



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

WASHINGTON

OCT 25 4 45 PM '00

**CANDIDATE COMMITTEE  
COVER PAGE**

PREPARED BY

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

COURT CLERK/REGISTER  
3. This Statement covers From: 8 4 2000 To: 10 22 2000  
Mo Day Year Mo Day Year

1. Committee I.D. Number  
130600  
2. Committee Name  
COMMITTEE TO RE-ELECT  
DIANA MCKNIGHT-MORTON

4. Candidate Last Name First Name M.I.  
McKnight-Morton DIANA  
4a. Office Sought Including District # or Community Served (If applicable)  
WASHTENAW COMMUNITY COLLEGE TRUSTEE  
4b. County of Residence Driver License # (Optional)  
WASHTENAW

5. Committee's Mailing Address  
2073 Garden Circle  
Ann Arbor MI 48103  
Area Code and Phone (734) 994-7298  
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  
Daniel A. James  
392 FAIRHILLS DRIVE  
YPSILANTI MI 48197  
Area Code & Phone (734) 434-1552  
Driver License # (Optional) J520 135 044 559

7. Treasurer's Business Address  
Same as #6  
Area Code and Phone ( ) -

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
Area Code and Phone ( ) -  
Driver License # (Optional)

9. TYPE OF STATEMENT  
9a.  Pre-Election OR 9b.  Post-Election  
Pre-Election or Post-Election Statement relates to:  
 Primary  General  
 Convention  School  
 Special  Caucus  
Date of Election, Convention or Caucus  
NOV 7 2000  
Month Day Year

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  
Effective Date of Dissolution  
Month Day Year  
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. 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 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.

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 Daniel A. James Daniel A. James Date 10 26 2000  
Type or Print Name Signature Mo Day Year  
Candidate DIANA MCKNIGHT-MORTON Diana M. Morton Date 10/26 2000  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

C-1306000003001



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 30600  
2. Committee Name

Committee To Re-elect Diana McKnight Morton

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

| RECEIPTS   | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|--|-------------------------|---|
| <b>3. Contributions</b>  |                         |   |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$ <u>1130.00</u> |   |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$ _____          |   |
| c. Subtotal of "Contributions"   | (3c.) \$ _____          | (18.) \$ _____                              |
| <b>4. Other Receipts (Schedule 1A -1, Column 6)</b>  | (4.) \$ _____           | (19.) \$ _____                              |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                             | (5.) \$ <u>1130.00</u>  | (20.) \$ <u>1130.00</u>                     |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>  |                         |   |
| <b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>  | (6.) \$ _____           | (21.) \$ _____                              |
| <b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>  | (7.) \$ _____           | (22.) \$ _____                              |
| <b>EXPENDITURES</b>  |                         |   |
| <b>8. Expenditures</b>   |                         |   |
| a. Itemized (Schedule 1B, Column 6)  | (8a.) \$ <u>50.00</u>   |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)   | (8b.) \$ _____          |   |
| c. Unitemized (less than \$50.01 each - no Schedule)   | (8c.) \$ <u>38.00</u>   |   |
| <b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>   | (9.) \$ <u>88.00</u>    | (23.) \$ <u>88.00</u>                       |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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><br>(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.) \$ <u>65.80</u>  |   |
| b. Owed to the Committee (Schedule 1E)   | (12b.) \$ _____         |   |
| <b>BALANCE STATEMENT</b>   |                         |   |
| <b>13. Ending Balance of last report filed</b><br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0</u>       |   |
| <b>14. Amount received during reporting period</b><br>(Line 5, Total Contributions & Other Receipts)   | (14.) + <u>1130.00</u>  |   |
| <b>15. SUBTOTAL Add lines 13 and 14</b>  | (15.) = <u>1130.00</u>  |   |
| <b>16. Amount expended during reporting period</b><br>(Add lines 9 and 11)                             | (16.) - <u>88.00</u>    |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)   | (17.) \$ <u>1042.00</u> |   |

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130600  
2. Committee Name Committee To Re-elect Dan McKeighan

| 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 from committees 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>8-8-2000</u><br><br>Name: <u>BOBRIN JANIS A.</u><br>Address: <u>407 KEECH</u><br><u>ANN ARBOR MI 48103</u><br>5. If over \$100.00 cumulative, please provide:<br><br>Occupation _____ Employer _____<br><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser      | 50.00     | 50.00   |
| 3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>8-11-2000</u><br><br>Name: <u>HODESH MARK</u><br>Address: <u>210 SOUTH ASHLEY</u><br><u>ANN ARBOR MI 48104</u><br>5. If over \$100.00 cumulative, please provide:<br><br>Occupation _____ Employer _____<br><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  | 50.00     | 50.00   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9-4-2000</u><br><br>Name: <u>STEAD DAVID F.</u><br>Address: <u>910 EDGEWOOD PL</u><br><u>ANN ARBOR MI 48103</u><br>5. If over \$100.00 cumulative, please provide:<br><br>Occupation _____ Employer _____<br><br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 30.00     | 30.00   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9-13-2000</u><br><br>Name: <u>POWELL MIRNIE J.</u><br>Address: <u>2940 LAKE HURST CT.</u><br><u>ANN ARBOR MI 48105</u><br>5. If over \$100.00 cumulative, please provide:<br><br>Occupation _____ Employer _____<br><br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser     | 50.00     | 50.00   |
| Page Subtotal<br>Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  | 180.00    |   |

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130600  
2. Committee Name Committee to Reelect Diana McKeown Martin

| 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 from committees 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>9-12-00</u><br>Name: <u>McDonald, R. GRIFFITH</u><br>Address: <u>3906 PENBERTON DR</u><br><u>ANN ARBOR MI 48105</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | 100.00    | 100.00  |
| 3. Contribution #2      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10-3-2000</u><br>Name: <u>MICHIGAN LABORERS POLITICAL LEAGUE</u><br>Address: <u>3721 W MICHIGAN AVE SUITE 203</u><br><u>LANSING MI 48197-3600</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 500.00    | 500.00  |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-12-2000</u><br>Name: <u>BAILEY, RICHARD W.</u><br>Address: <u>1609 CAMBRIDGE RD</u><br><u>ANN ARBOR MI 48104</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | 100.00    | 100.00  |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-13-2000</u><br>Name: <u>DAVES, WILLIAM</u><br>Address: <u>204 BANTON SHORE DR</u><br><u>ANN ARBOR MI 48105</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   | 100.00    | 100.00  |
| Page Subtotal<br>Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)  | 800.00    |   |

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130600  
2. Committee Name COMMITTEE TO RE-ELECT DEANA MUKOJICH MORTON

| 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 from committees regardless of amount.   | 6. Amount                           | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-------------------------------------|---|
| 3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10-20-2000</u><br>Name: <u>MICHIGAN STATE BUS TRADES COUNCIL PAC</u><br>Address: <u>435 WASHINGTON SQ SOUTH</u><br><u>LANSING MI 48933</u><br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 150.00                              | 150.00  |
| 3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name: _____<br>Address: _____<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input 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 _____<br>Name: _____<br>Address: _____<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input 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 _____<br>Name: _____<br>Address: _____<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |                                     |   |
| Page Subtotal<br>Grand Total of All Schedules 1A<br>(Complete on last page of Schedule)   | <u>150.00</u><br><br><u>1130.00</u> |   |

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 130600  
2. Committee Name \_\_\_\_\_

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code)  | 5. Date        | 6. Amount    |
|--|--|----------------|--------------|
| Expenditure #1<br>Name <u>West Hawk Industries</u><br>Address <u>1717 South State</u><br><u>Ann Arbor MI 48104</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Label Printing</u><br>Expenditure Code <u>PA</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>9/21/00</u> | <u>50.00</u> |
| Expenditure #2<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br>Expenditure Code _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     |                |              |
| Expenditure #3<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br>Expenditure Code _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     |                |              |
| Expenditure #4<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br>Expenditure Code _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     |                |              |
| Expenditure #5<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: _____<br>Expenditure Code _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     |                |              |

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

50.00  
50.00

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 130600  
2. Committee Name COMMITTEE TO RE-ELECT DIANNE MCKENNA-MARTON

This Schedule itemizes:  
a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Indicate type and you may assign an expenditure code)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|---|------------------------------------|---------------------------------------|--|
|--|---|------------------------------------|---------------------------------------|--|

|  |  |   |              |   |
|--|--|---|--------------|---|
| Debt #1<br>Owed to or by:<br><u>West Hawk Industries</u><br><u>1717 South State</u><br><u>Ann Arbor MI 48104</u><br>Corp? <input type="checkbox"/> Yes | 4. Type: _____<br>Code _____<br>5. <u>Date Debt Was Incurred</u><br><u>8-30-2000</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>115.80</u> | <u>9/20/00</u> \$ <u>50.00</u><br>_____<br>_____<br>_____ | <u>50.00</u> | <u>65.80</u><br><br><input type="checkbox"/> FORGIVEN |
|--|--|---|--------------|---|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

|  |   |   |       |                                   |
|--|---|---|-------|-----------------------------------|
| Debt #2<br>Owed to or by:<br>_____<br>_____<br>_____ | 4. Type: _____<br>Code _____<br>5. <u>Date Debt Was Incurred</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____ | _____<br>_____<br>_____<br>_____<br>_____ | _____ | <input type="checkbox"/> FORGIVEN |
|--|---|---|-------|-----------------------------------|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

|  |   |   |       |                                   |
|--|---|---|-------|-----------------------------------|
| Debt #3<br>Owed to or by:<br>_____<br>_____<br>_____ | 4. Type: _____<br>Code _____<br>5. <u>Date Debt Was Incurred</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____ | _____<br>_____<br>_____<br>_____<br>_____ | _____ | <input type="checkbox"/> FORGIVEN |
|--|---|---|-------|-----------------------------------|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

65.80  
65.80

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

**PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES**

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.