



**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 07/21/14 to 10/20/14

1. Committee I.D. Number  
**C-2010-13**

2. Committee Name  
**John Eaton for Council**

4. Candidate Last Name **Eaton** First Name **John** M.I. **E**

4a. Office Sought Including District # or Community Served (If applicable)  
**Ann Arbor City Council - Ward 4**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**1606 Dicken Drive  
Ann Arbor, MI 48013**

Area Code and Phone (734) 662-6083  
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  
**Mark H. Cousens  
4933 Fairway Ridge Circle  
West Bloomfield, Michigan 48323**

Area Code & Phone (248) 737-8707

7. Treasurer's Business Address  
**26261 Evergreen Road, Suite 110  
Southfield, Michigan 48076**

Area Code and Phone (248) 355-2150

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone \_\_\_\_\_

FILED  
 WASHTENAW COUNTY, MI  
 2014 OCT 23 P 12:54  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
\_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution  
\_\_\_\_\_

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 Mark H. Cousens Signature [Signature] Date 10/21/2014

Candidate John E. Eaton Signature [Signature] Date 10/21/2014



1. Committee I.D. Number C-2010-13

2. Committee Name John Eaton for Council

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$2,868.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$2,868.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$95.39</u>	(21.) \$ <u>\$471.69</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$1,972.97</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$100.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$964.02</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>\$964.02</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$964.02</u> *	



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-13

2. Committee Name John Eaton for Council

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name <b>John E Eaton</b> Address: <b>1606 Dicken Dr., Ann Arbor</b> <small>If over \$100.00 cumulative, please provide:</small> Occupation: <b>Attorney</b> Employer: <b>Mark H Cousens, Attorney</b> Business Address: <b>26261 Evergreen Rd., Southfield</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Web site set up fee</u> 5. Date Of Receipt: <u>8/21/14</u> 6. Vendor Name & Address: <u>Lesko</u> <u>817 Brookside Dr., Ann Arbor 48106</u>	<b>\$95.39</b>	<b>\$95.39</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name Address: <small>If over \$100.00 cumulative, please provide:</small> Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name Address: <small>If over \$100.00 cumulative, please provide:</small> Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

<b>\$95.39</b>
<b>\$ 95.39</b>

Enter this total on line 6 of Summary Page

