# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

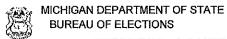
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 08/28/12 to 10/21/12				
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.				
c-2012-013	Warpehoski Charles A				
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)				
Committee to Elect Chuck Warpehoski	Ann Arbor City Council, Ward 5				
•	4b. County of Residence Washtenaw				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
2020 Winewood	Nancy Shore				
Ann Arbor, MI 48103	2020 Winewood				
	Ann Arbor, MI 48103				
(734) 332-8623	alai va ger				
Area Code and Phone (734) 332-8623 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	병원 등 기가 되었다.				
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (734) 332-8623				
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
	·				
Area Code and Phone	Area Code and Phone				
9. TYPE OF STATEMENT					
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (Coverage Year)				
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c				
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)				
Primary Ger	ge. Dissolution of Candidate Committee				
	Effective Date of Dissolution				
Convention	ool				
Special Cau	CIIS				
Oposiai	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if				
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for				
11/06/12	the Reporting Waiver.  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 Schedules. Direct contributions, in-kind contributions, loans, expe	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 t	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				
before the filing deadline of a required campaign statement, the					
ny\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.				
Current Treasurer or Nancy Shore	10/26/2012				
Designated Record keeper	Date				
Type or Print Name	Signature				
Candidate Charles Warpehoski	Date 10/26/2012				
Type or Print Name	Signature				

1. Committee I.D. Number c-2012-013

### **SUMMARY PAGE CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Chuck Warpehoski

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 25.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$25.00	(18.) \$ \$11,820.25
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$25.00	(20.) \$ \$11,820.25
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$545.44
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$20.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$20.00	(23.) \$ \$9,351.29
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$_\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	·
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ \$2,463.26	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$25.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$2,488.26	_
16. Amount expended during reporting period	(16.) - \$ \$20.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$2,468.26	<b>*</b>



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

### **CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Chuck Warpehoski

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)	
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of F	Receip	ot <u>09/03/12</u>		
Angus Burch P.O. Box 7475 Ann Arbor, MI 4	8107				<sub>\$</sub> 25	<sub>\$</sub> 25
5. If over \$100.00 cun		vide:			Oliale I lawa fe	u Mana itanization
Occupation Employer			Click Here to	or Memo Itemization		
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		<i>,</i>
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date of F	Receip	t		
·					\$	\$
5. If over \$100.00 cum	ulative, please pro	/ide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 3     Name & Address:	PAC Receipt?	YES 4. Date of	Recei	pt		
					\$	* \$
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		
Contribution # 4     Name & Address	PAC Receipt?	YES 4. Date of	Rece	ipt		
					<u>\$</u>	\$
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here for	· Memo Itemization
Occupation		Employer			Gilol Front Tol	Monte Romazadon
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$25.00	
Grand Total of All Schedules 1A				\$25.00		
Page of	_	(0	Jompl	ete on last page of Schedule)	Enter this total on line 3a of Summary Page.	_



# **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number

c-2012-013

2. Committee Name Committee to Elect Chuck Warpehoski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		-	
Name Ann Arbor Arts Alliance		09/19/12	\$ 20
Address	Purpose: candidate breakfast	Date	
1100 N. Main St., Suite 106B	Click H	lere for Memo	temization Type
Ann Arbor, MI 48104			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name			
			\$
Address	Purpose:	Date	·
	Click	loro for Mama	temization Type
	Click	iele ioi Menio i	ternization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
			\$
Address	Purpose:	Date	
	Click H	lere for Memo I	temization Type
	l <del></del> 1		
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name			•
• • •		Date	\$
Address	Purpose:		
	Click H	lere for Memo I	temization Type
•	Check box if this expenditure is payment of		
П	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Durnosa:	Date	\$
, wa. 900	Purpose:		
		Here for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	\$20.00
,	Grand Total of all	Schedules 1B	920 00

(Complete on last page of Schedule)

Enter this total on line 8a of **Summary Page** 

