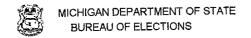
# CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

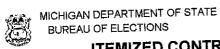
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 10/24/11 to 12/8/11
1, Committee I.D. Number	4. Candidate Las	
C-2011-039	Lumm	Jane
	4a. Office Sought	Including District # or Community Served (If applicable)
2. Committee Name	Una arba	City Council, Ward 2 MI Hickory #:
Jane Lunn for City Council		idence Wa(hkou) 4-500-368-089-589
5. Committee's Mailing Address	6. Treasurer's Nai	me & Residential Address
2921 Overcoda Drive	Skohe	me & Residential Address  B. Dobson  Gedden Road  Gedden Road  Gedden Road  Gedden Road
ann arbor, MI 48104	225	B. Dobson To B.
mus minimi in inco.	3370 6	rden mer
024 / 20 11446	Unallib	W, MI 4810) 30 I 80
Area Code and Phone 734 - 677 - 4010		T S
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 & Pho	ne 734-665-5667 55 F Z
7. Treasurer's Business Address	Designated Reco	cord keeper's Name and Mailing Address (If the committee has a ord keeper)
	Monia	ne Wardner Overridge Drive
N/A	2021	Discordas Arrie
171	1 6	A A A A
		ubn, MI 48104
Area Code and Phone	Area Code and P	hone 734-368-4859
9. TYPE OF STATEMENT		
		9c. Annual Statement ( Coverage Year)
9a. Pre-Election OR 9b. Pos	t-Election	Joseph Amade Statement (
		Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:		
Primary Get	neral	9e. Dissolution of Candidate Committee
	1	Effective Date of Dissolution
Convention	nool	·
Special	icus	
Special		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
Date of Election, Convention or Caucus		the dissolution cannot be granted, that this be considered a request for
NN. 8,2011		the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule
		1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all r	equired Campaign S enditures, and outsta	Statements. The Campaign Statements must include all applicable anding 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 chang	ged since the inform	artion was shown on the committee's Statement of Organization, an ement. If a request for a Reporting Waiver is not received on or ement cannot be waived.
before the filing deadline of a required campaign statement, t	hat campaign stat	ement cannot be waived.
10. Verification: ItWe certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and c	in the preparation of complete.	of this statement and attached schedules (if any) and to the best of
Current Treasurer or 2 ) in a	SICA	00
Designated Record keeper Tephen D. Veryon	1 Juga B	Date 12011
Type'or Print Name	\$ignature	
Candidate Jane 7. Lhmn	, Jane	B. Lower Date Dec. 8, 2011  B. Lower Date Dec. 8, 2011
Candidate JANE Type or Print Name	Signature	



SUMMARY PAGE

1. Committee I.D. Number <u>C-2011-039</u>
2. Committee Name Jane Lynn Jal City Council

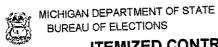
CANDIDATE COMMITTEE	<u> </u>	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>\(\ell_1\), \(\theta\) 5.</u>	·
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	21 055
c. Subtotal of "Contributions"	(3c.) \$ <u>(2, 66.5.</u>	(18.)\$ 24, 953.
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>b, 005</u>	(20.)\$ 24, 955.
IN-KIND CONTRIBUTIONS & EXPENDITURES		<u> </u>
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <i>O</i>	(22.)\$
EXPENDITURES		
8. Expenditures	11 25C/ 72	
a. itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	71 004 12
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 16,298.7°	(23.) \$ 21,994 12
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.)\$	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)  15. SUBTOTAL Add lines 13 and 14  16. Amount expended during reporting period (Add lines 9 and 11)  17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT  (13.) \$ $\frac{1.254}{0.005}$ (14.) + \$ $\frac{0.005}{13.259}$ (16.) - \$ $\frac{10.139}{2.39}$ (17.) \$ $\frac{2.59}{2.39}$ (17.) \$ $\frac{10.139}{2.39}$ (17.) \$ $\frac{10.139}{2.39}$	99 04.01



## CANDIDATE COMMITTEE

1. Committee I.D. Numb	c-2011-039
(	are Lumm for City Council
2. Committee Name 🗻	MAZ -CMI-

CANDIDATE COMMITTEE 2. Committee value	7. Cumulative for
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 to Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address:  Grines Matha B.  U37 Dornoch Drive  Ann Arbn, M1 48103  5. If over \$100.00 cumulative, please provide:  Occupation (etical Employer N	s 200. s 200. Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
Tyro 4 Pate of Receipt 11-5-11	
Name & Address  Chang Lana F  3810 Penberton Ct.  An Orba, MI 48103  5. If over \$100.00 cumulative, please provide:	\$ 50. — \$ 50. — Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: V Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address: White-Black, Shicky A. (Trust)  3595 Hurn five Drive  Un Orbor, M. 4010 t  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100\$ 100 Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address  Kmenta, Joan H.  U2 Grenhills Divin  Un. Lim, M1 48105  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 35. \$ 35. Click Here for Memo Itemization
Business Address Loan from a person Fund Raiser	
Type of Contribution: Direct Loan from a person Pund Raiser  Page Subtr	otal \$385.
Grand Total of Ail Schedules (Complete on last page of Sched	1A

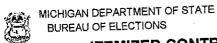


1. Committee I.D. Number C-2011 - 039

2. Committee Name Sane Lynn lar City Cogneil

	CANDIDATE CO	OMMITTEE	2. Committee Name Mac	Lumm for	Cly Connert
Choose Choose		ntribution is from an individual oution is from a Political Comm gardless of amount.		6, Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
lame & Address:	PAC Receipt?  Meral  Kearney	YES 4. Date of Rec	eípt <u>  -5-  </u>	s 50.	s 50.
1450 l In- Ar 5. If over \$100.00	Searney bw, MI 4810 cumulative, please prov	4- ide:		Y	for Memo Itemization
Business Address					
Type of Contribution	on: Direct	Loan from a person	Fund Raiser		
3. Contribution #2	PAC Receipt? [ Elizabeth l Overridge	<del></del>	ceipt	<u></u>	· · · · · · · · · · · · · · · · · · ·
3037	Overridge	1, *		s 50.	s 50.
Ann ar	bov , MI 46/0 cumulative, please prov	4		Click Here	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution	on: Direct	Loan from a person	Fund Raiser		
an o	PAC Receipt?  Mark James  Gettys birg Rd.  Krbw, MI 461  O cumulative, please pro	- :	eceipt <u>    - 5 -    </u>	s 100.	\$ 100,for Memo Itemization
		Employer			
Business Address Type of Contribut		Loan from a person	Fund Raiser		
3. Contribution # Name & Address Dickin 2-330 Ann		- Pd. 3104	Receipt 11-5-1/	s 20. —	\$\\\ \partial \frac{\frac{1}{20}}{20}.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Occupation		Employer			
Business Addres	ss	<u></u>	Fund Raiser		
Type of Contrib	oution: Direct	Loan from a person		al 776 -	
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Page of 1



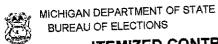
1. Committee I.D. Number	6-2011	-039	
1. Committee i.D. Number		1 ()	1 1
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CANDIDATE COMMITTEE	2. Committee Name 🏒 🗚 🗸	Linna 4	v cry (100Me)
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report <u>all</u> contributions regardless of amount.	nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt lame & Address:  W. S.M., William E.  2723 Maitland DI. M.  Bunn Dr. M. Holos  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person  3. Contribution #2 PAC Receipt? YES 4. Date of Receivance & Address  Gallan, Magazet E.  927 Green hills Direct  5. If over \$100.00 cumulative, please provide:  Occupation Employer  5. If over \$100.00 cumulative, please provide:	Fund Raiser	Click Here	for Memo Itemization  \$ 25.  for Memo Itemization
Name & Address:  Calhoun, Gary  300 Huntington Drive  Who arbor, MI 40105  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address F	Fund Raiser		\$ 100 for Memo Itemization
Type of Contribution: Direct Loan from a person  3. Contribution # 4 PAC Receipt? YES 4. Date of Revenue & Address  Borcherts, Holde H.  1555 Wash Hnaw  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person	eceipt		e for Memo Itemization
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Page 3\_\_of \_\_\_\_\_

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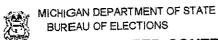


1. Committee I.D. Number C-2011-039
2. Committee Name Jane Linn for City Comail

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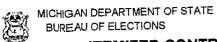
SCHEDOLL IX	2. Committee Name Jan	e Linnon 1	Vata Comal
CANDIDATE COMMITTEE  Enter contributor's name and address. If contribution is from an individual, or indirects if contribution is from a Political Commit	orter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each
Enter contributor's name and address. If contribution is from an individual, or middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.	itee or an Independent		Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipts  Address:	ot 11-5-11		The state of the s
Maccardini, Reno J.  3940 Ridgmarr Square Mn. Abn. MI 48105  5. If over \$100.00 cumulative, please provide:		s 100.	s 16a.
5. If over \$100.00 cumulative, please provide:		Click Here f	or Memo Itemization
Occupation Employer			
Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt YES  Name & Address	ipt 11-5-11		
Wallace, Bonce T.		s 100.	\$ 100.
126. 5. Main St. Ann Arbw, MI 4810 + 5. If over \$100.00 cumulative, please provide:		Click Here	for Memo Itemization
If over \$100.00 cumulative, please provide:  Occupation Employer			
Occupation			
Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Rel Name & Address:	pelpt 11 - 5 - 11	<u>-</u>	
Conejsek, James R. 2201 Modford Fd.		\$ 200 !	s 200.
Charles No About 19		Click Here	for Memo Itemization
Occupation attorney Employer Self of Business Address 2201 Mel Carl Brown a person	no loned	. A	
Business Address 2201 Mel Loan from a person  Type of Contribution: Direct Loan from a person	Arby, MI 461 4 Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of R Name & Address	eceipt 11-8-11	<del>-</del>	
Pear, Edwin L.		, 160.	s 100.
3715 Fox Hunt Dim  Ann Arbor, MI 48105  5. If over \$100.00 cumulative, please provide:			- Mama Itamization
attern Set	to play al	Click Here -	for Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser	tal FAA	
	Page Subto		
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4 of 11



1. Committee I.D. Number	-059
2. Committee Name Tine Lumm	
Z. COMMINGO MORNE	1 1

CANDIDATE COMMITTEE 2. Committee Name 11/2	Limm W Sila 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 J 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:  Campbell Brian P.  427 N. Main  Mon Arbn, Mi 48104  5. If over \$100.00 cumulative, please provide:  Occupation Settles  Business Address 427. N. Main Ann Mark MI 48104  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 250. S 250. Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address  Clark, John Alden  27-14 Avalon Place	\$ 100 \$ 100
5. If over \$100.00 cumulative, please provide:  OccupationEmployer	Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt   1-5-1/ Name & Address:  Yar Main, Livered H.  1625 Arlington Blvd.  Wan Arbay, MI 46/83  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 100 - \$ 100 - Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1-5-11  Name & Address  Faher, Ruhert G.  1921 Bon lear Drive  On Orbor, MI 4810 4  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50 s S Click Here for Memo Itemization
Business Address  Fund Raiser  Fund Raiser	
Type of Contribution: Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of	Enter this total on line 3a of Summary Page.



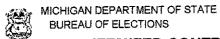
Page 6 of 11

# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1 Committee I.D. Number	C-2011-039	
To	e Lunon for City Com	eil -
2 Committee Name 120	CE LUIVA PAR - DEL	

Page.

CANDIDATE COMMITTEE 2. Committee Name 140	
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:  Hauptman, Jeffrey L.  Lill Stratford Whose  5. If over \$100.00 cumulative, please provide:  Occupation (Palestal development Employer Ox for Company  Business Address 312 S. State St. Ann Arba, MI 4610 t  Type of Contribution: Direct Loan from a person Fund Raiser	\$ 200, - \$ 200 Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address  JONES, Barban & Drive  Ann Arbin, MI 46105  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50. \$ 50. Click Here for Memo Itemization
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:  Decker, Joseph C.  2981 Devens hire Rd.  Ann Arhon, MI 4810 f  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	\$ 100 \$ 100  Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt  Name & Address  Wong, Lin C.  3550 E. Hurn River Will  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address	s 100 s 100 Click Here for Memo Itemization
Type of Contribution:  Direct  Loan from a person  Fund Raiser  Page Subto  Grand Total of All Schedules of Complete on last page of Schedules	1A



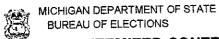
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# ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number	C-3011	-639	_
2. Committee Name Jan	Lhmm	for City Courie	

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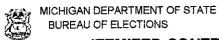
CANDIDATE COMMITTEE 2. Committee Marite Committee	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless 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:  CORA, SUSIA W.  505 E. HURA St., #802  NAR DVAN MI 4810 4  5. If over \$100.00 cumulative, please provide:	s 50. s 50. 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 11-8-11  Name & Address  St. Among, Pierre H.  1410 Kearney  Man Arba, MI 4810 A  5. If over \$100.00 cumulative, please provide:	\$ /00 . \$ /00. Click Here for Memo Itemization
OccupationEmployer	
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:  Hayes, Dennis M.  120 N. Fowth Aw-  Ann Arbar, MI 45114  5. If over \$100.00 cumulative, please provide:  Occupation Employer	\$ 50
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address  Reil, Michael R. 1070 Chestant  Ann Asha, MI 48184  5. If over \$100.00 cumulative, please provide:	\$ 100 s 100 Click Here for Memo Itemization
Occupation Employer	
Business Address  Type of Contribution:   Direct   Loan from a person   Fund Raiser	
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary



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

2. Committee Name Jane Lynn for City Consil

CANDIDATE CO		Z. Committee Hank		7. Ourseletive for
Enter contributor's name and address. If cormiddle initial. Check box to indicate if contributions remainded (PAC) Report all contributions re	oution is from a Political Continu	enter last name, first name, ttee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt?  Name & Address:  Gerher, Address:  3060 Decridae  And Arba, MI 48  5. If over \$100.00 cumulative, please provi		pt   _5-11	s / 00 . Click Here fo	s / 60
Occupation				
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? [ Name & Address  Hallison, Malia E 1362 Langel Vien Ann Ann, MI 4 5. If over \$100.00 cumulative, please prov	8105	pt <u> </u>	\$ 50.	\$or Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt?  Name & Address:  5. If over \$100.00 cumulative, please provious of the plant.	سسب و لا ا	ipt 11-5-11	\$SD.0.	s 500.
1 1 1	1/			
Business Address	Loan from a person	Fund Raiser		
3. Contribution #4 PAC Receipt? Name & Address Grabh, Lozette T. 1941 Boulder David Mr. Wbw, M1 491 5. If over \$100.00 cumulative, please prov	84	eipt	\$ /60 · Click Here fo	s / 80 ·
Occupation	Employer			
Business Address	,			
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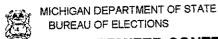
1, Committee I.D. Number	6-9011	-039	
2. Committee Name Jan	elumn	for City	Lourist

CANDIDATE COMMITTEE 2. Committee Name	he came you cay course
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 11-5-11  Name & Address:  Bergnann Dictrick R.  BUS Asa Gray Drive  Unn Abr, MI 46105  5. If over \$100.00 cumulative, please provide:	\$ /00. \$ /00.
Occupation Employer	
Business Address	
Type of Contribution:   Direct   Loan from a person   Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11-9-11  Name & Address  1049, Loher FA.  3500 Fox Hunt Drive	\$ 100. — \$ 100. —
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11-17-11  Name & Address:  Hey Lon, Peter N.  324 E. Washington Sv.  Annahm, MI 48104  5. If over \$100.00 cumulative, please provide:  Occupation (UTIU) Employer NA  Business Address	\$ 500. \$ 500. Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 11-17-11  Name & Address  Heydon, Hendrichto M.  3-2+ E. Washington St.  Mnn Mchw, M1 461 p4  5. If over \$100.00 cumulative, please provide:  Occupation Not My Mand Employer N #  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	s 500. s 500.  Click Here for Memo Itemization
Page Subto	tal 1200.
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Enter this total on line 3a of Summary

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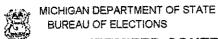
1. Committee I.D. Number	11-039	
2 Committee Name Jane Lham	1/8/1	10.1
a committee Name - MAR LIMM	1- (316) CVW	UNDOU

CANDIDATE COMMITTEE 2. Committee Name 2.	
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:  Gallagher, Katu D.  GJ-Hersen Ohrt  Man Mihal, MI 48/03  5. If over \$100.00 cumulative, please provide:  Occupation	\$ 100. \$ 100.  Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address  Chase, Mana M.  2655 Devershive Pd.  Ann Arbn, MI 46104  5. If over \$100.00 cumulative, please provide:  Occupation	\$ 35. \$ 35. Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11-5-11  Name & Address:  Welser, Eileen  855 Colliston fd.  Ann Achr, MI Ablos  5. If over \$100.00 cumulative, please provide:  Occupation Act implicited Employer NA  Business Address	\$\$_Click Here for Memo Itemization
Type of Contribution:   Direct   Loan from a person   Fund Raiser    3. Contribution # 4   PAC Receipt?   YES   4. Date of Receipt   1-5-11    Name & Address   Dahlmann, Denni,   3pt 5. Theyer   Man What, MI 44164    5. If over \$100.00 cumulative, please provide:   Occupation   Cent of the dweller men   Employer   Dahlmann   Dahlmann   Dahlmann   Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Loan from a person   Fund Raiser    Type of Contribution:   Direct   Direct   Loan from a person   Direct   Direct	\$ 500 S 500 Click Here for Memo Itemization
Page Subtota	1 1,125.

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

Enter this total on line 3a of Summary Page.

Page 10 of 11



#### CANDIDATE COMMITTEE

1, Committee I.D.	Number	

CANDIDATE COMMITTEE 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 all contributions regardless of amount.	re, 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:  Schriber, Ann Sneed (trust)  2116 Dorset	
5. If over \$100.00 cumulative, please provide:	s 250. s 250.
Occupation No Myll Employer NA	Click Here for Memo Itemization —
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution #2 PAC Receipt? YES 4. Date of Receipt  Name & Address	
···	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	
	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	,
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution # 4 PAC Receipt? YES 4, Date of Receipt  Name & Address	
	\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Su	btotal 250

Page Subio

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

6,005.

Enter this total on line 3a of Summary Page.

Page 11 of 11

#### 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.



Page \_\_\_\_\_ of

# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**



Committee I.D. Number

2. Committee Name 5. Type of Receipt 3. Name & Address From Whom Received 4. Date of Receipt 6. Amount Receipt #1 Date of Receipt Loan from a Lending Institution Name & Address: Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) \_\_ Fund Raiser Receipt #2 Date of Receipt Loan from a Lending Institution Name & Address: Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) \_\_\_ Fund Raiser Receipt #3 Date of Receipt Name & Address: Loan from a Lending Institution Interest Click for Memo Itemization Type Refund \Rebate Other (Specify) Fund Raiser Receipt #4 Name & Address: Date of Receipt Loan from a Lending Institution Refund \Rebate Click for Memo Itemization Type Other (Specify) Fund Raiser Receipt #5 Date of Receipt Name & Address: Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) Fund Raiser Receipt #6 Date of Receipt Name & Address: Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Other (Specify) \_\_\_\_ Fund Raiser Receipt #7 Date of Receipt Name & Address: Loan from a Lending Institution Interest Click for Memo Itemization Type Refund \Rebate Fund Raiser Other (Specify) \_\_ Page Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) Enter this total on

Enter this total on line 4 of Summary Page



# ITEMIZED IN-KIND CONTRIBUTIONS

**SCHEDULE 1-IK** 

1. Committee I. D. Number

SCHEDULE I-II	<b>^</b>		
CANDIDATE COM	VITTEE 2. Committee Name	<del> </del>	
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). Reportall 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 we purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address:	4.	\$	\$
If over \$100.00 cumulative, please provide: Occupation:	Description	<del>.</del>	
Employer Name & Business Address:	Date Of Receipt:       Vendor Name & Address:	Click Here for Memo	Itemization
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOA		\$
if over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt:  6. Vendor Name & Address:	Click Here for Memo	Itemization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes Name & Address:	4.	N.	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address;	-	
Fund Raiser Contribution	C. Vendor Name & Address,	Click Here for Memo	Itemization
	Dec. Oats	o fol	
	Page Subto	ла:	
	Grand Total of all Schedules (Complete on last page of Schedu	i i	

Enter this total on line 6 of Summary

Page

Page \_\_\_\_ of \_\_\_\_

### 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.

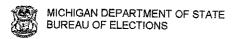
Report additional detail information for this expenditure as a Memo Itemization as explained below.

- 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 <u>C-2011-039</u>

OARDIDATE COMMITTEE	2. Committee Name JMe Lhon for City Long
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure#1 Name Palsano's flestaurant Address 3411 Washtenad Avenue Am arbor, MIABIOA	Purpose: VICtory Celebration Date  Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2 Name Sawidci & Sons 1521 W. Lafayette Address Defroit, MI 48216	Purpose: Language Signs Date \$ 92.75
	Click Here for Memo Itemization Type
Fund Raiser  Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement
Name US Postd Shrite Address	Purpose: 5tamps 100.
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name Ann Acher. Lum Dep (7757/ Address p. a. Bx 77000 DeArv. (, M. 48277	Purpose: Advertisinal Date \$ \$5.
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name I fla MAX Address 3745 Wash Jenni Mr. Albr, MI	Purpose: + 1 nuetopes Date 11/5/11 \$ 60.3
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
	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

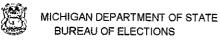
Page \_\_\_\_\_ of # 2



# ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number \_ C - 2-611 - 83 9 **CANDIDATE COMMITTEE** 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information 6. Amount Expenditure #1 Name Karen anders on & Gene Jones
1412 E Stadion Blud.
Address and What, MI 48114 Purpose: Printing Service Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #2 Gale Shaver 8562 Spinnaker Way 1821anti, MI 48197 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #3 Kolossos Printing Blud. 2055 W. Stadium Blud. Ann Arba, MI Ablot Name Address Click Here for Memo Itemization Type \_Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #4 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #5 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Grand Total of all Schedules 1B (Complete on last page of Schedule)

> Enter this total on line 8a of Summary Page



# ITEMIZED IN-KIND EXPENDITURES SCHEDULE 1B – IK

# NA

### **CANDIDATE COMMITTEE**

1. Committee I. D. Number

OANDIDATE COMMITTEE	2. Committee Name		
Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure     (Check appropriate box and fill in description)	5. Date;	6. Fair Market Value
Expenditure #1 Name & Address:	Donation of goods or services to a Ballot Question Committee     Donation of assets to tax exempt charitable Institution     Donation of assets to Political Party Committee     Other  Description	Date e Click here for Memo Ite	\$emization Type
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click here for Memo Iter	\$mization Type
Expenditure #3 Name & Address:	Donation of goods or services to a Ballot Question Committee  Donation of assets to tax exempt charitable institution  Donation of assets to Political Party Committee  Other  Description:	Date Click here for Memo Iter	\$mization Type
Expenditure #4 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click here for Memo Item	\$nization Type
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	\$ Date  Click here for Memo Item	
		Page Subtotal of all Schedules 1B-IK ast page of Schedule)	Enter this total

Enter this total on line 7 of the Summary Page

Page \_\_\_\_\_ of \_\_\_\_

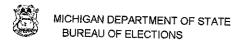
# CANDIDATE COMMITTEE SCHEDULE 1B-IK, ITEMIZED IN-KIND EXPENDITURES

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.



Page \_\_\_\_\_ of \_\_\_\_

### **EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES** SCHEDULE 1 B - G

**CANDIDATE COMMITTEE** 

1.	Committee I.D. Number	

o. Haire and addiess of person of vendor to whom the	ID GET-OUT-THE VOTE ACTIVITY. DES ARE REQUIRED TO BE ITEMIZED	) 		
expenditure was made	Type of Activity		5. Date	6. Amo
Expenditure #1 Name & Address:	a. Election Day Busing of Vote	rs To The Polls	<del> </del>	<u> </u>
Hame a Address.	b. Slate Cards c.	Challengers		
	d. Poll Watchers e.	Poll Workers	Date	_ \$
	f. Get-Out-The Vote Activity (S	Specify):	Date	
For Activity Type b-f, check one:		Click	Here for Memo	Itemization Typ
In-Kind Independent				
If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is debt or obligation reported on prev	s payment of ious statement		
Support Oppose				
Statewide Proposal Namexpenditure #2	Local Proposal Name	Indi	cate County	
Name & Address:				
	aElection Day Busing of Voter The Polls b. Slate Cards c	s To Challengers		
		-		
		Poll Workers .	Date	. \$
	f. Get-Out-The Vote Activity (Sp			
or Activity Type b-f, check one:		Click He	ere for Memo Ite	emization Type
In-Kind Independent		<del></del>		
in support of, or in opposition to, a ballot proposal, check one:  Support  Oppose	Check box if this expenditure is debt or obligation reported on previous	payment of ous statement		
tatewide Proposal Name	cal Proposal Name	Indicata	County	
cpenditure #3			County	
ame & Address:	Election Day Busing of Voters     The Polls	s To		
	b. Slate Cards c. Challeng	gers		
	d. Poll Watchers e. Poll Wo	rkers —	Date	\$
r Activity Type b-f, check one:	f. Get-Out-The Vote Activity (Sp			
In-Kind Independent		Click Her	e for Memo iten	nization Type
n support of, or in opposition to, a ballot proposal, check one:  Support Oppose	Check box if this expenditure is pa debt or obligation reported on previous	yment of s statement		
tewide Proposal NameLo	ocal Proposal Name	Indica	ite County	
		·····	al this page	
	Grand	d Total of all Sched		
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			<u></u>	nter total

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

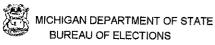
ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE: Enter the name and address of each person paid for voter

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**

1. Committee I. D. Number

CANDIDATE COMMITTEE (For use by officeholders only) 2	. Committee Name		
3. Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursemen
Disbursement # 1 Name & Address;	Purpose		_1
			\$
		Date	
		Click for Memo Ite	emization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
			\$
		Date	
		Click for Memo Ite	mization Type
Charle have if this disharmon and is account of the control of	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
			\$
		Date	
		Click for Memo Iter	nization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 4 Name & Address:	Purpose		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Date	. \$
		Click for Memo Item	rization Tuno
		Office for the two tests	iization Type
·			
Check box if this disbursement is payment of debt or obligation eported on previous statement	Disbursement CodeFund Raiser		
		Subtotal this page	
	Grand Total (Complete on las	of all Schedules 1C t page of Schedule)	
		-71,	Enter this total

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

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Page	of	

# 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.
- A disbursement for equipment, furnishings, or supplies for the office of the public official. BO-
- A disbursement for a district office if the district office is not used for campaign-related activity. CO-
- A disbursement for the public official or his or her staff, or both, to attend a conference, meeting, reception, or DO other similar event.
- A disbursement to maintain a publicly owned residence or a temporary residence at the seat of government. EO-
- An unreimbursed disbursement for travel, lodging, meals or other expenses incurred by the public official, a FOmember 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.
- A donation to a tax-exempt charitable organization, including the purchase of tickets to charitable or civic events. GO -
- HO-A disbursement to a ballot question committee.
- A purchase of tickets for use by that public official and members of his or her immediate family and staff to a IOfund-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.
- A disbursement for an educational course or seminar that maintains or improves skills employed by the public JOofficial in carrying out the business of the elective office.
- A purchase of advertisements in testimonials, program books, souvenir books, or other publications if the KOadvertisement does not support or oppose the nomination or election of a candidate.
- A disbursement for consultation, research, polling and photographic services not related to a campaign. LO-
- A fee paid to a fraternal, veteran, or other service organization. MO-
- A payment of tax liability incurred as a result of authorized transactions by the Candidate Committee of the public NOofficial.
- A fee for accounting, professional, or administrative services for the candidate committee of the public official. - 00
- A debt or obligation incurred by the Candidate Committee of a public official for a disbursement in the previous POcategories if the debt or obligation was reported in the Candidate Committee statement filed for the year in which the debt or obligation was incurred.
- A disbursement for an ordinary and necessary expense pursuant to the IRS business expense code that does not fit 00 into one of the preceding category codes.





# DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

CANDIDATE COMMITTEE 2	2. Committee Name			
This Schedule itemizes:				
	ommittee OR b. Deb heck either a or b. Use only for the p	ts and obligations owed <u>to</u> eurpose checked.)	or forgiven by the co	emmittee.
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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:	\$		
	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt	\$	\$	\$
	\$	\$		Topon m.
	Φ	\$	İ	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	<u></u>
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt	\$		œ
	\$	<u> </u>	. ф	· •
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:	····	Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type;			
orrea to st by.	5. Date Debt Was Incurred:	<u> </u>		
	Sup Sup 17 as interrect.	\$		
	6. Original Amount of Debt:	<u> </u>	\$	\$
	\$	\$		FORGIVEN
		\$		OKGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
		Page Subtotal (	Outstanding debt)	
(0	Complete on last page of Schedule sh	Grand Total o	f all Schedules 1E to the committee)	
		, .		Enter this total on line 12a "owed
A data as abligation would be at the state of the state o				hy" or line 12h

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.

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

Page \_\_\_\_\_ of \_\_\_\_