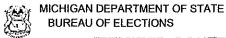


## CANDIDATE COMMITTEE COVER PAGE

## 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	<sup>n:</sup> 01/01/20	to 07/1	9/20		
1. Committee I.D. Number		4. Candidate Last Name		First Name		M.I.	
C-2011-039		Lumm	Jane	)		В	
2. Committee Name		4a. Office Sought Including Di		unity Served (If ap	plicable)		E COM
		Board Member - Local					×
Jane Lumm for City Co	ouncii	4b. County of Residence WA	SHTENAW	$\blacksquare$			
5. Committee's Mailing Address 3075 Overridge Drive Ann Arbor MI 48104		6. Treasurer's Name & Residential Address Jack Cederquist 2145 Ardenne Drive Ann Arbor MI 48105					
Area Code and Phone (734) 972-5846 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) 665-2282					
7. Treasurer's Business Address N/A		8. Designated Record Keeper Designated Record Keeper) John Lumm 3075 Overridge Driv Ann Arbor MI 48104	e	Idress (If the ERK/REGISTER	27 A 9:2	FILED FILED FILED	:
Area Code and Phone		Area Code and Phone (734	1) 645-2441				
9. TYPE OF STATEMENT	D	11 V : t	9e. Dissolution	on of Candidate C	ommittee		
9a. X Pre-Election OR 9b. Post-Election	is not on the	VLY if candidate ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here				
Pre-Election or Post-Election Statement relates to:			by discharged the committee.	and forgiven, and The committee h	no longer o as no oust	collectible anding as	from sets.
<b>⊠</b> Primary	July Quart	erly		fees or has any ous			ŕ
General Convention	October Quarterly		Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.				
Special	9c. 🗀 .						
School	Annual Statement () Coverage Year		Effective date of dissolution				
Caucus	9d. X Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
Date of Election, Convention or Caucus							
08/04/20							
Verification: I\We certify that all reasonable dilignmy\text{\text{our} knowledge and belief the contents are true, }	 ence was used accurate and co	in the preparation of this statemo	ent and attached	i schedules (if any	and to the	e best of	***************************************
Current Treasurer or Designated Record keeper Type or Print Name		who W.	4	Date	7/24/	20	naddar-186
		Signature , Mww B. Liv					
Candidate Jane Lumm			<b>M</b> /h	Date	7/24	/20	_
Type or Print Name		Signature					



## **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

## **CANDIDATE COMMITTEE**

2. Committee Name Jane Lumm for 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 07/18/20 Name & Address: Jane Lumm 3075 Overridge Drive Ann Arbor MI 48104	<sub>\$</sub> 1000	<sub>\$</sub> 1000			
5. If over \$100.00 cumulative, please provide:  Occupation Council Member Employer City of Ann Arbor  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	Click Here for Memo Itemization			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Stephen Ranzini 2015 Washtenaw	 - <sub>\$</sub> 1000	<sub>s</sub> 1000			
Ann Arbor MI 48104  5. If over \$100.00 cumulative, please provide:  Occupation Pres/CEO Employer University Bank  Business Address 2015 Washtenaw Ann Arbor MI 48104	Y	Click Here for Memo Itemization			
Type of Contribution:					
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: Robert Wolverton 119 W. Third Street Onsted MI 49265  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100 Click Here for	\$ 100 \$ 100 Click Here for Memo Itemization ▼			
Business Address  Type of Contribution:   Direct  Loan from a person  Fund Raiser					
Contribution # 4 PAC Receipt? YES 4. Date of Receipt  Name & Address	s	\$			
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization			
Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser	_				
Page Subto	tal \$2,100.00				
Grand Total of All Schedules (Complete on last page of Schedu	A \$26.310.00	-			

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Enter this total on line 3a of Summary Page.