



**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.

1. Committee I.D. Number C-2018-062		3. This Statement covers From: <u>08/05/18</u> to <u>10/21/18</u>	
2. Committee Name Committee to elect Bryan Johnson		4. Candidate Last Name Johnson First Name Bryan M.I. 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local	
5. Committee's Mailing Address 3023 Aspen Lane Ann Arbor, MI 48108 Area Code and Phone <u>(917) 841-6334</u> <small>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.</small>		4b. County of Residence WASHTENAW 6. Treasurer's Name & Residential Address Michael Lippert 3023 Aspen Lane Ann Arbor, MI 48108 Area Code & Phone <u>(917) 841-6334</u>	
7. Treasurer's Business Address 700 E. University Ann Arbor MI, 48104 Area Code and Phone <u>(734) 763-0494</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>11/06/18</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by 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. <div style="text-align: center;"> <p>LAURENCE F. STEINBAUM COUNTY CLERK/REGISTRAR 2018 OCT 25 P 1:01 FILED WASHTENAW COUNTY, MI</p> </div>	
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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	Michael Lippert	<i>Michael J</i>	Date	<u>10/24/2018</u>
	Type or Print Name	Signature		
Candidate	<i>Bryan L. Johnson</i>	<i>[Signature]</i>	Date	<u>10/24/18</u>
	Type or Print Name	Signature		



1. Committee I.D. Number C-2018-062

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to elect Bryan Johnson

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,400.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$7,400.00</u>	(18.) \$ <u>\$7,400.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$7,400.00</u>	(20.) \$ <u>\$7,400.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$150.00</u>	(21.) \$ <u>\$150.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$5,396.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$70.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$5,466.44</u>	(23.) \$ <u>\$5,466.44</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
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.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$7,400.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$7,400.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$5,466.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,933.56</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-062
2. Committee Name Committee to elect Bryan Johnson

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)
<p>3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/25/18</u> Name & Address: MEA Political Action Council 1216 Kendale Blvd. East Lansing, MI 48823</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>1000</u></p>	<p>\$ <u>1000</u> Click Here for Memo Itemization</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/03/18</u> Name & Address: Greg Peoples 5445 Scott Ct. Ypsilanti, MI 48197</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100</u></p>	<p>\$ <u>100</u> Click Here for Memo Itemization</p>
<p>3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/15/18</u> Name & Address: Michigan Laborers Political League 1118 Centennial Way, Ste 100 Lansing, MI 48917</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>250</u></p>	<p>\$ <u>250</u> Click Here for Memo Itemization</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/18</u> Name & Address: Linda Carter 1650 Franklin Ann Arbor, MI 48103</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>50</u></p>	<p>\$ <u>50</u> Click Here for Memo Itemization</p>

Page Subtotal **\$1,400.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$1,400.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2018-062
2. Committee Name Committee to elect Bryan Johnson

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/18</u>	
Name & Address: Tanya Raza 913 Fairway Park Drive Ann Arbor, MI 48103		\$ <u>2000</u>	\$ <u>2000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Learning Skills Assoc</u> Employer <u>Wayne St. U</u> Business Address <u>42 W Warren Ave, Detroit, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/01/18</u>	
Name & Address: Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103		\$ <u>2000</u>	\$ <u>2000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Emergency Physician</u> Employer <u>American Physician Partners</u> Business Address <u>5121 Maryland Way Brentwood, TN 37027</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/18</u>	
Name & Address: Victor Vojeck 19465 Via Piazza Dr Northville, MI 48167		\$ <u>2000</u>	\$ <u>2000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Loc Performance</u> Business Address <u>13505 N Haggerty Rd Plymouth, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$6,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$7,400.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2018-062
2. Committee Name Committee to elect Bryan Johnson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Ann Arbor Observer Address 2390 Winewood Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/18</u> Date	<u>\$ 492.75</u> Click Here for Memo Itemization Type
Expenditure #2 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/28/18</u> Date	<u>\$ 132.43</u> Click Here for Memo Itemization Type
Expenditure #3 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/18</u> Date	<u>\$ 161.79</u> Click Here for Memo Itemization Type
Expenditure #4 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/18</u> Date	<u>\$ 162.84</u> Click Here for Memo Itemization Type
Expenditure #5 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/18</u> Date	<u>\$ 152.21</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,102.02**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2018-062
2. Committee Name Committee to elect Bryan Johnson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/18</u> Date	<u>\$ 424</u>
Expenditure #2 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/18</u> Date	<u>\$ 179.14</u>
Expenditure #3 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/18</u> Date	<u>\$ 231.08</u>
Expenditure #4 Name Peter Ways Address 815 Mt. Pleasant Ave. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/18</u> Date	<u>\$ 260</u>
Expenditure #5 Name Kelly Collison Address 1114 E. Kalamazoo St. Lansing, MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Labor/Wages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/18</u> Date	<u>\$ 2400</u>

Subtotal this page **\$3,494.22**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2018-062
2. Committee Name Committee to elect Bryan Johnson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Kelly Collison Address 1114 E. Kalamazoo St. Lansing, MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>labor/wages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/18</u> Date	<u>\$ 800</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$800.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$5,396.44**

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2018062

CANDIDATE COMMITTEE

2. Committee Name Committee to elect Bryan Johnson

3. Name and Address from whom received 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 <u>all</u> in-kind contributions.	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)
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<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Bryan Johnson 4252 Chandl Ct. Ypsilanti, MI 48197</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>University Manager</u> Employer Name & Business Address: University of Michigan 700 E. University Ave. Ann Arbor, MI 48104</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description <u>Van Access</u></p> <p>5. Date Of Receipt: <u>09/21/18</u></p> <p>6. Vendor Name & Address:</p> <p style="text-align: right;">Click Here for Memo Itemization</p>	<p>\$ <u>150</u></p>	<p>\$ <u>150</u></p>
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<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name & Address:</p> <p style="text-align: right;">Click Here for Memo Itemization</p>	<p>\$ _____</p>	<p>\$ _____</p>
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<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>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</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name & Address:</p> <p style="text-align: right;">Click Here for Memo Itemization</p>	<p>\$ _____</p>	<p>\$ _____</p>
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Page Subtotal **\$150.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$150.00**

Enter this total
on line 6 of Summary
Page