

# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers:	<sub>om</sub> 10/21/15	to 12/31/15			
1. Committee I.D. Number		4. Candidate Last Name	Firs	t Name	M.I.		
C-2012-013		Warpehoski	Charles	•	Α		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)  Ann Arbor City Council, Ward 5					
Committee to Elect Chuck Warpehoski		4b. County of Residence WASHTENAW					
5. Committee's Mailing Address		6. Treasurer's Name & Reside					
2020 Winewood		Nancy Shore					
Ann Arbor, MI 48103	2020 Winewood						
[ · · · · · · · · · · · · · · · · · · ·	Ann Arbor, MI 48103	3					
Area Code and Phone (734) 972-8304  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 (734) 332-8623					
7. Treasurer's Business Address		8. Designated Record Keeper	8. Designated Record Keeper's Name and Mailing Address (If the Committee has a				
		Designated Record Keeper)					
·				聚员	ED TYTHUO		
			•	Set U			
				Sign w	7		
					7		
Area Code and Phone		Area Code and Phone			) —		
9. TYPE OF STATEMENT		71100 0000 01101 770110	9e. Dissolution of	of Candidate Com	nittee		
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the			any outstanding debt his or her spouse is here		
Pre-Election or Post-Election Statement relates to:			Iby discharged and	forgiven and no lor	nger collectible from outstanding assets,		
Primary	July Quart	erly	owes no lates fees				
General	October C	)uarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.				
Convention			considered a reque	est for the Reporting	Walver.		
	00 1						
		ol Statement (2015)	Effective date of dissolution				
School		Coverage Year					
Caucus	(Comp	dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
Date of Election, Convention or Caucus							
10. Verification: IWWe certify that all reasonable diligony/our knowledge and belief the contents are true,	I ence was used accurate and co	in the preparation of this statemorphism.	ent and attached scl	hedules (if any) and	to the best of		
Current Treasurer or Designated Record Keeper  Nancy Shore		, 22		Data ()2	10) [16		
Type or Print Name		Signature		— Date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Charles Warpehoski		, Che		_ Date O	4/16		
Type or Print Name		Signature					



# 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 Paypal	Visit Annual Control of the Control	12/14/15	s 5.41
Address	Purpose: Bank service fee	Date	
2211 North First Street, San Jose, CA 95131	İ		<u>, , , , , , , , , , , , , , , , , , , </u>
2211 Noturn hat officet, Gair boac, OA 33101	Click F	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		÷
Expenditure #2	·		
Name Washtenaw County Democratic Party		12/14/15	<b>\$ 63</b>
•	Purpose: advertising	Date	<b>a</b> 03
Address	Purpose: dayortidaning		,
1525 Harding Road	Click H	lere for Memo	Itemization Type
Ann Arbor MI 48104	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name			
		Date	\$
Address	Purpose:	Date	
•	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Ralser	debt or obligation reported on previous statement		
Expenditure #4	Statement	······································	
Name			
			\$
Address	Purpose:	Date	
•			
	Click H	ere for Memo	itemization Type
	Check box if this expenditure is payment of		,
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5		,	
Name			
Address	·	Date	\$
Address	Purpose:	Date	
	Click H	ere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtot	al this page	\$68.41
	Grand Total of all S (Complete on last page		\$68.41
		<i>'</i> ا	

Enter this total on line 8a of Summary Page

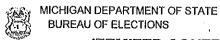
Page of

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

### 2. Committee Name Committee To Elect Chuck Warpehoski

### SUMMARY PAGE CANDIDATE COMMITTEE

CANDIDATE COMMITTEE	2. Committee Name Committee To Elect Chuck Warpehoski				
RECEIPTS	Column I This Period	Column II			
3. Contributions		Cumulative this election cycle			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 195.00				
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE				
c. Subtotal of "Contributions"	(3c.) \$ \$195.00	(18.) \$ \$285.00			
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.) \$ \$195.00	(20.) \$ \$285.00			
IN-KIND CONTRIBUTIONS & EXPENDITURES					
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00			
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$			
EXPENDITURES	•				
8. Expenditures					
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$68.41				
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.) \$ \$68.41	(23.) \$ \$227.78			
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)					
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00				
b. Uniternized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$ \$0.00				
(Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS	(11.) \$ \$0.00	(24.) \$ \$0.00			
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				
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.) \$ \$2,114.89				
Amount received during reporting period     (Line 5, Total Contributions & Other Receipts)	(14.) + \$ \$195.00				
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_\$2,309.89				
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$ \$68.41				
(Subtract line 16 from line 15)	(17.) \$ \$2,241.48 *				



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

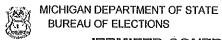
#### **CANDIDATE COMMITTEE**

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 12/05/15 Name & Address: Phil Farber	-		
1731 Fair St	. 10	<b>å</b> 10	
Ann Arbor, MI 48103	\$	\$ 10	
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			
Zear, normal person			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 12/05/15 Name & Address			
Michael Sefton 2491 Towner Blvd ANN ARBOR MI 48104	<sub>\$</sub> 100	<sub>\$</sub> 100	
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization	
Occupation Employer			
Business Address			
Type of Contribution:			
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 12/05/15  Name & Address:	million (specific processes and a second of the second		
Lynda Cole 610 Ridgewood Ct Ann Arbor MI 48103	<sub>\$</sub> 10	<sub>\$</sub> 10	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization		
Occupation Employer			
Business Address			
Type of Contribution:		and a superior of the superior	
Address PAC Receipt? YES 4. Date of Receipt 12/04/15			
Jeremy Peters 330 W Huron St Ann Arbor, MI 48103	<sub>§</sub> 25	<sub>\$</sub> _25	
i. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization	
Occupation Employer	Ollow Liete (C	Memo Remization	
Business Address			
Type of Contribution: Direct Loan from a person Fund Raiser		•	
Page Subtotal	\$145.00	arra şimdiğindi (generaktarı rattıran ( ) imminin faliq (general) çarra ( internation )	
Grand Total of All Schedules 1A_		2	

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

\$145.00 \ \

Enter this total on line 3a of Summary Page.



### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### CANDIDATE COMMITTEE

Page.

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 all contributions regardless of amount.					me,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
Contribution # 1     Name & Address:	PAC Receipt	2	YES 4. Date	of Rece	Pipt 12/14/15	alsilligila;;;;tea		
Vivienne Armer	ntrout							
920 Vesper Rd							50	<b>,</b> 50
Ann Arbor, MI							<sub>\$</sub> 50	<u>\$ 50</u>
5. If over \$100.00 cu	mulative, please pr	ivo	de:				Click Here t	for Memo Itemization
Occupation			Employer					Si Wollo Rollinzadori
Business Address		_		porozo		_		
Type of Contribution:	Direct		Loan from a persor	n	Fund Raiser			
3. Contribution #2	PAC Receipt?	Г	YES 4. Date	of Rece	ipt			
Name & Address			•					
	÷						\$	· <b>\$</b>
·								
5. If over \$100.00 cun	nulative, please pr	ovic	le:				Click Here for	or Memo Itemization
Occupation		_ E	mployer	<u> </u>				
Business Address					* .			·
Type of Contribution:	Direct		Loan from a person		Fund Raiser	•		
Contribution # 3     Name & Address:	PAC Receipt?		YES 4. Date	of Rece	ipt			
							\$	\$
								74
5. If over \$100.00 cum	nulative, please pro	vid	θ;				Click Here fo	r 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	alpt			
	•							
							æ	•
							Ψ	\$
5. If over \$100.00 cum	ıulative, please pro	vid	9:				Click Here for	Memo Itemization
Occupation			Employer					
Business Address			·					
Type of Contribution:	Direct		Loan from a person		Fund Raiser			·
	militaristi kanggi gungan pentantah kangan Kangsi atah kada	Parameter S	STATES THE STATES OF THE STATE	MARKACO MARKATANA	Page Sub	ototal	\$50.00	
				Gra	and Total of All Schedules			-
	•				ete on last page of Sched		\$195.00 Enter this total on	J
Page 2 of 2							line 3a of Summary Page.	