



**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: 2/14/2018 to 7/22/2018

<p>1. Committee I.D. Number <b>C-2018-002</b></p> <p>2. Committee Name <b>Tom Brennan 4 Washtenaw</b></p>	<p>4. Candidate Last Name <b>Brennan III</b> First Name <b>Thomas</b> M.I. <b>E</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Board Member - Local</b></p> <p>4b. County of Residence <b>WASHTENAW</b></p>
---	---

<p>5. Committee's Mailing Address <b>1651 Sheffield Dr Ypsilanti, MI 48198</b></p> <p>Area Code and Phone <u>(734) 945-4837</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name &amp; Residential Address <b>Thomas E Brennan III 1651 Sheffield Dr Ypsilanti, MI 48198</b></p> <p>Area Code &amp; Phone <u>(734) 945-4837</u></p>
---	---

<p>7. Treasurer's Business Address</p> <p>Area Code and Phone _____</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>
---	--

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
08/07/18

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

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) Coverage Year

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

**9e. Dissolution of Candidate Committee**

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

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

Effective date of dissolution  
\_\_\_\_\_

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

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 Thomas E Brennan III / \_\_\_\_\_ Date \_\_\_\_\_  
Type or Print Name Signature

Candidate Thomas E Brennan III / \_\_\_\_\_ Date \_\_\_\_\_  
Type or Print Name Signature

FILED  
 WASHTENAW COUNTY, MI  
 2018 JUL 25 P 4 43  
 CAMPAIGN FINANCE DIVISION  
 COUNTY CLERK / REGISTRAR

## COMPLETING THE CANDIDATE COMMITTEE COVER PAGE

**ITEM 1: COMMITTEE I.D. NUMBER:** Enter the committee's Campaign Finance Identification Number on each page. The committee's Identification Number appears on the receipt issued upon the submission of the committee's original Statement of Organization.

**ITEM 2: COMMITTEE NAME:** Enter the committee's official name as listed on the committee's Statement of Organization on each page.

**ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this Campaign Statement.

**ITEM 4: CANDIDATE NAME:** Enter the candidate's full name (last name, first name, middle initial), the office sought by the candidate, the candidate's county of residence and the candidate's driver license number. If applicable, list the district or jurisdiction number or the name of the community served by the office.

**ITEM 5: COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.

**ITEM 6: TREASURER'S NAME AND ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.

**ITEM 7: TREASURER'S BUSINESS ADDRESS:** Enter the committee treasurer's business address and phone number.

**ITEM 8: DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number.

**ITEM 9: TYPE OF STATEMENT:** Check the appropriate box to indicate the type of Campaign Statement being filed. If the committee is dissolving, mark the check box and enter an effective date of dissolution.

**ITEM 10: VERIFICATION:** The candidate and the treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and attached Schedules, and that the contents of the statement are true, accurate and complete to the best of their knowledge and belief. Enter the candidate's and the treasurer's names, or the candidate's and the designated record keeper's names where indicated. The Cover Page must be signed and dated by the candidate and the committee's treasurer or designated record keeper. If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.

### **Notes:**

- A committee that does not have a Reporting Waiver must file all required Campaign Statements.
- The Campaign Statements must include all applicable Schedules.
- Direct contributions, in-kind contributions, loans, expenditures, 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 changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement.
- If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement that campaign statement cannot be waived.



1. Committee I.D. Number C-2018-002

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Tom Brennan 4 Washtenaw

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2902</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2902</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>2902</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1806.79</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>20.90</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1827.69</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2902</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2902</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1827.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1047.31</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>02/20/18</u> Name & Address: <b>Robert Strauss</b> 2545 Jade Ct Ann Arbor, MI 48103		\$ <u>200</u>	\$ <u>200</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		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/6/2018</u> Name & Address: <b>James Brennan</b> 4104 Concord St Midland		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Not Employed</u> Employer <u>Not Employed</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/6/2018</u> Name & Address: <b>Patricia Stubbs</b> 361 Beech Street Westland, MI 48186		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Office Manager</u> Employer <u>Self Employed</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/19/2018</u> Name & Address: <b>Rommel Sagana</b> 2720 Winter Garden Court Ann Arbor, MI 48105		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Michigan Medicine</u> Business Address <u>1500 E Medical Center Dr Ann Arbor, MI 48109</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **500**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>4/19/2018</u>	
Name & Address: Alexander Brown 26790 Joy Rd H-12 Redford Charter Township		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/19/2018</u>	
Name & Address: Louis Mirante 2115 N Street Sacramento, CA 95816		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Legislative Director</u> Employer <u>California YIMBY</u> Business Address <u>717 K Street Suite 221 Sacramento, CA 94814</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/21/2018</u>	
Name & Address: Martin Brennan 14621 Barclay Street Dearborn, MI 48126		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Purchasing</u> Employer <u>Imperial Marketing</u> Business Address <u>21238 Bridge St Southfield, MI 48126</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/21/2018</u>	
Name & Address: Adam Brennan 7125 e valley ridge drive Madison, WI 53719		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 250

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>4/21/2018</u> Name & Address: Anthony Block-Belmonte 1800 Riverwood Drive Ann Arbor, MI 48103		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/21/2018</u> Name & Address: Kris Danner 4972 Capetown Highland Charter Township, MI 48356		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/21/2018</u> Name & Address: Ricardo Rodriguiz 1005 Terrace Ln. Ypsilanti		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Computer Specialist</u> Employer <u>University of Michigan</u> Business Address <u>330 Packard Rd. 2310 Perry Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/21/2018</u> Name & Address: Jessica Forsythe 6133 S. Ivanhoe Ave Ypsilanti, MI 48197		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 170

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/22/2018</u> Name & Address: Luis Zuriga 14851 Artesian Street Detroit, MI 48223		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/22/2018</u> Name & Address: Jeremy Bastyr 23935 West Outer Drive Melvindale, MI 48122		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/23/2018</u> Name & Address: Mary Bennett 15030 Finch Plymouth, MI 48170		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/23/2018</u> Name & Address: Deanna Goddyn 11880 Silberhorn Highway Blissfield, MI 49228		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 175

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002

2. Committee Name Tom Brennan 4 Washtenaw

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/2/2018</u>	
Name & Address: Patricia Doerr 1017 Deer Valley Manchester, MI 48158		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>dentist</u> Employer <u>Univ of Michigan</u> Business Address <u>3003 S. State St Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/5/2018</u>	
Name & Address: David Belmonte 1800 Riverwood Drive Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/7/2018</u>	
Name & Address: Rebecca DeGiuli 2215 Londonderry Road Ann Arbor, MI 48104		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/7/2018</u>	
Name & Address: Rhebenn Torres 30059 Morlock Livonia, MI 48152		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 250

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

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>5/15/2016</u>	
Name & Address: Donna Brennan 8774 Creek Drive Grass Lake, MI 49240		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse Practitioner</u> Employer <u>Michigan Medicine</u> Business Address <u>1500 E Medical Center Drive Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/16/2018</u>	
Name & Address: Elizabeth Neill 1515 Lafayette Ave. Unit 410 St. Louis, MO 63104		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/23/2018</u>	
Name & Address: Daniel Brennan 10616 Johnson Road Greenville, MI 48838		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/2/2018</u>	
Name & Address: James Brennan 4104 Concord St Midland, MI 48642		\$ <u>50</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 250

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>7/5/2018</u>	
Name & Address: Guy Provenza 201 S 1st St Apt 225 Ann Arbor, MI 48104		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/10/2018</u>	
Name & Address: David Haig 476 HILLDALE DR Ann Arbor, MI 48105		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Self</u> Business Address <u>476 HILLDALE DR ANN ARBOR, MI 48105</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/12/18</u>	
Name & Address: Linda Carver 7262 Eaton Court Dexter, MI 48130		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Registered Nurse</u> Employer <u>U of M Health system</u> Business Address <u>1500 E Med Centre Dr Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2018</u>	
Name & Address: Ron Frejas 8 Boulevard Court Novato, CA 94947		\$ <u>5</u>	\$ <u>5</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 405

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>7/19/2018</u>	
Name & Address: Ron Frejas 8 Boulevard Court Novato, CA 94947		\$ <u>5</u>	\$ <u>10</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2018</u>	
Name & Address: Ron Frejas 8 Boulevard Court Novato, CA 94947		\$ <u>5</u>	\$ <u>15</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2018</u>	
Name & Address: Ron Frejas 8 Boulevard Court Novato, CA 94947		\$ <u>5</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/19/2018</u>	
Name & Address: Binch Premium 1432 A AVENUE NEW YORK, NY 10080		\$ <u>5</u>	\$ <u>5</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 20  
Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

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>6/17/2018</u>	
Name & Address: Andrew Walla 12843 Heritage Apt 103 Plymouth, MI 48170		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/22/2018</u>	
Name & Address: Thomas Bissonette 1433 White St, Ann Arbor, MI 48104		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse Consultant</u> Employer <u>State of Michigan</u> Business Address <u>611 W Ottawa St Lansing, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/25/2018</u>	
Name & Address: Landauer, James 3945 E Loch Alpine Dr Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/22/18</u>	
Name & Address: Johnson, Michael 8245 Berkshire Dr Ypsilanti, MI 48198		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal 250

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-002  
2. Committee Name Tom Brennan 4 Washtenaw

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/22/18</u>	
Name & Address: Johnson, Maret 8245 Berkshire Dr Ypsilanti, MI 48198		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/25/18</u>	
Name & Address: Neill, Richard 25559 Creek Crossing Novi, MI 48375		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/12/2018</u>	
Name & Address: Strauss Robert 2545 Jade Court, Ann Arbor, MI 48103		\$ <u>300</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>retired</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5/3/2018</u>	
Name & Address: Cynthia Brennan 1651 Sheffield Dr Ypsilanti, MI 48198		\$ <u>132</u>	\$ <u>132</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Patient Services Associ</u> Employer <u>University of Michigan</u>		<a href="#">Click Here for Memo Itemization</a>	
Business Address <u>1011 N University Ann Arbor, 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal	<b>632</b>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	<b>2902</b>

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2018-002**

1. Committee I. D. Number

2. Committee Name

**Tom Brennan 4 Washtenaw**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Michigan Democratic Party</b>  Address 606 Townsend Lansing, MI 48933  <input type="checkbox"/> Fund Raiser	Purpose: <u>VAN Access</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/27/18</u> Date	<u>\$ 150.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>UPS Store 5281</b>  Address 4007 Carpenter Rd Ypsilanti, MI 48197  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing business card:</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/19/18</u> Date	<u>\$ 20.90</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>UPS Store 5281</b>  Address 4007 Carpenter Rd Ypsilanti, MI 48197  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing campaign liter:</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/17/18</u> Date	<u>\$ 201.62</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>UPS Store 5281</b>  Address 4007 Carpenter Rd Ypsilanti, MI 48197  <input type="checkbox"/> Fund Raiser	Purpose: <u>printing campaign liter:</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/13/18</u> Date	<u>\$ 67.73</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>UPS Store 5281</b>  Address 4007 Carpenter Rd Ypsilanti, MI 48197  <input type="checkbox"/> Fund Raiser	Purpose: <u>printing campaign liter:</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/13/18</u> Date	<u>\$ 72.08</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **512.33**

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

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

**C-2018-002**

1. Committee I. D. Number \_\_\_\_\_  
2. Committee Name Tom Brennan 4 Washtenaw

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>UPS Store 5281</u>  Address 606 Townsend Lansing, MI 48933  <input type="checkbox"/> Fund Raiser	Purpose: <u>Direct mail/campaign li</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/18</u> Date	\$ <u>1294.46</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name _____  Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **1294.46**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **1806.79**

Enter this total on line 8a of Summary Page