



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 01/01/20 to 07/19/20

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

2. Committee Name
Jane Lumm for City Council

4. Candidate Last Name Lumm First Name Jane M.I. B

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**3075 Override Dr
Ann Arbor MI 48104**

Area Code and Phone (734) 972-5846

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Jack Cederquist
2145 Ardenne Drive
Ann Arbor MI 48105**

Area Code & Phone (734) 665-2282

7. Treasurer's Business Address
N/A

Area Code and Phone _____

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

**John Lumm
3075 Override Drive
Ann Arbor MI 48104**

Area Code and Phone (734) 645-2441

FILED
WASHTENAW COUNTY, MI
2020 AUG 19 P 3: 08
LAWRENCE KESTERBAUM
COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
08/04/20

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

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

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper John Lumm Signature *John W. Lumm* Date 8/19/20

Candidate Jane Lumm Signature *Jane B. Lumm* Date 8/19/20



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
2. Committee Name Jane 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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/20</u> Name & Address: <u>Leslie and Michael Morris</u> <u>1023 Young Place</u> <u>Ann Arbor MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Researcher</u> Employer <u>Dr. Michael Morris Research Group</u> Business Address <u>Department of Chemistry - University of Michigan</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250</u>	\$ <u>250</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/05/20</u> Name & Address: <u>Glenn Ziegler</u> <u>514 Krause</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>300</u>	\$ <u>300</u>
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/06/20</u> Name & Address: <u>Will Hathaway</u> <u>324 Stowe</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Property Manager</u> Employer <u>Hathaway Rentals</u> Business Address <u>324 Stowe Ann Arbor MI 48103</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ <u>200</u>
Click Here for Memo Itemization <input type="button" value="v"/>		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/07/20</u> Name & Address: <u>Peter Heydon</u> <u>3562 W.Huron River Drive</u> <u>Ann Arbor MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1000</u>	\$ <u>1000</u>
Click Here for Memo Itemization		

Page Subtotal **\$1,750.00**

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

Enter this total on
line 3a of Summary
Page.