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: 10/20/13 to 11/25/13					
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.					
C-2011-039	Lumm Dane B.					
	4a. Office Sought Including District # or Community Served (If applicable)					
2. Committee Name	Ward 2 Council Member					
Jane Lumm for City Council	Una arba City Council					
Jac die Connect	4b. County of Residence Wash Fenau					
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address					
3075 Overridge Dr. Ann Arha, MI 46104	Stephen B. Dobson					
Unn a-hn, MI 48104	3350 Gelder Rd.					
Area Code and Phone 134-677-4010	Una arha, MI 48105					
If the address in this box is different from the committee	Area Code & Phone 734 - 465 - 5 467					
be sent to this address by the filing official.	7.100.0000 5.170.10					
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
N/A	Monique Wardner 2921 Overridge Drive ann arhai MI 48104					
	200 0001					
	The Overrage wive					
Area Code and Phone	Area Code and Phone 774-368 - 4859					
9. TYPE OF STATEMENT	00 A					
9a. Pre-Election OR 9b. Post	t-Election 9c. Annual Statement (
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c					
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statemer is being amender					
	9e. Dissolution of Candidate Committee					
Primary Cen	neral Date of Desirion					
Convention Sch	hool Effective Date of Desemble 1					
	<u> </u>					
Special Caud	By checking this item, livve certify that the committee has no assets or					
Date of Election, Convention or Caucus	outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for					
	the Reporting Waiver.					
11-5-13	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 re	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.					
Schedules. Direct contributions, in-kind contributions, loans, expert fany of the information listed in items 2. 4. 5. 6. 7. or 8 has change	anditures, and outstanding debts count against the \$1,000 Reporting Walver Inreshold. The desirated the information was shown on the committee's Statement of Organization, an					
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: INVe 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 Stephen B. Dubson/ Stands (M. Date 12/10/13						
Type or Print Name	Signature					
1 A 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Mus 6 122 - 12 4012					
Candidate JANE B. LUMM	Signature Date 12/10/13					
Type or Print Name	Old Haild C					



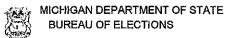
15. SUBTOTAL Add lines 13 and 14
16. Amount expended during reporting period

(Subtract line 16 from line 15)

(Add lines 9 and 11) 17, ENDING BALANCE

C-2011-039 1. Committee I.D. Number **SUMMARY PAGE** 2. Committee Name **CANDIDATE COMMITTEE** RECEIPTS Column II Column I Cumulative this election cycle This Period 3. Contributions a: Itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ c. Subtotal of "Contributions" 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) **IN-KIND CONTRIBUTIONS & EXPENDITURES** 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ _ **EXPENDITURES** 8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ c. Unitemized (less than \$50.01 each - no Schedule) (23.) \$ <u>27</u>640-37 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements (10a.) \$ _____ a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ _ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (11.) \$ _ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) (12a.) \$ _ b. Owed to the Committee (Schedule 1E) (12b.) \$ **BALANCE STATEMENT** 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)

(17.) \$



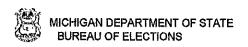
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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

2. Committee Name Jane Lynna for City Conn.:

2. Committee Name JACK	my prov 1 mg (and convert
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 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 11/22-13 Line Man, Dane B. 3075	s 1,315.53	
5. If over \$100.00 cumulative, please provide:		
Occupation no longloyed Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct X 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 fo	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	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here loi	Wemo Remization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
71 Cuita raison		
3. 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	Ollow Flore for	Wello Hellizadon
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>	
Page Subtotal	1,315. 52	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Pageof	6, 235, 5° Enter this total on line 3a of Summary Page.	



DEBTS AND OBLIGATIONS SCHEDULE 1E

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

SCHEDULE 1E	,	1 / 1				
CANDIDATE COMMITTEE 2. C	ommittee Name <u>Jane La</u>	or Ax lity	Connil			
This Schedule itemizes:		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
a X Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)						
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 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 Corp? Yes Owed to or by:	4. Type: Phyma 641	\$				
Sinc 8. Lumm	5. <u>Date Debt Was Incurred</u> :	\$				
3075 Duevida Dive	11/20117	\$.9	*		
Uma hiha. MI 48104	6. Original Amount of Debt:	•	\$ <u>-0-</u>	\$ 1,650		
, 404. 5	\$ 1,000	φ		FORGIVEN		
If bank loan, name of endorser or guarantor:		Ame	ount Endorsed: \$			
Debt #2 Corp? Yes Owed to or by:	4. Type: Personal Dan	\$	ant Engologia, \$\psi\$			
Jane B. Lumm	5. <u>Date Debt Was Incurred</u> :	•		Į		
3075 Overvidge Drive	11/21/13	\$ s				
ann arha, MI 48104	6. Original Amount of Debt:		\$ <u>-0 -</u>	\$ 750_		
MUL MUN 1111 4010.	\$ <u>150</u>	<u> </u>		FORGIVEN		
		\$		<u></u>		
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_			
Debt #3 Corp? Yes Owed to or by:	4. Type: person land	\$				
Jan B. Lumm	5. Date Debt Was Incurred:	\$				
3075 Overidge Drim	11 23 17	<u> </u>		13.56		
an arby, MI 48104	6. Original Amount of Debt:	\$	\$	\$ 1,213		
Umr 040", MI 48104	\$ 1.315.63			★ FORGIVEN		
		<u> </u>				
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_			
		Page Subtotal	(Outstanding debt)	3,065.50		

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.

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

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

Page ____ of ___