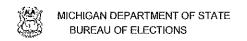
## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

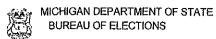
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement co	Name First Name M.I.		
1. Committee I.D. Number	4. Candidate Last I	Name First Name M.I.		
C-2011-039	Lumm	. Jane B		
,		cluding District # or Community Served (If applicable)		
2. Committee Name	1 ' 🛦 '	Comit member		
Dane Lumn for City Comil	イト はん 4b. County of Reside	har lity Connict		
5. Committee's Mailing Address		e Residential Address		
		in B. Dobson		
and Orba, MI 48104	777	Gedder Road		
Un 0x 11 N, M1 48104		Wha, MI 48105		
7211 1 72 1 72 1	unr	vna, Mi 42103		
Area Code and Phone 734-671-4070  If the address in this box is different from the committee				
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	734-465-5467		
7. Treasurer's Business Address	8. Designated Reco Designated Record	rd keeper's Name and Mailing Address (If the committee has a keeper)		
NIA	1 Mm	an lalandaer		
("	202	Duric des Drive		
		que Wardner 1 Overridge Drive arba, MI 48104		
·				
Area Code and Phone	Area Code and Phoi	ne 734-368-4659		
9. TYPE OF STATEMENT				
9a. Pre-Election OR 9b. Post-	·· 9	c. Annual Statement (Coverage Year)		
9a. Pre-Election OR 9b. Post-	FIGCTION			
Pre-Etection or Post-Election Statement relates to:	90	Amendment to Campaign Statement Compared Item 36, 9b, 9c or 9e to indicate which Statement is along amended)		
Primary Gen	eral 9e	e. Dissolution of Candidate Committed C		
Convention	ool	Effective Date of Dissortion		
Special				
Cauc	181	y checking this item, IVWe certify that the <b>committee</b> has no assets or		
Date of Election, Convention or Caucus	the	utstanding debts, including late filing fees the standing debts, includi		
11-5-13	No	ote: The disposition of residual funds must be reported on Schedule		
	<u></u>	3 and the Summary Page.		
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper	Julied Campaign State ditures, and outstand	ements. The Campaign Statements must mode an approable ing 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 change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	is Campaign Stateme at campaign stateme	ent 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 Skinu B. Dibsing	Sen 1	Date 12-5-13		
Type or Print Name	Signature	Date		
Candidate Huk B. Lumm	, There I	Pr. Www Date 12/5/2013		
Type or Print Name	Signature			



(Subtract line 16 from line 15)

1. Committee I.D. Number <u>C - 2611 - 039</u>

SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name <u>Sane Lumn</u>	for City Louncil
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	11801 0100	- Samaration and discussion system
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 21,075.	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 21, 075.	(18.) \$ 21,075
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ O
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c ÷ Line 4)	(5.) \$ 21, 075.	(20.) \$ 21, 075
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-lK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	<i>2. (</i> 2	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 11, 664.	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	1.8
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 11, 064.00	(23.) \$ 11, 664.68
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ - 0 -	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$ - 0 -
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24)
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \ , \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	·
	BALANCE STATEMENT	<del></del>
13. Ending Balance of last report filed	(13.) \$ 786.99	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.)+\$ 21,075.	
(Line 5, Total Contributions & Other Receipts)	(15.)=\$ 21.861.99	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ 11. 64. 64	
(Add lines 9 and 11) 17 FNDING BALANCE	(17) \$ 10, 197.31	



## **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

1. Committee I.D. Number <u>C-2011-039</u>

CANDIDATE COMMITTEE 2. Committee Name 200	k Lhan f	or city council
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 <u>all</u> 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 9/16/13 Name & Address:  Wither Miner trout, Vivienne N.  920 Vesper Nord  An Arbar, MI 48103	\$ 200.	\$ 200.
5. If over \$100.00 cumulative, please provide:	Oli-i- Hana f-	
Occupation not employed Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt  Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:		
5. If over \$100.00 cumulative, please provide:	\$Click Here for	\$ Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
. Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address		
5. If over \$100.00 cumulative, please provide:	\$	\$
	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	21. 075.  Enter this total on line 3a of Summary Page.	