



**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 <u>C-2011-039</u>		3. This Statement covers From: <u>10/24/11</u> to <u>12/8/11</u>	
2. Committee Name <u>Jane Lumm for City Council</u>		4. Candidate Last Name <u>Lumm</u> First Name <u>Jane</u> M.I. <u>B</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor City Council, Ward 2</u> MI license #: <u>L-500-368-089-589</u> 4b. County of Residence <u>Washtenaw</u>	
5. Committee's Mailing Address <u>2921 Overridge Drive</u> <u>Ann Arbor, MI 48104</u> Area Code and Phone <u>734-677-4010</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>		6. Treasurer's Name & Residential Address <u>Stephen B. Dobson</u> <u>3350 Geddes Road</u> <u>Ann Arbor, MI 48105</u> Area Code & Phone <u>734-665-5667</u>	
7. Treasurer's Business Address <u>N/A</u> Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper) <u>Monique Wardner</u> <u>2921 Overridge Drive</u> <u>Ann Arbor, MI 48104</u> Area Code and Phone <u>734-368-4859</u>	

FILED
 WASHTENAW COUNTY, MI
 2011 DEC -8 P 4:11
 JAMES H. KESTER, JR.
 COUNTY CLERK/REGISTRAR

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <table> <tr> <td><input type="checkbox"/> Primary</td> <td><input checked="" type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Convention</td> <td><input type="checkbox"/> School</td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Caucus</td> </tr> </table> Date of Election, Convention or Caucus <u>Nov. 8, 2011</u>		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Convention	<input type="checkbox"/> School	<input type="checkbox"/> Special	<input type="checkbox"/> Caucus	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. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or 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. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General								
<input type="checkbox"/> Convention	<input type="checkbox"/> School								
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus								

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding 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 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: 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 <u>Stephen B. Dobson</u> Type or Print Name	<u>[Signature]</u> Signature
Date <u>Dec. 8, 2011</u>	
Candidate <u>Jane B. Lumm</u> Type or Print Name	<u>[Signature]</u> Signature
Date <u>December 8, 2011</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2011-039

2. Committee Name Jane Lunn for City Council

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>6,005.</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>6,005.</u>	(18.) \$ <u>24,955.-</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>6,005</u>	(20.) \$ <u>24,955.</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>10,298.72</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>10,298.72</u>	(23.) \$ <u>21,994.72</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>7.254</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>6,005</u>	
	(15.) = \$	<u>13,259</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	<u>10,298.72 9,554.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	<u>2,950.28 3,704.01</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)			



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Luman 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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Grimes, Martha B.</u> <u>637 Dornoch Drive</u> <u>Ann Arbor, MI 48103</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>N/A</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.-</u>	\$ <u>200.-</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Chang, Lana F</u> <u>3810 Penberton Ct.</u> <u>Ann Arbor, MI 48103</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>50.-</u>	\$ <u>50.-</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>White-Black, Shirley A. (Trust)</u> <u>3595 Huron River Drive</u> <u>Ann Arbor, MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.-</u>	\$ <u>100.-</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Kmenta, Joan H.</u> <u>662 Greenhills Drive</u> <u>Ann Arbor, MI 48105</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>35.-</u>	\$ <u>35.-</u>
		Click Here for Memo Itemization	

Page Subtotal

\$ 385.-

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
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? <input type="checkbox"/> YES	4. Date of Receipt <u>11-5-11</u>	
Name & Address: <u>Kazan, Meral</u> <u>1450 Kearney</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11-5-11</u>	
Name & Address: <u>Wilson, Elizabeth Chappuis</u> <u>3033 Overridge</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.-</u>	\$ <u>50.-</u>
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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11-5-11</u>	
Name & Address: <u>Wilson, Mark James</u> <u>3477 Gettysburg Rd.</u> <u>Ann Arbor, MI 48105</u>		\$ <u>100.-</u>	\$ <u>100.-</u>
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		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11-5-11</u>	
Name & Address: <u>Dickinson, Lois Jean</u> <u>2334 Buckingham Rd.</u> <u>Ann Arbor, MI 48104</u>		\$ <u>20.-</u>	\$ <u>20.-</u>
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		Click Here for Memo Itemization	

Page Subtotal 220.-

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Luma 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 Name & Address: <u>Wilson, William E.</u> <u>2723 Maitland Drive</u> <u>Ann Arbor, MI 48105</u>		4. Date of Receipt <u>11-5-11</u>	
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		\$ <u>100.-</u>	\$ <u>100.-</u>
Click Here for Memo Itemization			
3. Contribution #2 Name & Address: <u>Gallap, Margaret E.</u> <u>927 Greenhills Drive</u> <u>Ann Arbor, MI 48105</u>		4. Date of Receipt <u>11-5-11</u>	
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		\$ <u>25.-</u>	\$ <u>25.-</u>
Click Here for Memo Itemization			
3. Contribution #3 Name & Address: <u>Calhoun, Gary</u> <u>300 Huntington Drive</u> <u>Ann Arbor, MI 48105</u>		4. Date of Receipt <u>11-5-11</u>	
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		\$ <u>100.-</u>	\$ <u>100.-</u>
Click Here for Memo Itemization			
3. Contribution #4 Name & Address: <u>Borcherts, Holde H.</u> <u>1555 Wash tenaw</u> <u>Ann Arbor, MI 48104</u>		4. Date of Receipt _____	
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		\$ <u>100.-</u>	\$ <u>100.-</u>
Click Here for Memo Itemization			

Page Subtotal

325.-

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

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line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Luman 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 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 11-5-11
Name & Address:

Maccardini, Reno J.
3940 Ridgmar Square
Ann Arbor, MI 48105

\$ 100. \$ 100.

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11-5-11
Name & Address:

Wallace, Bruce T.
126 S. Main St.
Ann Arbor, MI 48104

\$ 100. \$ 100.

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 11-5-11
Name & Address:

Cmejrek, James R.
2201 Melford Rd.
Ann Arbor, MI 48104

\$ 200. \$ 200.

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation attorney Employer self-employed

Business Address 2201 Melford Road, Ann Arbor, MI 48104

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 11-8-11
Name & Address:

Pear, Edwin L.
3715 Fox Hunt Drive
Ann Arbor, MI 48105

\$ 100. \$ 100.

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation attorney Employer self-employed

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

500.

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name June 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 all 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 type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Campbell, Brian T.</u> <u>427 N. Main</u> <u>Ann Arbor, MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>N/A</u> Business Address <u>427 N. Main Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>250.</u>	\$ <u>250.</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Clark, John Alden</u> <u>2214 Avalon Place</u> <u>Ann Arbor, MI 48104</u></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>		\$ <u>100.</u>	\$ <u>100.</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Yarman, Richard A.</u> <u>1625 Arlington Blvd.</u> <u>Ann Arbor, MI 48103</u></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>		\$ <u>100.</u>	\$ <u>100.</u>
		Click Here for Memo Itemization	
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Faber, Robert G.</u> <u>1921 Boulder Drive</u> <u>Ann Arbor, MI 48104</u></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>		\$ <u>50.</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal

500.

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Lamm 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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Hauptman, Jeffrey L.</u> <u>641 Stratford Drive</u> <u>Ann Arbor MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>real estate development</u> Employer <u>Oxford Company</u> Business Address <u>312 S. State St. Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.-</u>	\$ <u>200.-</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Jones, Barbara J.</u> <u>3503 Burbank Drive</u> <u>Ann Arbor, MI 48105</u></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>		\$ <u>50.-</u>	\$ <u>50.-</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>Decker, Joseph C.</u> <u>2980 Devonshire Rd.</u> <u>Ann Arbor, MI 48104</u></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>		\$ <u>100.-</u>	\$ <u>100.-</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>Wong, Lin C.</u> <u>3550 E. Huron River Drive</u> <u>Ann Arbor, MI 48104</u></p> <p>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</p>		\$ <u>100.-</u>	\$ <u>100.-</u>
		Click Here for Memo Itemization	

Page Subtotal

450.-

Grand Total of All Schedules 1A
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Luman 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? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u> Name & Address: <u>Coran, Susan W.</u> <u>505 E. Huron St., #802</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.</u>	\$ <u>50.</u>
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		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-8-11</u> Name & Address: <u>St. Amant, Pierre H.</u> <u>1410 Kearney</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100.</u>	\$ <u>100.</u>
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		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u> Name & Address: <u>Hayes, Dennis M.</u> <u>120 N. Fourth Ave.</u> <u>Ann Arbor, MI 48104</u>		\$ <u>50.</u>	\$ <u>50.</u>
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Reid, Michael R.</u> <u>1070 Chestnut</u> <u>Ann Arbor, MI 48104</u>		\$ <u>100.</u>	\$ <u>100.</u>
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		Click Here for Memo Itemization	

Page Subtotal 300.
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Luman 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? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u> Name & Address: <u>Gerber, Florence</u> <u>3060 Overridge</u> <u>Ann Arbor, MI 48104</u>	\$ <u>100.</u>	\$ <u>100.</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u> Name & Address: <u>Harrison, Maria D.</u> <u>1362 Lancel View Drive</u> <u>Ann Arbor, MI 48105</u>	\$ <u>50.</u>	\$ <u>50.</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u> Name & Address: _____ _____	\$ <u>500.</u>	\$ <u>500.</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>not employed</u> Employer <u>N/A</u> Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: <u>Grabb, Cozette T.</u> <u>1961 Boulder Drive</u> <u>Ann Arbor, MI 48104</u>	\$ <u>100.</u>	\$ <u>100.</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal

750.

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Lunn 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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-5-11</u></p> <p>Name & Address: <u>Bergmann, Dietrich R.</u> <u>868 Asa Gray Drive</u> <u>Ann Arbor, MI 48105</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.</u>	\$ <u>100.</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-9-11</u></p> <p>Name & Address: <u>Young, Robert A.</u> <u>3500 Fox Hunt Drive</u> <u>Ann Arbor, MI 48105</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100.</u>	\$ <u>100.</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-17-11</u></p> <p>Name & Address: <u>Heydon, Peter N.</u> <u>324 E. Washington St.</u> <u>Ann Arbor, MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>retired</u> Employer <u>N/A</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.</u>	\$ <u>500.</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-17-11</u></p> <p>Name & Address: <u>Heydon, Henrietta M.</u> <u>324 E. Washington St.</u> <u>Ann Arbor, MI 48104</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>not employed</u> Employer <u>N/A</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.</u>	\$ <u>500.</u>
		Click Here for Memo Itemization	

Page Subtotal 1,200.

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2011-039
2. Committee Name Jane Lamm 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 Name & Address: <u>Gallagher, Katy D.</u> <u>65 Jefferson Court</u> <u>Ann Arbor, MI 48103</u>		4. Date of Receipt <u>11-5-11</u>	
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		\$ <u>100.</u>	\$ <u>100.</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Chase, Anne M.</u> <u>2655 Devonshire Rd.</u> <u>Ann Arbor, MI 48104</u>		4. Date of Receipt <u>11-5-11</u>	
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		\$ <u>25.</u>	\$ <u>25.</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Weiser, Eileen</u> <u>855 Colliston Rd.</u> <u>Ann Arbor, MI 48105</u>		4. Date of Receipt <u>11-5-11</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>N/A</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Dahlmann, Dennis</u> <u>300 S. Thayer</u> <u>Ann Arbor, MI 48104</u>		4. Date of Receipt <u>11-5-11</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>real estate development</u> Employer <u>Dahlmann Properties</u> Business Address <u>300 S. Thayer, Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.</u>	\$ <u>500.</u>
		Click Here for Memo Itemization	

Page Subtotal 1,125.

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

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>11-5-11</u> Name & Address: <u>Schriber, Ann Sneed (Hurst)</u> <u>2116 Dorset</u> <u>Ann Arbor, MI 48104</u>		\$ <u>250.</u>	\$ <u>250.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer <u>N/A</u> Business Address _____ 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 _____ 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	
3. Contribution #3 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	
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

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

Enter this total on
line 3a of Summary
Page.

COMPLETING CANDIDATE COMMITTEE SCHEDULE 1A-1, OTHER RECEIPTS

ITEM 3: NAME AND ADDRESS: Enter the name and address of the source from whom the money was received.

ITEM 4: DATE OF RECEIPT: Enter the date the money was actually received by the treasurer, designated record keeper or other agent designated by the treasurer.

ITEM 5: TYPE OF RECEIPT: Check the appropriate box to indicate the type of "other receipt": a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit, or "other." If "other," provide a brief description in the space provided, such as "returned check" or the return of excess contribution", etc. If the receipt is in relation to a fund raising event, check the "Fund Raiser" box.

ITEM 6: AMOUNT: Enter the total amount of the receipt.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

N/A

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address: _____	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Page Subtotal			
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
Page



N/A

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number _____

CANDIDATE COMMITTEE

2. Committee Name _____

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)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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 Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page

COMPLETING CANDIDATE COMMITTEE SCHEDULE 1-IK,
ITEMIZED IN-KIND CONTRIBUTIONS

ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS: If the in-kind contribution is from an individual, please enter last name first. If the contribution is from a Political Committee or an Independent Committee, check the "PAC Receipt? "Yes" box. If the contribution is from any other source, leave the box unmarked.
CONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS: Complete this item only if the cumulative value of in-kind and direct contributions from the contributor exceeds \$100.00 in a calendar year. If the in-kind contribution is received in relation to a fund raising event, check the "Fund Raiser" Box.

ITEM 4: TYPE OF IN-KIND CONTRIBUTION: Check one of the five indicated categories for each in-kind contribution. **DESCRIPTION:** Enter a brief description of each in-kind contribution that identifies the goods or services contributed.

ITEM 5: DATE OF RECEIPT: Enter the date the in-kind contribution was received. The date entered must be within the period covered by the Campaign Statement.

ITEM 6: VENDOR NAME AND ADDRESS: If the in-kind contribution consists of goods or services purchased on behalf of the committee by another person, enter the name and address of the vendor or person where the goods or services were purchased.

ITEM 7: AMOUNT: Enter the fair market value of the contribution; if the contribution was purchased, enter the purchase price.

ITEM 8: CUMULATIVE FOR ELECTION CYCLE: Add the value of the in-kind contribution to other contributions made by the same contributor during the election cycle. The contributions are cumulative in date order.

COMPLETING CANDIDATE COMMITTEE SCHEDULE 1B, ITEMIZED EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR PAID: Enter the name and address of :

- 1) Each individual or business to whom the committee made an expenditure of more than \$50.00 through a single expenditure or a series of expenditures made during the period covered by the Campaign Statement.
- 2) Each individual or business to whom the committee made an expenditure in any amount during the period covered by the Campaign Statement which was made to support or oppose a ballot question.
- 3) Each committee to whom the committee made an expenditure in any amount during the period covered by the Campaign Statement. If the expenditure was made to support or oppose a ballot proposal, it must be made to influence the nomination or election of the candidate whose committee is making the expenditure. In the purpose field, identify the proposal and indicate whether it is a statewide, multi-county or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside.

Report additional detail information for this expenditure as a Memo Itemization as explained below.

- **MEMO ITEMIZATIONS.** Report the gross expenditure made by the committee with the notation "**Memo Itemization Below**" written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid.
- In the space for the next expenditure record immediately following this entry, enter the notation "**Memo Itemization**" and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized.

ITEM 4: PURPOSE: Describe the purpose of the expenditure. Check the box if the expenditure was made as a payment on a debt or obligation owed by the committee that was reported on a previous Campaign Statement.

ITEM 5: DATE OF EXPENDITURE: Enter the date the expenditure was made.

ITEM 6: AMOUNT OF EXPENDITURE: Enter the amount of the expenditure.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number C-2011-039
2. Committee Name Jane Lamm for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Paesano's Restaurant</u> Address <u>3411 Washtenaw Avenue</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Victory celebration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/8/11</u> Date	\$ <u>1,036.70</u>
Expenditure #2 Name <u>Sawicki & Sons</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>signs wires for campaign signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/11</u> Date	\$ <u>92.75</u>
Expenditure #3 Name <u>US Postal Service</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/11</u> Date	\$ <u>100.-</u>
Expenditure #4 Name <u>Ann Arbor. com</u> Address <u>Dept 77571</u> <u>P.O. Box 77000</u> <u>Detroit, MI 48277</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/11</u> Date	\$ <u>45.-</u>
Expenditure #5 Name <u>Office Max</u> Address <u>3765 Washtenaw</u> <u>Ann Arbor, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>supplier: folding machine + envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/11</u> Date	\$ <u>60.51</u>

Subtotal this page

1342.76

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-2011-039
2. Committee Name Jane Lunn for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Karen Anderson & Gene Jones</u> Address <u>1412 E. Stadium Blvd.</u> <u>Ann Arbor, MI 48104</u>	Purpose: <u>Printing services</u>	<u>11/3/11</u> Date	\$ <u>525.</u>
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Expenditure #2 Name <u>Gale Shaver</u> Address <u>8562 Spinnaker Way</u> <u>Ypsilanti, MI 48197</u>	Purpose: <u>data entry</u>	<u>10/21/11</u> Date	\$ <u>220.</u>
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Expenditure #3 Name <u>Kolossos Printing</u> Address <u>2055 W. Stadium Blvd.</u> <u>Ann Arbor, MI 48104</u>	Purpose: <u>Printing services</u>	<u>Various</u> Date	\$ <u>1,467.</u> 820.00
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Expenditure #4 Name Address	Purpose: _____	_____ Date	\$ _____
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Expenditure #5 Name Address	Purpose: _____	_____ Date	\$ _____
<input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		

Subtotal this page 8,212.23
Grand Total of all Schedules 1B (Complete on last page of Schedule) 9,554.99

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	_____ Date	\$ _____ Click here for Memo Itemization Type
Page Subtotal			
Grand Total of all Schedules 1B-1K (Complete on last page of Schedule)			

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on line 7 of
the Summary
Page

CANDIDATE COMMITTEE SCHEDULE 1B-IK, ITEMIZED IN-KIND EXPENDITURES

ITEM 3: NAME AND ADDRESS OF PERSON OR ORGANIZATION TO WHOM THE GOODS OR SERVICES WERE DONATED OR TRANSFERRED: Enter the name and address of each person to whom goods or services were donated or transferred.

ITEM 4: TYPE OF IN-KIND EXPENDITURE: Check the appropriate box to indicate the type of donation or transfer that was made. If the type is not specifically listed on the form, specify the nature of the expenditure in the space provided.

ITEM 5: DATE: Enter the date on which the expenditure was made.

ITEM 6: AMOUNT: Enter the fair market value of the goods or services donated or transferred.



N/A

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 1 B - G
CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made
4. Type of Activity
5. Date
6. Amount

Expenditure #1
Name & Address:

a. ☐ Election Day Busing of Voters To The Polls

b. ☐ Slate Cards

c. ☐ Challengers

d. ☐ Poll Watchers

e. ☐ Poll Workers

Date \$ _____

f. ☐ Get-Out-The Vote Activity (Specify):

For Activity Type b-f, check one:

☐ In-Kind

☐ Independent

If in support of, or in opposition to, a ballot proposal, check one:

☐ Support

☐ Oppose

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

[Click Here for Memo Itemization Type](#)

Statewide Proposal Name _____

Local Proposal Name _____ Indicate County _____

Expenditure #2
Name & Address:

a. ☐ Election Day Busing of Voters To The Polls

b. ☐ Slate Cards

c. ☐ Challengers

d. ☐ Poll Watchers

e. ☐ Poll Workers

Date \$ _____

f. ☐ Get-Out-The Vote Activity (Specify):

For Activity Type b-f, check one:

☐ In-Kind

☐ Independent

If in support of, or in opposition to, a ballot proposal, check one:

☐ Support

☐ Oppose

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

[Click Here for Memo Itemization Type](#)

Statewide Proposal Name _____

Local Proposal Name _____ Indicate County _____

Expenditure #3
Name & Address:

a. ☐ Election Day Busing of Voters To The Polls

b. ☐ Slate Cards

c. ☐ Challengers

d. ☐ Poll Watchers

e. ☐ Poll Workers

Date \$ _____

f. ☐ Get-Out-The Vote Activity (Specify):

For Activity Type b-f, check one:

☐ In-Kind

☐ Independent

If in support of, or in opposition to, a ballot proposal, check one:

☐ Support

☐ Oppose

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

[Click Here for Memo Itemization Type](#)

Statewide Proposal Name _____

Local Proposal Name _____ Indicate County _____

Subtotal this page

Grand Total of all Schedules 1B-G)
(Complete on last page of Schedule

Enter total
on Line 8b
Summary Page

CANDIDATE COMMITTEE FOR SCHEDULE 1B-G, GET OUT THE VOTE

ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE: Enter the name and address of each person paid for voter registration or get-out-the-vote activities. If other persons were paid by the person listed here, use Memo Itemizations to report their names, the dates the payments were made, and the amounts paid. Check the appropriate box (In-Kind, Independent, Support, Oppose) to indicate the nature of the expenditure.

ITEM 4: TYPE OF ACTIVITY: Check the appropriate box (Election Day Busing of Voters to the Polls, Slate Cards, Challengers, Poll Watchers, Poll Workers, Get-Out-the-Vote-Activity) to indicate the type of activity for which the expenditure was made. For get-out-the-vote activities (such as phone banks and voter registration expenditures) that do not have a check box listed on the form, specify the particular activity in the space provided.

ITEM 5: DATE: Enter the date on which the expenditure was made.

ITEM 6: AMOUNT: Enter the amount of the expenditure.



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number _____

2. Committee Name _____

N/A

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1			
Name & Address:	Purpose		\$
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2			
Name & Address:	Purpose		\$
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3			
Name & Address:	Purpose		\$
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4			
Name & Address:	Purpose		\$
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Subtotal this page			
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

COMPLETING CANDIDATE COMMITTEE SCHEDULE 1C,
ITEMIZED INCIDENTAL DISBURSEMENTS

The Candidate Committee of an incumbent officeholder uses Schedule 1C to report disbursements made for incidental office expenses. Such disbursements are not made to influence the nomination or election of the candidate. **Incidental office expense disbursements may only be made by the committee of an incumbent officeholder.** Other candidates do not have incidental office expenses as defined by the Campaign Finance Act and therefore do not use Schedule 1C.

ITEM 3: NAME AND ADDRESS OF PERSON TO WHOM THE DISBURSEMENT WAS MADE:

Enter the name and address of the person who was paid.

ITEM 4: DESCRIPTION OF DISBURSEMENT: Describe the purpose of the disbursement. One of the disbursement codes listed below may be used to describe the disbursement in addition to the written purpose.

ITEM 5: DATE OF DISBURSEMENT: Indicate the date the check was written to pay the incidental expense.

ITEM 6: AMOUNT OF DISBURSEMENT: Indicate the amount paid.

DISBURSEMENT CODES FOR INCIDENTAL OFFICE EXPENSES

- AO - A disbursement necessary to assist, serve, or communicate with a constituent.
- BO - A disbursement for equipment, furnishings, or supplies for the office of the public official.
- CO - A disbursement for a district office if the district office is not used for campaign-related activity.
- DO - A disbursement for the public official or his or her staff, or both, to attend a conference, meeting, reception, or other similar event.
- EO - A disbursement to maintain a publicly owned residence or a temporary residence at the seat of government.
- FO - An unreimbursed disbursement for travel, lodging, meals or other expenses incurred by the public official, a member of the public official's immediate family, or a member of the public official's staff in carrying out the business of the elective office.
- GO - A donation to a tax-exempt charitable organization, including the purchase of tickets to charitable or civic events.
- HO - A disbursement to a ballot question committee.
- IO - A purchase of tickets for use by that public official and members of his or her immediate family and staff to a fund-raising event sponsored by a candidate committee, independent committee, political party committee, or a political committee that does not exceed \$100.00 per committee in any calendar year.
- JO - A disbursement for an educational course or seminar that maintains or improves skills employed by the public official in carrying out the business of the elective office.
- KO - A purchase of advertisements in testimonials, program books, souvenir books, or other publications if the advertisement does not support or oppose the nomination or election of a candidate.
- LO - A disbursement for consultation, research, polling and photographic services not related to a campaign.
- MO - A fee paid to a fraternal, veteran, or other service organization.
- NO - A payment of tax liability incurred as a result of authorized transactions by the Candidate Committee of the public official.
- OO - A fee for accounting, professional, or administrative services for the candidate committee of the public official.
- PO - A debt or obligation incurred by the Candidate Committee of a public official for a disbursement in the previous categories if the debt or obligation was reported in the Candidate Committee statement filed for the year in which the debt or obligation was incurred.
- QO - A disbursement for an ordinary and necessary expense pursuant to the IRS business expense code that does not fit into one of the preceding category codes.



N/A

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. 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 endorser 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? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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

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.