



**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: <u>Jan 1, 2013 to October 20, 2013</u>	
1. Committee I.D. Number <u>C-2011-059 039</u>	4. Candidate Last Name <u>Lumm</u> First Name <u>Jane</u> M.I. <u>B</u>
2. Committee Name <u>Jane Lumm for City Council</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Ward 2 Council member Ann Arbor City Council</u>
5. Committee's Mailing Address <u>3075 Overidge Drive Ann Arbor, MI 48104</u> Area Code and Phone <u>734-677-4070</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	4b. County of Residence <u>Washtenaw</u>
7. Treasurer's Business Address <u>N/A</u> Area Code and Phone _____	6. Treasurer's Name & Residential Address <u>Stephen B. Dobson 3350 Geddes Road Ann Arbor, MI 48105</u> Area Code & Phone <u>734-465-9467</u>
	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>Monique Wardner 2921 Overidge Drive Ann Arbor, MI 48104</u> Area Code and Phone <u>734-368-4859</u>

9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Items 9a, 9b, 9c or 9e to indicate which Statement is being amended)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee
<input type="checkbox"/> Convention <input type="checkbox"/> School	Effective Date of Dissolution _____
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. If not, we request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Date of Election, Convention or Caucus <u>11-5-13</u>	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 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> , <u>Step B</u>	Date	<u>12-5-13</u>
	Type or Print Name Signature		
Candidate	<u>Jane B. Lumm</u> , <u>Jane B. Lumm</u>	Date	<u>12/5/2013</u>
	Type or Print Name Signature		

FILED
 WASHTEENAW COUNTY MI
 2013 DEC -5 P 4:55
 LAWRENCE KESTENBACH
 COUNTY CLERK/REGISTRAR



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>21,075.</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>21,075.</u>	(18.) \$ <u>21,075</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>21,075.</u>	(20.) \$ <u>21,075</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>11,664.⁶⁸</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>11,664.⁶⁸</u>	(23.) \$ <u>11,664.⁶⁸</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,000.</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>786.⁹⁹</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>21,075.</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>21,861.⁹⁹</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11,664.⁶⁸</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>10,197.³¹</u>	



**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)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/16/13</u> Name & Address: Armentrout, Vivienne N. <u>Armentrout, Vivienne N.</u> <u>920 Vesper Road</u> <u>Ann Arbor, MI 48103</u>		\$ <u>200.</u>	\$ <u>200.</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> 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 _____ 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 200.
Grand Total of All Schedules 1A 21,075.
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

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