

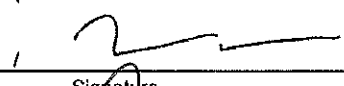
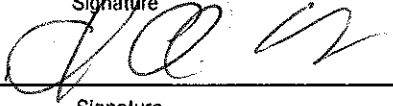


MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Committee I.D. Number<br><b>C-2012-013</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. This Statement covers:<br>from <b>08/27/18</b> to <b>10/21/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 2. Committee Name<br><b>Committee to Elect Chuck Warpehoski</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 4. Candidate Last Name <b>Warpehoski</b> First Name <b>Charles</b> M.I. <b>A</b><br>4a. Office Sought Including District # or Community Served (If applicable)<br><b>Ann Arbor City Council, Ward 5</b><br>4b. County of Residence <b>WASHTENAW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 5. Committee's Mailing Address<br><b>2020 Winewood<br/>Ann Arbor, MI 48103</b><br><br>Area Code and Phone <b>(734) 972-8304</b><br>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<br><b>Nancy Shore<br/>2020 Winewood<br/>Ann Arbor, MI 48103</b><br><br>Area Code & Phone <b>(734) 680-7061</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 7. Treasurer's Business Address<br><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)<br><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 9. TYPE OF STATEMENT<br>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election<br>Pre-Election or Post-Election Statement relates to:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><b>11/06/18</b> |  | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br>9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year<br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)<br>9e. <input checked="" type="checkbox"/> 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.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution<br><b>10/26/18</b><br><br>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 <b>Nancy Shore</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                 |  | Signature  Date <b>10/26/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Candidate <b>Charles Warpehoski</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Signature  Date <b>10/26/18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Chuck Warpehoski

| RECEIPTS                                                                                        |            | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|------------|-------------------------|---------------------------------------------|
| 3. Contributions                                                                                |            |                         |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$   |                         |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$   | NOT APPLICABLE          |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$   |                         | (18.) \$ <u>\$12,854.00</u>                 |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$    |                         | (19.) \$ <u>\$84.32</u>                     |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$    |                         | (20.) \$ <u>\$12,938.32</u>                 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES                                                            |            |                         |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$    | <u>\$0.00</u>           | (21.) \$ <u>\$0.00</u>                      |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$    | <u>\$0.00</u>           | (22.) \$ <u>\$0.00</u>                      |
| EXPENDITURES                                                                                    |            |                         |                                             |
| 8. Expenditures                                                                                 |            |                         |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$   | <u>\$27.34</u>          |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$   | <u>\$0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$   | <u>\$0.00</u>           |                                             |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                         | (9.) \$    | <u>\$27.34</u>          | (23.) \$ <u>\$1,403.02</u>                  |
| INCIDENTAL EXPENSE DISBURSEMENTS<br>(Officeholders Only)                                        |            |                         |                                             |
| 10. Disbursements                                                                               |            |                         |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$  | <u>\$0.00</u>           |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$  | <u>\$0.00</u>           |                                             |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$   | <u>\$0.00</u>           | (24.) \$ <u>\$0.00</u>                      |
| DEBTS AND OBLIGATIONS                                                                           |            |                         |                                             |
| 12. Debts and Obligations                                                                       |            |                         |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$  | <u>\$0.00</u>           |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$  | <u>\$0.00</u>           |                                             |
| BALANCE STATEMENT                                                                               |            |                         |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$   | <u>\$27.30</u>          |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ |                         |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ | <u>\$27.34</u>          |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ | <u>\$27.34</u>          |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$   | <u>\$0.00</u>           | *                                           |



**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<br>Name <b>SOUTHERN POVERTY LAW CENTER</b><br>Address<br><b>400 Washington Avenue</b><br><b>Montgomery, AL 36104</b><br><input type="checkbox"/> Fund Raiser | Purpose: <u>charitable donation-campaign dissolution</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/01/18</u><br>Date | \$ <u>27.34</u> |
| Expenditure #2<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                               | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                           | _____<br>Date           | \$ _____        |
| Expenditure #3<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                               | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                           | _____<br>Date           | \$ _____        |
| Expenditure #4<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                               | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                           | _____<br>Date           | \$ _____        |
| Expenditure #5<br>Name<br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                               | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                                           | _____<br>Date           | \$ _____        |
| Subtotal this page                                                                                                                                                          |                                                                                                                                                                                        |                         | <b>\$27.34</b>  |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule)                                                                                                      |                                                                                                                                                                                        |                         | <b>\$27.34</b>  |

Enter this total  
on line 8a of  
Summary Page