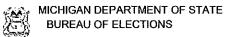
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and si the treasurer (or designated record keeper) and can	gned by didate.	3. This Statem	ent cove	ers From	^{1:} 01/01/20	to	07/19	/20		
1. Committee I.D. Number		4. Candidate				First Nam	е		M.I.	
C-2011-039		Lumm			Jan	е			В	
		4a. Office Sou	ght Inclu	iding Dis	strict # or Com	munity Serv	ed (If app	olicable)		
2. Committee Name		Board Mer	nber -	Local						▼
Jane Lumm for City Cou	ıncil	4b. County of I	Residen	ce WA :	SHTENAW					
5. Committee's Mailing Address		6. Treasurer's			ntial Address					
3075 Overridge Dr Ann Arbor MI 48104		Jack Cederquist 2145 Ardenne Drive S□ ≤				_				
All Albor Wil 40104		Ann Arbo						78	MA.	
		74117460	71 IVII -	10100	•		が記	2020 AUG	SH.	
A O-dd Ph (734) 972-5846							OUNTY CLE	au au	WASHTENAW	
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		8. Designated Record Keeper			's Name and A	ddress (if th	ne commi	ttee has a	ED KILK WI	
N/A		Designated R	ecord K	еерег)				بب	ĭ.	
		John Lun	nm				STER	80	<u> </u>	
·		3075 Ove		e Driv	/e		ر ير			
		Ann Arbo	~							
Area Code and Phone		Area Code an	d Phone	(734) 645-2441					
9. TYPE OF STATEMENT					9e. Dissolut	tion of Can	didate Co	ommittee	, , , , , ,	
9a. X Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:				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 committed	d and forgive e. The com	en, and ne mittee ha	o longer o s no oust	collectible f anding ass	írom ets,
⊠ Primary	July Quarte	rly			owes no lates	fees or has	s any oust	anding d	ebt.	
General	October Qu	arterly			Further, if the dissolution cannot be granted, that this be					
Convention					considered a	request for	the Repor	ting Wai	/eг.	
Special 90	: []									
	Annual Statement () Coverage Year			ear ear	Effective date of dissolution					
☐ School	. 🔽 Amend		-							
Caucus 90	9d. X Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to		e to	Note: The disposition of residual funds must be reported on					ed on	
	indicate amende	e which Statement is being ed.)		ing	Schedule 1B and the Summary Page.					
Date of Election, Convention or Caucus										
08/04/20										
10. Verification: I\We certify that all reasonable diligenc my\our knowledge and belief the contents are true, acc	e was used in curate and cor	the preparation	n of this	stateme	ent and attache	ed schedule	s (if any)	and to the	e best of	
Current Treasurer or John Lumm	,	Sha	18	1	-			8/19/	/20	
Designated Record keeper Type or Print Name		Signatu	re	1		——Dat	e	_,		
• •	(\mathcal{I}_{M}	1.	1.4				0445	100	
Candidate Jane Lumm		, graz	177.	hrm		Dat	te	8/19	/20	
Type or Print Name		Signati	ле							



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 06/05/20 Name & Address: Leslie and Michael Morris		
1023 Young Place Ann Arbor MI 48105	_{\$} 250	_{\$} 250
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Researcher Employer Dr. Michael Morris Research Group	Olick Fiere i	or memo nemization
Business Address Department of Chemistry - University of Michigan		
Type of Contribution: V Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/05/20 Name & Address		
Glenn Ziegler 514 Krause	_{\$} 300	_{\$} 300
Ann Arbor MI 48103		
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Retired Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/06/20		
Name & Address: Will Hathaway		
324 Stowe	_{\$} 200	_{\$} 200
Ann Arbor MI 48103	Official Harris for	
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization ▼
Occupation Property Manager Employer Hathaway Rentals		
Business Address 324 Stowe Ann Arbor MI 48103		
Type of Contribution: Direct Loan from a person Fund Raiser	 	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/07/20 Name & Address		
Peter Heydon 3562 W.Huron River Drive Ann Arbor MI 48103	_{\$} 1000	_{\$_} 1000
5. If over \$100.00 cumulative, please provide:	Olivia Hawa fa	
Occupation Retired Employer	Click Here to	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$1,750.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	Enter this total on line 3a of Summary	_
5 of 49	Page.	