of receipt)
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ANNI HELDY, MI 48/03	Ψ	s
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Page 23 of 49

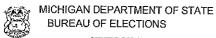


#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name TANCE L'UMM Fai Cary Couroic

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)
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KENLEY, DONALD H. ZZOY APPLEWOOD CT. ANNI ACDON, MI 48103 5. If over \$100.00 cumulative, please provide:	\$ 25 \$ S
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Business Address	
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/5/U	
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FINGRELE, MARK M. 31312AKE HAVER DE ANEN AREA MI 48105 5. If over \$100.00 cumulative, please provide:	S S S S S S S C S S S S S S S S S S S S
Occupation Employer	
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24 of 49	Enter this total on line 3a of Summary

Page of v



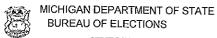
#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANUL Luna For Cary Council

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	- A	7 Cumulation 5
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)
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SIDNEY, KARENI M. 100 LONGMANI	100	100
Ancy Achar MT 48103 5. If over \$100.00 cumulative, please provide:	\$ 200	\$ 200
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Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/6/1/		
Name & Address		
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120 N. Druisian, April	<u> 25</u>	<sub>s</sub> 25
DETTER, RAYMONED A. 120 N. DIVISION, ASTI ANN ARBOR MI 48104 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/7/1/ Name & Address:		
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2630 MANCHESTIR RD. ANN ARBOR, MI 48104	\$ <u>200</u>	\$ 200
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Business Address  Type of Contribution:		
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WILKAS, WENDY L. 2840 Overridge De Anni Aebas, this 48104	, 50	, 50
4MM HOBUS TOLT 46/04  5. If over \$100.00 cumulative, please provide:	F	φ
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
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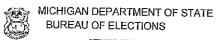


#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOII-039
2. Committee Name JANCE LUMM For City 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? YES 4. Date of Receipt /0/5/1/Name & Address:  PARIEIA C  ZIZY RUMLYMENE BLUD  AA, MZ 48103 5. If over \$100.00 cumulative, please provide:	<u>, 50</u> , 50
Occupation Employer  Business Address  Type of Contribution:	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/6/11  SCHUTT-CHECH, SUSANIE.  3075 NUMERICA VALLEY  ANNI APPOR, MI 48104  5. If over \$100.00 cumulative, please provide:  OccupationEmployer	\$_50 \s_50 Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/4/11  BLAKE, KAMMAN C.  1207 Brooks YN AVE  AND APPEN MI 48/04  5. If over \$100.00 cumulative, please provide:	\$ 25 \$ 25 Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser  Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/5/11  Name & Address  POLLOCK, TAMES K.  302 = FATELANCE ST.  ANN ARESIST.  ANN	\$ 100 \$ 100 Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	To the members of
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#### **CANDIDATE COMMITTEE**

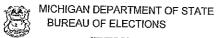
1. Committee I.D. Number C-2011-039
2. Committee Name Jance Lumn For City Council

2. Committee Name		
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)
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5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Loan from a person Fund Raiser	Click Here f	or Memo Itemization
3. Contribution #2 Name & Address  ALARY, JANET L.  845 ARCINETON  ANN ABOVE, MI 48104  5. If over \$100.00 cumulative, please provide:  Occupation	\$ /00 Click Here fo	\$ /වට or Memo Itemization
A Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/8/U  Name & Address:  SOLD SMITH, ALAN  ZZEO ANGS DONG BAC  AND HEBOT, M.T. 48/03  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct	\$ /00 Click Here for	\$/OO_ Memo Itemization
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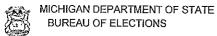
#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANEL Lunn For City Counces

Enter contributor's name and address if		
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)
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BLACK, HERBERT R. ZHII SHANNONDAKE		
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Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/6/1/ Name & Address		
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1966 Boulder DR.	<u> 250</u>	<sub>\$</sub> 250
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Business Address		
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And McLan Not 48/05  If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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RILLEY, LOLAI.		
1310 Fack STONE CT.	s 20	20
Anul Atchor, MI 48105  5. If over \$100.00 cumulative, please provide:	<u></u>	\$
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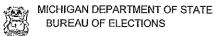


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOII-039
2. Committee Name JANE LUMM For City Council

CANDIDATE CONTINUITIEE 2. Committee Name 2.		, -, -, -, -, -, -, -, -, -, -, -, -, -,
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? YES 4. Date of Receipt 10/8/V		
GRAY, JERRY M. 3080 HUNDALL VALLY DR ANNI ARBAN, M.J. 48/04 5. If over \$100.00 cumulative, please provide:	\$ 25	\$ 25
Occupation Employer	Click Here to	or Memo Itemization
Business Address	-	
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/7/// Name & Address		
DEEM, MALIE E.		
1024 ÉFERNAIUS DE	\$ 50	§ 50
ANN ARLOR, MI 48/05  5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 196/11		
ATEMENTROOF, VIVIENNE N.	50	<
920 VESDER RD ANN ARBOR, MIT 48103 5. If over \$100.00 cumulative, please provide:	Click Here for	§ Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:  Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/8/// Name & Address	<u>,,, ,, ,, , , , , , , , , , , , , , , </u>	
DODSON, MARY H.		
4001 GLACIER HILLS DE ADT313 ANNI ABBAN, MIT 48105	<u> </u>	500 g
5. If over \$100.00 cumulative, please provide:	-	-
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Page 29 of 49

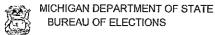


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE**

2. Committee Name JANCE	Lumm	For	Ciry	Cours	oic
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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? YES 4. Date of Receipt 10/8/1/8/Name & Address:		
ZIZI Granview Anni Arbor MZ 48/03 5. If over \$100.00 cumulative, please provide:	\$ 100	\$ 100
Occupation Employer	Click Here to	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 10/6/1/ Name & Address		
WOOD, PAMELAS. 1375 BURGUNDY RD ANN ARBOR, MI 48105	5762	
1375 BURGUNDY RD	\$	<u>s 50</u>
ANN ARKE, MI 48105  5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/6/U		
BRYANT, BARBARA E. 1505 Sheeld And DR. Anial Arbar, MI 48104 5. If over \$100.00 cumulative, please provide:	\$56 Click Here for	\$SO
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	)	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/5/1/ Name & Address		
DODSON, STEPHEN B.		_
3350 GEDA9S PALL AR BOR, MI 48105 5. If over \$100.00 cumulative, please provide:	§ 250	<u> 250</u>
Occupation RETTIONS Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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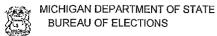
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CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_ C-ZOII-039 2. Committee Name JANELUMM Fur City 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 <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative Election Cycle Contributor (1 date of receipt	e for Each Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /D/// Name & Address:		
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Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/3/1/ Name & Address		l
LUMM, JOHN AND JAME 3075 Overridge Delve Ann Arbor, MY 48/04	\$ 1,000 \$ 1,6	200
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemi	ization
Occupation MANAGEE Employer EASTERN MICHIGAN UNID.	•	
Business Address YPSILANCY, MT		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/26/11  Name & Address:		
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FOLLARDS, ANNI A. 4066 GLAEFER HILLSCIE.	<u> 500 , 5</u>	00
Anex Arber, MI 46105	Of 1.11 5 M	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemiz	zation
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/15/L/ Name & Address		
ShAFFRAN, EDWARD A. TTEE		
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anew Achee,	\$ <u></u>	
5. If over \$100.00 cumulative, please provide:  Sharpan Company  Occupation PRINGPAR Employer (REA Extract)	Click Here for Memo Itemiz	zation
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Business Address Ancae Arbox		
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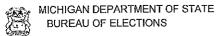


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name TANG LUMM Far City Counder

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? YES 4. Date of Receipt 8/4/// Name & Address:		
CASSELDAUM, JANET 4 HEAGHETILGE ST. ANN ARBOR, MT 48104 5. If over \$100.00 cumulative, please provide:	\$ 100	\$ /OO
Occupation Employer	Click Here ic	ir ivierno iternization
Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/5/1/ Name & Address		
OCHOTALY, MARCIA A, 3162 BITCHWOOD CT		<i>-</i>
3162 Bitchwood CT	<u>\$ 50</u>	§ 50
ANNI ARBON, MIT 4800 48105  5. If over \$100.00 cumulative, please provide:	Clink Horn fo	n Mana a Itanain-ti
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Occupation		
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/6/1/ Name & Address:		
HARDING, MAUTERN M 1790 Sheeldan Ann Arbar, MI 48104	. 50	50
1790 Sheciaan	D	\$ <u>50</u>
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  3. Contribution #4 PAC Receipt? VES 4. Date of Receipt (2/27/24)		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 9/22/1/ Name & Address		
MONTS, LASLIE	-	
1023 YOULD PLACE ANN DRIVE MIT 48105  5. If over \$100.00 cumulative, please provide:	<u> 200</u>	<u> 200</u>
Occupation RETTERA Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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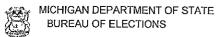


CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2011-639</u>
2. Committee Name <u>JANCE LUMM For City Council</u>

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? YES 4. Date of Receipt 9/24/11 Name & Address:		
SALVETTE, EMILY H. 2016 DEVENISHIER PD.	> e^	200
Anni Arbor, MI 48104	s	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation SECRETARY Employer VNW. OF MIGHIGAN  Purince Address 1415 WASAINGTON HAS ANN ARBOR	-	
Business Address	<b></b>	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /6/14/1/		
SETTIMI, PAYETCIAG		_
3109 W. Dolson FG	\$_100	\$ 100
Aneal ARBOR, MT 48105		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/22/1/ Name & Address:		•
WESSMAN, ROBECTO.	\$ 100	(00)
2961 DEWNSHIRE RD	*	
ANNI ARBOT, MI 48 10 4 5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
1900 0000000000000000000000000000000000		and the second s
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt /0/21/11 Name & Address CADUSE CNAR(SSA)		
CARVER, CHARLES A. ZOOBS, SHATE ST. SUITE A	. 100	1000
DWAL ARBOR, MI 48104	5 /6/0	\$
ANN ARBOR, NIT 48104 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Dispinana Addross		
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Page <u>33</u> of <u>49</u>

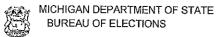


CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANG LUMM For CHY 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 Name & Address:  PAC Receipt? YES 4. Date of Receipt  10/18//  YES 4. Date of Receipt  10/18//  YES 4. Date of Receipt  10/18//  YES 4. Date of Receipt  10/18//  10/18//  YES 4. Date of Receipt  10/18//  10/18	\$ 150 \$ 150 Click Here for Memo Itemization
GRADWORL, STEPHENE MANN, LISA L 3090 EXMORE ANN APPRO, MI 48104  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: \[ \int \int \int \int \int \int \int \int	\$ 40 \$ 40 Click Here for Memo Itemization
ANN ARLAND, MI 48104  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Direct Loan from a person Fund Raiser	\$\$SO Click Here for Memo Itemization
A. Contribution # 4 PAC Receipt? YES 4. Date of Receipt /0/9/// Name & Address  CARUSO, VINCRUS A.  556 GLANDACE CIR.  ANNI ANDRE, M.J. 48/03  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 35 \$ 35  Click Here for Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	275 Enter this total on

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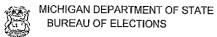
CANDIDATE COMMITTEE

1. Committée I.D. Number \_\_\_\_\_\_ C-ZOII-039 2. Committée Name \_\_\_\_\_ TANE Lumn Far City 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? YES 4. Date of Receipt 10/17/11 Name & Address:  PETELSON, KENNETHAK.  3069 Overstage AAIN ARBON MIT 5. If over \$100.00 cumulative, please provide:	\$ 50	<u>\$ 50</u>
Cocupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	r Memo Itemization
And Action #2 PAC Receipt? YES 4. Date of Receipt /0/21/11  Name & Address  MILLER, DIANIE C.  3991 LUAN MALCUROL  ANNU ARCOROL  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ /00 Click Here for	\$/OO r Memo Itemization
ALD HEA, KAMERINE A. Date of Receipt 10/70/11  ALD HEA, KAMERINE A. 1059 Yours FLACE  ANN ABBRE, M.T. 48105  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: \[ \int Direct \] Loan from a person \[ \int Fund Raiser \]	\$ 25 Click Here for	\$ 25 Memo Itemization
Accontribution # 4 PAC Receipt? YES 4. Date of Receipt /0/21/11  BLOOM , MARTHAL .  3466 RUPE DEALD DR- HANN ARBAC MT 48105  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	,	\$/OO Memo Itemization
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## ITEMIZED CONTRIBUTIONS **SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOU-039
2. Committee Name TANCE Lumm For City Communic

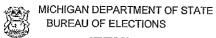
		_,,	
name and address.	If contribution is from an individual,	enter last name.	first name

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 Name & Address:  Thom Soal, While Address  874 BRIDGE, MJ 48104 5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser  3. Contribution #2 Name & Address  PAC Receipt?   YES   4. Date of Receipt   10/17/1/1	\$ 100 Click Here fo	s <u>//O</u> or Memo Itemization
MONIS MICHAELA  1023 YOUNG PORE ANNU HAROR MIT 48105  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: \[ \int \int \int \int \int \int \int \int	\$ <u>/00</u> Click Here fo	\$ /00
3. Contribution # 3 Name & Address:  FEFETAL, Novelas b- ZIZB MULLose Ave Avel Arbac, MT +Broy  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 5'0 Click Here for	\$\$ Memo Itemization
And Architect PAC Receipt? YES 4. Date of Receipt 10/18/1/ Name & Address  HOLDS, LYNUL.  3965 RIBGINAL SQUARE AND ARCHIE, MIL 48/05  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100 Click Here for	\$/O()  Memo Itemization
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Grand Total of All Schedules 1A		i

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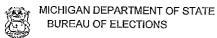
## CANDIDATE COMMITTEE

1. Committee I.D. Number C-ZOII-039
2. Committee Name TANCE LUMM For City Council.

MRETIDITY, ANU R.  3/85 FENBRETON AR  4/10/14 Hebes, MI 48/05  5. If vow \$10.00 cumulative, please provide:  Occupation		
Name & Address:    Section   middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	Election Cycle for Each Contributor (Through	
Docupation	Name & Address:	\$ 50 \$ 50
Type of Contribution: Direct   Loan from a person   Fund Raiser		Click Here for Memo Itemization
Describition #2 PAC Receipt? VES 4. Date of Receipt 10/18/1/  RECECE, TAMAS 5.  333 Pack Creak CT.  ANALHABOL NIT 46004  i. If over \$100.00 cumulative, please provide:  Coupation	Business Address	-
Secretary   Secr	Type of Contribution: Loan from a person Fund Raiser	
339 Rack CREAK CT. ANN ARCHOE, N.T. 4604  if over \$100.00 cumulative, please provide:    Contribution   Employer   Employer	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/18/11	
Susiness Address  Type of Contribution: Direct	REERE, JAMES S. 339 Rack CREAK CT. ANNI AREAC, MIL 46104 5. If over \$100.00 cumulative, please provide:	\$ 50 \$ 50 Click Here for Memo Itemization
Direct	Occupation Employer	
Contribution #3   PAC Receipt?   YES   4. Date of Receipt   10/17/11     50   50   50   50   50   50   50	Business Address	
lame & Address:  Ti MMEC, KENALETA J.  Z 117 Ascert ST.  Anal Ascert MT 48/03  If over \$100.00 cumulative, please provide:  Cocupation Employer	Type of Contribution: Direct Loan from a person Fund Raiser	
Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 PAC Receipt? YES 4. Date of Receipt / 0/14/ // Amme & Address  HOEFLE, MILTON L.  HOZO BRUNANT HOLDY  If over \$100.00 cumulative, please provide:  Click Here for Memo Itemization  Cucupation Employer Fund Raiser  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal Complete on last page of Schedule)	Name & Address:  THEMER, KENNIEVLJ.  ZUZ ASCOT ST.	\$ 50 \$ 50 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  Contribution # 4 PAC Receipt? YES 4. Date of Receipt /0/14/1/  HOEFLE, MILTON L.  1020 BALMONI AND HELDER, MILTON L.  If over \$100.00 cumulative, please provide:  Occupation Employer  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal Complete on last page of Schedule)	Occupation Employer	
HOEFLE, MILTON L.  1020 BALMONTS ANNU ARISON, MILT HEIGY . If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: \[ \int \] Direct	Business Address	
Ann Helse, MT 48109  If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Page Subtotal  2.50  Grand Total of All Schedules 1A (Complete on last page of Schedule)	lame & Address	100
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Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal 2.50  Grand Total of All Schedules 1A (Complete on last page of Schedule)		į
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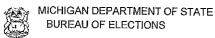
#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name TAWE Lunn For City Cookoik

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? YES 4. Date of Receipt /0//7/ W	•	
MAUGH, JUDYTHER. 2)58 MELRESE AUR ANNI ARBIC, MI 48104 5. If over \$100.00 cumulative, please provide:	\$ 100	\$ 100
Occupation Employer	Click Here to	or Memo Itemization
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/2i/l/ Name & Address		
REID, JAMETR.	1. 0	
1070 CHESTALOT ANNIARDOC, MI 48104	\$ 128	s 100
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Loan from a person Fund Raiser	_	
3. Contribution #3 Name & Address:  LOWE, RICHARD  1715 SCIO CALLARA RD -  ANEW ARDRE MT 48103  5. If over \$100.00 cumulative, please provide:	\$ /5 Click Here for	\$Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/13/1/ Name & Address		
CANHAM - EADON, CLAICE		
1665 Shecidan De.	s 25	s 25
4NNL ARBAR MIZ 48104 5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation Employer	Ollow Field 101	Memo itemization
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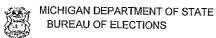
## CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2011-039</u>
2. Committee Name <u>TANELumn For CFTY Council</u>

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? YES 4. Date of Receipt 10/14/11 Name & Address:  DAANE, DIEK AND MARYANN	
1116 CHETALOT 46104 5. If over \$100.00 cumulative, please provide:	§ 25 § 25
Occupation Employer	Click Here for Memo Itemization
Business Address	-
Type of Contribution: \( \sum_{\text{Direct}} \) Direct \( \text{Loan from a person} \) Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /0/12/1/ Name & Address  ASCOLA, Bob	
304 S. STATE ST. Anni Appac, MI 48104	s 25 s 25
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/15/11	
DAUPS, DAVE AND Graveleen	<b>-</b>
3510 WINDENGEECT, ANN APPAC MI 48105 5. If over \$100.00 cumulative, please provide:	\$ 25 \$ 25 Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/U	
HILDERT, STU AND BARBANA 2200 Highland Bo	
2200 Highland BD	<u>\$ 25</u> ; 25
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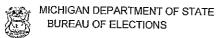
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## CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_\_ C-2011-639
2. Committee Name \_\_\_\_\_ TANCE Lumn For City Course

•	Loan from a person Fund Raiser  YES 4. Date of Receipt 10/15/1/	\$ 25 \$ 25 Click Here for Memo Itemization
Business Address  Type of Contribution: Direct  3. Contribution # 4 PAC Receipt?  Name & Address	Loan from a person Fund Raiser  YES 4. Date of Receipt 10/5/1/	
Business Address		
	h <del>-</del>	
Name & Address:  Prehamosoal, Clar  215 Backside I  Aneal Amboo, MI  5. If over \$100.00 cumulative, please pro	4810C	\$ 25 s 25  Click Here for Memo Itemization
Type of Contribution: Direct  3. Contribution # 3 PAC Receipt?	Loan from a person Fund Raiser  YES 4. Date of Receipt /0/163/1/	
Business Address		
Occupation	Employer	
NAGOURNEY, PET 914 LINEOLA AVE ANN ARBAC, MIZ 5. If over \$100.00 cumulative, please pro	48104	\$\$\$SClick Here for Memo Itemization
Contribution #2 PAC Receipt?     Name & Address	YES 4. Date of Receipt 10/14/1/	
Business Address  Type of Contribution: Direct	Loan from a person Fund Raiser	-
HOFF, DIANUE 1936 Boulder DA ANN ARROL, MJ 5. If over \$100.00 cumulative, please pro Occupation	46104 ovide:	\$ ZS \$ SS Click Here for Memo Itemization
3. Contribution # 1 PAC Receipt? Name & Address:	YES 4. Date of Receipt /0/14/11	date of receipt)
o orininates (1.1.6) Hoport <u>air</u> contributions	ntribution is from a Political Committee or an Independent regardless of amount.	Election Cycle for Each Contributor (Through



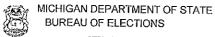
CANDIDATE COMMITTEE 2. Committee Name 34	nelime	For City Com
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/15/11 Name & Address: CERUOLD, STEPHENO+EMHY Z404 Vineuxond		
ANAL ARBAC, MI 48104  5. If over \$100.00 cumulative, please provide:	\$ 50	\$ 50
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Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/13/1/ Name & Address	- W	
DOLLER, DAKE + JAMET		
1241 ARCINGTON	\$ 30	. <i>5</i> 0
ANIM APPAR MT 48104 5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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FINERELE, JOHN + LAUREL		
1316 IROQUOIS PLACE	<u> 50</u>	\$ 50
Ancy Archae, MT 48104 If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/15/1/		
Cara de la Bola de la Cara de la		
OKEFFETUS, IDS + CATHEGGAL		
CORPETURE BOB+KATHEREN	. 50	50
1235 Morehead CT	<u> 50</u>	<u>50</u>
OKOPFINE TO FRANKEIN  1235 MOREHEAD CT  ANN ARBOR, N.J. 48103  If over \$100.00 cumulative, please provide:	Ψ	\$SO
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1235 Morehead CT Anul Arbae 113 48103 If over \$100.00 cumulative, please provide:	Ψ	\$SO Memo Itemization

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

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Enter this total on line 3a of Summary Page.



#### CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2011-039</u>
2. Committee Name <u>JANSe Lumm For City Coensell</u>

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/17/1/	Contributor (Through date of receipt)
1 1 1 A · 1 1 <del>-</del>	
HACL, HELEN ZOLS ANDRESON AND ANENE ARBON, MI 48104 5. If over \$100.00 cumulative, please provide:	50 50
Occupation Employer Click H  Business Address Type of Contribution: \( \begin{align*} \bext{align*} \begin{align*} \begin{align*} \begin{align*} al	lere for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/11 Name & Address	
HAWKING, HAMY + JAN 1790 ARKINGTON BLUD ANN ARBAR, MI 48/04 5. If over \$100.00 cumulative, please provide:  Click He	ere for Memo Itemization
Occupation Employer  Business Address  Type of Contribution:  Loan from a person  Fund Raiser	
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/13/1/	
HUNTZIEKAR, TOM +KAY 1705 MORTON AUE  ANNI ARBON MI 46104 5. If over \$100.00 cumulative, please provide:  Click He	s 50
OccupationEmployer  Business Address  Type of Contribution:	
B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/14/1/	
JENSEN, KENNETAL 2150 AMELIA PLACE 50	
FIFTH ST 46 64  5. If over \$100.00 cumulative, please provide:	\$
Occupation Employer	re for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
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#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

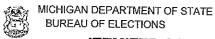
## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name JANCE LUMM For City Course

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 Name & Address:  LAINANO, DAVID + MAÉ:  1954 Bouldek De Ancel Aebac MT 48104  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50 Click Here fo	\$SO_ or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/1/ Name & Address  LANDAU, ALICE  1335 STARK STRASSE  ALL ARBON MT 48/05  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$SO_ Click Here for	\$SOr Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/14/1/  LEON, TRV ANDRANCY  3117 Overridge AR.  Anal Arbae, M.J. Hajo 4  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50 Click Here for	\$ SO
Analy Arebox Market Place Provide:  Occupation Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 500 Click Here for I	\$S Memo Itemization
	Enter this total on line 3a of Summary	

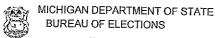
Page 73 of 71



#### CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name TAUR LUMM Fat Cry Council

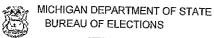
Catego cookin stade warm and all the second	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount 7. Cumulative for Election Cycle for Each
Committee (PAC) Report all contributions regardless of amount.	Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/14/U	date of receipt)
upron, Anne + Marbor	
ZEGO DAY STAGET	70
ZEGO DAY STREET ANCHE ARBEE, MJ 48104	<u> </u>
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	•
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/11	
WAX, HARVER + ROBIN	
WAX, HARVEY + ROBIN 3093 OverridgeDR	. SO . SO
AnniArbor MI 48/04	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Click Here for Metho Remization
Business Address	
T	
2 Contribution # C	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/15/1/	
/ /	
BENFORD HARRY 4082 GCALIAR HILLS DE	\$ 100 . 100
A COCHEIGH NULLS DE	\$ 100
For \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/13/1/ Name & Address	
CAMIBAIL Time A MAINER	
CAMIBAIL, TIM AND NOVERNO 1922 Boulder De.	. 100 100
Anni Assuc, MZ 48104	\$ 100
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	`
Page Subtotal	300
	300
Grand Total of All Schedules 1A (Complete on last page of Schedule)	
	Enter this total on line 3a of Summary
Page 44 of 49	Page.



## CANDIDATE COMMITTEE

1. Committee I.D. Number <u>C-2011-039</u>
2. Committee Name <u>Janue Lumm For Crity Countil</u>

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.  3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:  Copi, Davis and Barbara  Leo L Cambudge Es 4. Date of Receipt 10/15/U  Leo L Cambudge Es 4. Date of Receipt 10/15/U  The control of the con	\$ 100 \$ 100
Occupation Employer  Business Address  Type of Contribution:	Click Here for Memo Itemization
Name & Address  FLOYA, ESTACEM.  505 E. HURDA/ST ADT 707  ANN AEBOE, MJ 4864  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 100 \$ 100  Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt /0//3/1/  GAULI COURT  1385 BURGUALY  ANNA APPACE, MI 48/04  5. If over \$100.00 cumulative, please provide:	s 100 s 100 Click Here for Memo Itemization
OccupationEmployer	
3. Contribution #4 Name & Address  PAC Receipt? YES 4. Date of Receipt 10/14/11  GCLMANI, CWARLES + RITH  505 E. Nuceal ST. Apr 805  Askl Arbes, MT 48/04  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100 \$ 100 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	400
Page 45 of 49	Enter this total on line 3a of Summary Page.



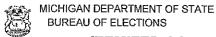
## CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name TANIA LUMM For City 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? YES 4. Date of Receipt 16/15/1/ Name & Address:	<u> </u>	01.000,01
HURBIE TRANS AND CHARLES	. 100	100
2075 Marshon De Anni Andre MI 48/03 5. If over \$100.00 cumulative, please provide:	9	\$ 200
Occupation Employer	Click Here f	or Memo Itemization
Business Address	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/14/L/ Name & Address		
MLEIN, TOM AND SACLY	100	1
3087 Quentage De	\$	\$ 100
3067 OVERNICAE DE ANNI ABBOR MI 4810 4 5. If over \$100.00 cumulative, please provide:	_	
	Click Here fo	r Memo Itemization
Occupation Employer  Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 16/15		
2AIRS JOHNUT PECEY 3150 HUNDING VARING DR	100	1 -
3150 HUNDING VACCEY DR	\$ 100	s_ 100
ANNI Achae, MIT 48 10 4 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/15/11		
MC DONALD, GRIFF AND PAY		
3906 PENBERTON DE	. 100	100
3906 PENBIPTON DE ANNI APLICE MIT 48105 i. If over \$100.00 cumulative, please provide:	\$ 200	s
Occupation Employer	Click Here for	Memo Itemization
Business Address		
	•	
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Page 46 of 49

Enter this total on line 3a of Summary



## **CANDIDATE COMMITTEE**

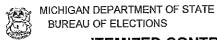
1. Committee I.D. Number C-2011-039
2. Committee Name TANCE LUMM FOR CITY COUNCIL

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? YES 4. Date of Receipt 10/16/U Name & Address:  Thompson, Beaker E  5) 96 Dona CT Annal Arban, MJ 46:08 5. If over \$100.00 cumulative, please provide:	s 100 Click Here fo	s <u>/o</u> c
Occupation Employer		
And Address  Bunk, James + Chary  Bunk, James + Chary  Bunk Address  Coepfinance Advise  Coepfinance Advise  Cocupation Owner Employer J. D. Bunk + Co LLC  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u></u> <u>200</u> e> <sub>Click Here fo</sub>	s ZOO
Accontribution #3 PAC Receipt? YES 4. Date of Receipt 10/14/1/ Name & Address:  FATOW, JOKA  1606 Dicker Be-  ANAL ARBOR, MT 46/03  5. If over \$100.00 cumulative, please provide:  Occupation ATTORNEY Employer MARK H. COUSUNS, ATTORNEY  Business Address 2626/ Evergran STE 110 Seventiech, 1  Type of Contribution: Direct Loan from a person Fund Raiser	tallif	\$ 200 Memo Itemization
And Albar MT 48104  Occupation Review PAC Receipt? YES 4. Date of Receipt 10/15/11  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	\$ ZeO  SClick Here for	\$ZOO Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A	700	

Page 47 of 49

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Enter this total on line 3a of Summary Page.

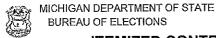


#### **CANDIDATE COMMITTEE**

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? YES 4. Date of Receipt 10/15/1/ Name & Address:		
READURE, STEPLEN + HENRES		
READER STEPLENT HENES	* ZOO	<u> 200</u>
ANNI ARBAC, MIL 98103	Click Here for	· Memo Itemization
The following the following the first	MIG. TALL	
Business Address 411 HURON VIEW ANN AFBER		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/15/L/ Name & Address		•
SARNS, DICK AND NORMA	; 200	, 200
3645 DACEVIEW DE ANN ARBOR MI 48/05 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:  Occupation PRESIDENT Employer AUSTER, INC.	Olick Hele IO	MOHO ROTHZOUOH
Occupation PRESIDENT Employer  Business Address 5/11 VENTURE DRIVE STE1 ANN ARBUR		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/13/1/ Name & Address:		
VANCHOUSE RICHARD AND WHERE	s 200	, ZOO
III N. HShlay Streat		NA 14 4!
III N. ASKLEY STREET  AND ARBOR MIT 48/04  5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation RETIRED Employer NH		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/14/11  Name & Address		
Whitaber, Tom and Susan	c3====	•
444 S, 54 AUE	* 500	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation INVESTOR Employer SELF-EMPLOYED		
Business Address Ana APLOR		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	800	-
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Page 48 of 49

line 3a of Summary Page.



#### **CANDIDATE COMMITTEE**

C-2011-039 1. Committee I.D. Number

2 Committee Name	JANCE LUMM	For Ciry Council
Z. Committee realite		

		antella etta a la faca :	n individual o	nter last name, first name	6. Amount	7. Cumulative for
Enter contributor's name middle initial. Check bo Committee (PAC) Repo	x to indicate if cont	ribution is from a Po	ilitical Committ	nter last name, first name, ee or an Independent		Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?	YES 4.1	Date of Receip	10/15/11	_	
ELLIETY,	BRUEF	+ Cherry	) 			
2)21 WACC	NEFORE	SES			<sub>8</sub> 250	<u> </u>
ELLIOTY, 2)21 WAZCI ANEL ARS. 5. If over \$100.00 cum	ulative, please pro	vide: 48104		CHENNEY, PAIC	Α c Ωlick Here	for Memo Itemization
Occupation <u>ATTO</u>	RNEY	_ Employer_ <i>Lo</i>	NUN,	CRENKLY, PAIC	DITCK	ior Monto Romeado.
Business Address 3	50 S, N	LAIN ST.	Anen	1 HELDER	_	
Type of Contribution:	Direct	Loan from a po	erson	Fund Raiser	C	
3. Contribution #2 Name & Address	PAC Receipt?	YES 4.1	Date of Receip	t		
		•			\$	\$
5. If over \$100.00 cum	ulative, please pro				Click Here	for Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a pe	erson	Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4.	Date of Recei	pt	_	
					\$	<u> </u>
					Click Here t	for Memo Itemization
5. If over \$100.00 cum	ulative, please pr	ovide:		,	55	
Occupation		Employer				
Business Address	<del></del>	1		1 F		
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Name & Address						
					\$	
5. If over \$100.00 cun	nulative, please p	rovide:			Click Here	for Memo Itemization
Occupation	-	Employer _			<b></b>	
Business Address						
Type of Contribution:	Direct	Loan from a	person	Fund Raiser		
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Grand Total of Ali Schedules 1A (Complete on last page of Schedule)

Enter this total or

Enter this total on line 3a of Summary Page.



#### ITEMIZED OTHER RECEIPTS **SCHEDULE 1A-1**

#### **CANDIDATE COMMITTEE**

	SCHEDULE 1A-1	C=7011-039	
CA	NDIDATE COMMITTEE	1. Committee I.D. Number C-ZOII - 039  2. Committee Name JANE Lunu For Cary Co	
2 Nama 9 Address Francis		2. Committee Name JANE LUMM For City Co	ound
<ol><li>Name &amp; Address From V Receipt #1</li></ol>		5. Type of Receipt 6. Amount	
Name & Address:	Date of Receipt	Loan from a Lending Institution	İ
		Interest \$	
		Refund \Rebate Click for Memo Itemization Type	į
	Fund Raiser	Other (Specify)	
Receipt #2 Name & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
Receipt #3 lame & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
Receipt #4 Vame & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
eceipt #5 ame & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
eceipt #6 ame & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
ceipt #7 me & Address:	Date of Receipt	Loan from a Lending Institution	
		\$s	
		Refund \Rebate Click for Memo Itemization Type	
	Fund Raiser	Other (Specify)	
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Grand Total of All Schedules 1A -(Complete on last page of Schedule)



Page \_\_\_\_\_\_ of \_\_\_\_\_

## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Number

C-2011-039

CANDIDATE COM	MITTEE 2. Committee Name JANE L	UMM	for City	Council
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.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or service purchased		7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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- Description  5. Date Of Receipt:  6. Vendor Name & Address:	- LOAN	\$ K Here for Memo Ite	
Fund Ralser Contribution				
Contribution # 2 Name & Address  If over \$100.00 cumulative, please provide: Occupation:  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- Description  5. Date Of Receipt:  6. Vendor Name & Address:	- LOAN	\$	
		Click	Here for Memo Iten	nization
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes  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	\$	\$	
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Goods or Services Purchased by Candidate or Others- I  Description  5. Date Of Receipt:  6. Vendor Name & Address:	<del></del>	Here for Memo Item	ilzation
Fund Raiser Contribution				
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Grand Total of all Schedules 1-IK (Complete on last page of Schedule)



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2011-039

CANDIDATE COMMITTEE	2. Committee Name	JANE LUMM	For Cis	v Council
3. Name and address of person or vendor to whom paid		quired Information)	5. Date	6. Amount
Expenditure #1  Name  M. JEAN GIAY  Address  ZZ3Z S. MAIN ST. #Z4S  ANN ARBOR, MI 48103  [Fund Raiser  Expenditure #2	Check box if	TALMSE ENCREY  Click  If this expenditure is payment on reported on previous		\$ 2/7
Name SAWickitSON  Address  1521 WEST LAFAGETTE  DEVROIT MICHEAN 48216  Fund Raiser	Check box if	Click this expenditure is payment of reported on previous	CTIOIO IOI MENIO	\$ 76Z Itemization Type
Name Spectrum Principles INC.  Address  400 E. Russecc Road  TECUMSEN, MI 49286  Fund Raiser	Purpose:	Click this expenditure is payment of reported on previous	9/29/0 Date Here for Memo I	\$_777 temization Type
Expenditure #4  Name PAESANLO'S RESTAURANT  Address  3411 WASTENIAW AVE ANIAL ARBOR, MIT  Fund Raiser  YELOY	Check box if ti	Click I his expenditure is payment of reported on previous	Jola/11 Date Here for Memo It	\$ <b>SZ&amp;</b> emization Type
Expenditure #5 Name KAREN ANDRESON / GENE JOHN, Address 1412 E. STADIUM ANN ARBAE, MI  Tund Raiser  48104	Check box if th	Click Finis expenditure is payment of reported on previous	Date Here for Memo Ite	\$ 637 emization Type
		Subto Grand Total of all S (Complete on last page		2,921

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# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

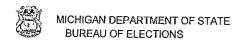
JANE LUMM For City Council CANDIDATE COMMITTEE 2. Committee Name 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) Expenditure #1 SAWICKIT SON YARD SHOWS DETROIT, MI Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 US POSTAZ SERUREZ Click Here for Memo Itemization Type 9/29 Check box if this expenditure is payment of 10/7 debt or obligation reported on previous Fund Raiser 10/18 statement Expenditure #3 Spectrum Privings INC 400 E. RUSSELL RD Name Address TECOMSEN, MI 49286 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #4 Name ROLOSSES Prenished INC Purpose: PANTALE PASTAL 2055 W. STADIUM BLUA ANN ARBER, MIX Click Here for Memo Itemization Type Check box if this expenditure is payment of 48103 debt or obligation reported on previous \_\_\_ Fund Raiser statement Expenditure #5 PEACHER POLITICAL VATER LISTS CIONISM TINB ING. P.O. BOX 6249 Click Here for Memo Itemization Type EAST LANSING, MI Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page

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

11,696

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## **EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**

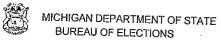
SCHEDULE 1 B - G

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS. FOR SI ATE CARDS CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET OUT THE POLLS. FOR SI ATE CARDS

CHALLENGERS, POLL WATCHERS, POLL WORKERS, AN Item 4f. ALL EXPENDITUR	D GET-OUT-THE VOTE ACTIVITY. Describe the species ARE REQUIRED TO BE ITEMIZED	cific Get-Out-The -V	ote activity in
Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1	Election Day Busing of Voters To The Polls		<del></del>
Name & Address:	Licelion bay busing of voters to the Polis		
	b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers		\$
	f. Get-Out-The Vote Activity (Specify):	Date	
For Activity Type b-f, check one:	Clie	ck Here for Memo It	emization Type
In-Kind Independent			
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Support Oppose			
Statewide Proposal Name	Local Proposal Name1	ndicate County	
Expenditure #2 Name & Address:	a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers		
	d. Poll Watchers e. Poll Workers  f. Get-Out-The Vote Activity (Specify):  Click	Date  Here for Memo Ite	\$
For Activity Type b-f, check one:			
In-Kind Independent	<b>-</b>		
If in support of, or in opposition to, a ballot proposal, check one:  Support  Oppose	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Statewide Proposal NameLo	ocal Proposal Name Indic	ate County	
Expenditure #3 Name & Address:	a. Election Day Busing of Voters To		
	b. Slate Cards c. Challengers		
	d. Poli Watchers e. Poli Workers	Date	\$
	f. Get-Out-The Vote Activity (Specify):		
For Activity Type b-f, check one:	Click	Here for Memo Iten	nization Type
In-Kind Independent			- · .
If in support of, or in opposition to, a ballot proposal, check one:  Support  Oppose	Check box if this expenditure is payment of debt or obligation reported on previous statement		
tatewide Proposal Name	In In	dicate County	
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Grand Total of all Schedules 1B G) (Complete on last page of Schedule

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## ITEMIZED IN-KIND EXPENDITURES

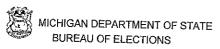
## SCHEDULE 1B - IK

SCHEDULE 1B - IK	1. Committee I. D. Number
CANDIDATE COMMITTEE	2. Committee Name JANE LUMM For City Counc
Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure 5. Date: 6. Fair Market
Expenditure #1 Name & Address:	Donation of goods or services to a Ballot     Question Committee     Donation of assets to tax exempt charitable
/ 41	Institution Sate  Donation of assets to Political Party Committee  Other
(NONE)	Click here for Memo Itemization Type  Description
xpenditure #2 ame & Address;	Donation of goods or services to a Ballot     Question Committee
	Donation of assets to tax exempt charitable sinstitution Date
	Donation of assets to Political Party Committee  Click here for Memo Itemization Type
	Description:
xpenditure #3 ame & Address:	4. Donation of goods or services to a Ballot Question Committee  Donation of assets to tax exempt charitable
	institution \$ Date  Donation of assets to Political Party Committee
	Other Click here for Memo Itemization Type Description:
penditure #4 me & Address:	4. Donation of goods or services to a Ballot
	Donation of assets to tax exempt charitable institution
	Donation of assets to Political Party Committee  Other Click here for Memo Itemization Type Description:
enditure #5	
ne & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Date
	Donation of assets to Political Party Committee  Click here for Memo Itemization Type  Description:
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Grand Total of all Schedules 1B K (Complete on last page of Schedule)

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Page \_\_\_\_\_ of \_\_\_\_\_



## INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number \_\_\_\_\_ C-Z011-039
2. Committee Name \_\_\_\_ SANCE LUMM Fros Ciry Council.

oniosticidate only)		TOT TOT CA	19 COUTELT
3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursemen
Disbursement # 1 Name & Address:	Purpose	<del></del>	
	Faipose		
N/A			\$
NIA		Date	<del></del>
' '/ ' (			
/		Click for Memo	Itemization Type
□	Disbursement Code		
Check box if this disbursement is payment of debt or obligation	<del></del>		
reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
		<u> </u>	\$
		Date	
		Click for Memo I	temization Type
Check how if this dishurance to	Disbursement Code		
Check box if this disbursement is payment of debt or obligation eported on previous statement	Fund Raiser		
	runu Raiser		
isbursement # 3 ame & Address:	Purpose		·
			\$
		Date	<u> </u>
		Click for Memo Ite	emization Type
7	Disbursement Code		
☐ Check box if this disbursement is payment of debt or obligation prize on the content of the c	<del></del>		
orted on previous statement	Fund Raiser		
bursement # 4 me & Address:	Purpose		
THE 47 MAILESS.			\$
		Date	
		Click for Memo Iter	mization Type
Check box if this disbursement is payment of debt or obligation of the control of	Disbursement CodeFund Raiser		
	varia ( taloo)		
	Grand Total	Subtotal this page	None

(Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

	/		1
Page		of	,



## **DEBTS AND OBLIGATIONS** SCHEDULE 1E

Enter this total on line 12a "owed

by"" or line 12b
"owed to" of the Summary Page

CANDIDATE COMMITTEE 2	2. Committee Name	CUMINI TO	Cryca	UNCIL
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the co	ommittee OR b. Det heck either a or b. Use only for the p	ots and obligations owed <u>to</u> ourpose checked.)	or forgiven by the co	ommittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at clos of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	\$ s		FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$	Jane Endorsed, #	
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt:	\$	 	\$
	\$	<u> </u>	· · · · · · · · · · · · · · · · · · ·	FORGIVEN
If bank loan, name of endorser or guarantor:		\$Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$	eant Endorsed, ψ	
	5. <u>Date Debt Was Incurred</u> :	\$\$		
	6. Original Amount of Debt:	\$		\$
	\$	\$	\$I	FORGIVEN
f bank loan, name of endorser or guarantor:		\$		
		Am	ount Endorsed: \$	
		Page Subtotal (	Outstanding debt)	
(Cr	Omplete on last name of Schedule sh	Grand Total o	f all Schedules 1E	NONE )

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



## **FUND RAISER SCHEDULE 1F**

1. Committee I.D. Number \_\_

C-2011-039

CANDIDATE COMMITTE	<b>E</b> 2. Con	mittee Name JANE LUM	in Fer City Council
- USE A	SEPARATE SH	EET FOR EACH EVENT	N
3. Date Event Was Held  4. Number or Participa greater)	of Individuals Attending tring (whichever is	5. Type of Fund Raising Activity  MEET THE  CANDIDATE	6. Address and Name (If any) of the place where the activity was held.  PAESANO 'S COSTAN 3411 LLASTENAL.  Private Resident floor 48
Total Contributions	#1,52	50	
Other Receipts			
Gross Receipts (Add lines 7 and 8)	\$ 1,55	50	
Total Cost of Event     otal Cost includes In-Kind Contributions	4 5Z and All Expenditures	Made For the Eventy	
. Check if event was a joint fund rais	ser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
		<u> </u>	
		·	
·			· · · · · · · · · · · · · · · · · · ·
The committee is required to file a speriod covered by the Campaign St Receipts and expenditures listed or Schedule (1A), Itemized In-Kind Co Summary Page.  Each committee that participated in	atement. n a Fund Raiser Sche ntributions Schedule	edule must also be reported on (1-IK), Itemized Expenditures	the Itemized Contributions Schedule (1B) and the