

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:	om11/29/16 to 07/20/17				
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.				
C-2012-013		Warpehoski	Charles A				
		4a. Office Sought Including Dis	4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		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 & Residential Address					
2020 Winewood		Nancy Shore					
Ann Arbor, MI 48103		2020 Winewood					
		Ann Arbor, MI 48103 異な に 過ぎ					
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) 74					
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Malling Address (If the committee has a Designated Record Keeper)					
Area Code and Phone		Area Code and Phone	9e. Dissolution of Candidate Committee	÷			
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We certify any outstanding debt	i ere			
Pre-Election or Post-Election Statement relates to:		eriv	by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets,				
Primary		,	owes no lates fees or has any outstanding debt.				
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be				
Convention			considered a request for the Reporting Waiver.				
Special	9c.						
<u> </u>	Annua Annua	l Statement () Coverage Year	Effective date of dissolution				
School	Amen	•					
Caucus	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
Date of Election, Convention or Caucus							
							
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a			ent and attached schedules (if any) and to the best of				
Current Treasurer or Designated Record Keeper Nancy Shore		13/2	Date 07/24/17				
Type or Print Name		Signature					
Candidate Charles Warpehoski		, CMU					
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.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
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.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-lK, 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.) \$ \$171.24	į
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.) \$ \$171.24	(23.) \$ \$171.24
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	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
 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) 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) 	### BALANCE STATEMENT (13.) \$ \$639.54 (14.) + \$ \$0.00 (15.) = \$ \$639.54 (16.) - \$ \$171.24 (17.) \$ \$468.30	*



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2012-013</u>

2. Committee Name Committee to Elect Chuck Warpehoski

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		00/00/47	
Name Facebook	1	02/20/17	\$ 37.89
Address	Purpose: Online advertising	Date	A
1 Hacker Way.		lere for Momr	Itemization Type
Menlo Park, ĆA 94025.	proton	olo loi momo	nonneauton Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Dreamhost		01/30/17	
270diffi(Ot		Date	\$ <u>13.95</u>
Address	Purpose: domain registration	Date	
PMB #257 417 Associated Rd.,	Click H	ere for Memo	Itemization Type
Brea, CA 92821 USA		0,0,0,0,0,0	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3		 	
Name Dreamhost		04/00/47	
Dicumiost		04/08/17	\$ <u>119.40</u>
Address	Purpose: web hosting	Date	
PMB #257 417 Associated Rd.,	Click He	ere for Memo	Itemization Type
Brea, CA 92821 USA	Check box if this expenditure is payment of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nomadiion typo
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			;
	-	Date	\$
Address	Purpose:	Date	
	Ollah Ha	6 11	
		ire for ivietno :	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
	_	D. (.	\$
Address	Purpose:	Date	
	Memo It	temization Bel	low
	Check box if this expenditure is payment of		j
Fund Raiser	debt or obligation reported on previous statement		
	Subtota	i this page	\$171.24
	Grand Total of all So (Complete on last page o		\$171.24

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

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