CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

1. Committee ID. Number C - 2 0 1 - 0 3 9 2. Committee Name Dank Lammy July Libraria 4. Candidate Last Name Fieth Name M.1 3. Committee Name Dank Lammy July Libraria 4. Candidate Last Name Lummy July Libraria 4. Candidate Last Name M.1 4. Candidate Last Name Lummy July Libraria 4. Candidate Last Name Lummy July Libraria 4. Candidate Last Name M.1 5. Committee's Mailing Additions Supplied Name Supplied Name Area Code and Phone 9. Candidate Last Name Area Code and Phone 9. Type of Statement 1. Candidate Last Name M.1 5. Committee's Mailing Additions 1. Candidate Last Name M.1 5. Committee's Mailing Additions 1. Candidate Committee Supplied Name Area Code and Phone 9. Type of Statement 1. Candidate Committee 1. Candidate	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: 0 cx. 20,2018 NN. 25, 2013		
2. Committee Name Sance Lineary Sance Lin	1. Committee I.D. Number			
2. Committee Name Sance Lineary Sance Lin	6-2011-039	Lumm Jane B		
5. Committee's Mailing Address 3. 0.7 5 CVP 11 d.y. Two. Area Code and Phone Area Code and Phone 1. Treasure's Business Address 3. 5 6 Celler, found. Area Code and Phone Area Code and Phone Area Code and Phone 1. Treasure's Business Address Area Code and Phone 1. Treasure's Business Address 2. Area Code and Phone 3. Treasure's Business Address 4. Area Code and Phone 5. Committee's Name and Mailing Address (if the committee has a besignated Record Recept) Area Code and Phone 4. Area Code and Phone 5. Pre-Election OR Business Address 1. Treasure's Business Address 1. Treasure's Business Address 2. Area Code and Phone 3. Area Code and Phone 4. Area Code and Phone 5. Committee's Name and Mailing Address (if the committee has a besignated Record Recept) Area Code and Phone Area Code and Phone 5. Committee and Address (if the committee has a leasure of the committee has a leasure of the committee of the committee has a leasure of the committee of	'	4a. Office Sought Including District # or Community Served (If applicable)		
5. Committee's Mailing Audress 3.07.5 Overriday Tal. Area Code and Phone 134-127. 4010 If the address in this box is different from the committee place and offeres by the filing official to this address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of the address by the filing official to the second of th	Tand home by Cita / Maril			
5. Committee's Mailing Address 3 0 7 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	David Council	4b. County of Residence		
Area Code and Phone 234 - U.7. 4010 If the address in this box is different from the committee mailing address by the filling difficult. Area Code & Phone 774 - U.5 - 5 U.7 Area Code & Phone 774 - U.5 - 5 U.7 Business Address Area Code and Phone	5. Committee's Mailing Address	(A) CO) IN TEA MAIL.		
Area Code and Phone 234 - U.7. 4010 If the address in this box is different from the committee mailing address by the filling difficult. Area Code & Phone 774 - U.5 - 5 U.7 Area Code & Phone 774 - U.5 - 5 U.7 Business Address Area Code and Phone	3075 Overvidge DV.	Stephen B. Dobsen		
Area Code and Phone		•		
Area Code and Phone	partly are and back to be	a- Charma Adla		
Area Code and Phone By Charley Area Code and Phone By Charley Area Code and Phone By Chocking this item, liwe cortify that the Code and Explain and	Area Code and Phone 734 - 1077, 4010	ound on with the or		
Area Code and Phone Area Code and Phone Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9d. Annual Statement (If the address in this box is different from the committee			
Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (be sent to this address by the filing official.	,		
Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (9c. Annual Statement	7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		
Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (9c. Annual Statement	NIA	Mmique Wardner		
Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (9c. Annual Statement	• • (0)	2021 Beech Dave		
Area Code and Phone 9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (9c. Annual Statement		The Galaxian Asia 4		
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (VIAN WINN, INIT TOTOS		
9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement (Area Code and Phone	Area Code and Phone		
Pre-Election or Post-Election Statement relates to: Primary Y General	9. TYPE OF STATEMENT			
Primary General	9a. Pre-Flection OR 9b. Post	Flection 9c. Annual Statement (Compage Year)		
Primary Convention Special Date of Election, Convention or Caucus Date of Election, Convention 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 filling deadline of a required campaign statement. that campaign statement and attached schedules (if any) and to the best of nyour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper JANE B. WMM Must Machine Cambridge Committee of Dissolution of Candidate Committee in Candidate Comm	<u></u>			
Primary General School Effective Date of Dissolution School Effective Date of Dissolution Special Spe	Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement spinpiete tem 9a/9b, 9c or 9e to indicate which Statement is being amended)		
Special Date of Election, Convention or Caucus Date of Lection, Liwe certify that the Lection of Schedule Date of Lection, Liwe certify that the Lection of Conganization, Convention of Conganization, Convention of Conganization or Lection of Conganization or Lection of Conganization or Lection of Conganization of Conganization of Conganization of Conganization of Conganization of Conganization of Lection of Conganization of Conganizati		ge Dissolution of Candidate Committee 2		
Special Date of Election, Convention or Caucus Date of Election, Convention or Caucus Date of Election, Convention or Caucus Note: The disposition of residual funds must be reported on Schedule 18 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 filling deadline of a required campaign statement, that campaign statement cannot be waived. O Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Date Da	Primary — — Gen	En 5		
Special Date of Election, Convention or Caucus Date of Election, Convention or Caucus Date of Election, Convention or Caucus Note: The disposition of residual funds must be reported on Schedule 18 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 filling deadline of a required campaign statement, that campaign statement cannot be waived. O Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Date Da	Convention Scho	pol Effective Date of Dissolution		
Date of Election, Convention or Caucus That if the dissolution cannot be granted, that this be considered a request for the Election on Schedule Date of Election, Convention or Caucus Date of Election, Convention or Caucus Date of Election, Convention or Caucus Date of Election, Convention of Caucus Date of Election, Convention of Caucus Date of Election, Convention of Election of Unity				
Date of Election, Convention or Caucus 1 - 5 - 13	Special Cauc	By checking this item, INVe certify that the compattee has no assets or		
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 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 fany 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. O Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of naylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper JANE B. LUMM Manual Language Statements must include all applicable count against the \$1,000 Reporting Waiver threshold. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement and attached schedules (if any) and to the best of naylour knowledge and belief the contents are true, accurate and complete. Date S. 2013	Date of Election, Convention or Caucus	outstanding debts, including late filing fees. ###################################		
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 filling deadline of a required campaign statement, that campaign statement cannot be waived. 10. Verification: ItWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Type or Print Name Signature Many Many Many Many Many Many Many Many	11-5-13	' "		
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 filling deadline of a required campaign statement, that campaign statement cannot be waived. 10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. 11. Current Treasurer or Designated Record keeper Supplied to the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. 12. Current Treasurer or Designated Record keeper Supplied to the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. 13. Current Treasurer or Designated Record keeper Supplied to the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. 14. Current Treasurer or Designated Record keeper Supplied to the preparation of this statement. If a request for a Reporting Waiver is not received on or before the filling mylour knowledge and belief the contents are true, accurate and complete. 15. Current Treasurer or Designated Record keeper Supplied to the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the		1B and the Summary Page.		
O. 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 nylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Supplied Type or Print Name Signature JANE B. LUMM Manual Contents are true, accurate and complete. Date Dec. 5, 2013	A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper	quired Campaign Statements. The Campaign Statements must include all applicable dilures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.		
O. 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 nylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Supplied Type or Print Name Signature JANE B. LUMM Manual Contents are true, accurate and complete. Date Dec. 5, 2013	If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the form the filling deadling of a rought deadling at the filling of a rought of the filling of the formal of the filling of the formal of the filling of the	d since the information was shown on the committee's Statement of Organization, an is Campaign Statement. If a request for a Reporting Waiver is not received on or		
Current Treasurer or Designated Record keeper Style B. Debson / Signature Type or Print Name Signature ANE B. LUMM Manual Complete. Date Dec. 5, 2013	10. Verification: I/We certify that all reasonable diligence was used i	n the preparation of this statement and attached schedules (if any) and to the best of		
Designated Record keeper District Name Signature Type or Print Name Signature JANE B. LUMM Manual Control of the Control of	my\our knowledge and belief the contents are true, accurate and co	mplete.		
Typefor Print Name Signature JANE B. LUMM M. 16 12 12 12 12 12 12 12 12 12 12 12 12 12	Current Treasurer or Designated Record keeper Skally B. Debson / Kan bld Dec 5, 2019			
My a land and the second of th	Type or Print Name	Signature		
TENNY IX TORAGE GIVE I PRODUCE IN THE PRODUCE IN TH	Mind of Inc. The	Michael India		
Candidate / Will 18 / Will 18 Date Candidate Date Date Candidate Date Dat	Candidate // AVV 18 / WILLIAM (DE Type or Print Name			

1. Committee I.D. Number	C-2011	-039	$\widehat{1}$
			3

	1. Committee i.D. Namber	
SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name Jane Lumm	for City Louncel
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	A 0 =	Cambidate the disoliting space
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4, 120	5
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	25,995
c. Subtotal of "Contributions"	(3c.) \$ 4,920.	(18.) \$ 2
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4.920</u>	(20.)\$ 25, 995
IN-KIND CONTRIBUTIONS & EXPENDITURES	Q1035	0.10.75
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 748, 3
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		
8. Expenditures	- 2 - 2 / 29	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 15,983.69	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	01 1 21
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 15,983.	(23.)\$ 27,648.37
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule)	4000	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	V. V. V	V. 17, 7
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$BALANCE STATEMENT	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 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) 	(13.) \$ $10 973$ (14.) + \$ 4920 . (15.) = \$ $15,117.3$ (16.) - \$ $15,983.49$ (17.) \$ -866.36	

Started compaign with 2,102.51 hater positive hading from 2011 compaign, donated my so chisent net is positive we 2013/ to 2013/



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>(-2011-03</u>	<u> </u>	
2. Committee Name JAne Lunn /	N City	Lonnil
4. Purpose (Required Information)	5. Date	6. Amount

	Committee Name Office Committee Committee Committee
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name And Schriber	10/21/3 \$ 33
The Marian Marian	I Date
Address and arbor, MI 481 of	Purpose: [Pin Maistanen],
and arm, mi for of	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #2	
Name Par Johnston	10/2/12 - 10-95
2075 Gester Auc.	10/21/13 \$ 192.95
Address ann ahw MI 48104	Purpose: Chronicment, Chronic Maria Click Here for Memo Itemization Type 5 W 125
W 45/02	Carpaign office
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
Expenditure #3	statement
Name Tate Eckstein	10/4/17 \$ 175.73
Address 2-551 Londonderry an Arbor, M: 48104	Purpose: (Pin Maisement) Date
Address das her an Aprilan	Purpose: 1 th Antsender.
111 WWW. 111 40104	Vote) 15 ts their Click Here for Memo Itemization Type
	Check box If this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
Expenditure #4	statement
·	
David Chara	10/25/13 \$ 1,250 13
Address 3075 Nevery DV. Ann Arba, MIAGIOA	
an arby MIARIDA	Purpose: Stim Marseneus
The state of the s	Chr pargn reaples Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #5	
Name ann Arha Ongerver Address 2300 Winewist Ann Arha, MI 4610B	
7 200 Winemar)	16/29/13 \$ 7 1:72 40
Address A law and Add R	Purpose: Chin fings N Date 1
UNA WIDM, MI 40105	Click Here for Memo Itemization Type
•	Check box if this expenditure is payment of
	debt or obligation reported on previous
Fund Raiser	statement
	Subtotal this page 4,324, 21
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule)
	Zuu≠ \

Enter this total on line 8a of Summary Page

Page 1 of 3

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2071-039</u>				
2. Committee Name 59nc Lhmm In	City Council			
Purpose (Required Information)	5. Date 6. Amount			

2.0	committee Name John Charles The Charles
Name and address of person or vendor to whom paid	4. Purpose (Required Information) J 5. Date 6. Amount
Expenditure #1	
Name Kolusson Kinting	1 1
Name CUIDS707 ICA MAS	111113 \$415075
Address 2055 W. Stading Blud. Ann Anha, MI 48103	Date Date
Address A law Add Add A	Purpose: Prince Analing Date Of Carpa an Ayer's Click Here for Memo Itemization Type
and only, mi tolos	. Of Carga y Musics Click Here for Memo Itemization Type
	1 1 1 1/1/21
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
	statement
Expenditure #2	
Name KU165505 KINDING	11/1/2 -21
D === -(1 D 1	Printing, mailing Date \$7149.
Address 6035 W. Stading Dlvd.	Purpose: A Canaga Ayers
Address A A A A A A A A A A A A A A A A A A	1 dipose.
Name Kulossos Printing Address 2055 W. Stading Blud. Ann Arham MI 48163	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	
Name TAA Publishing	
	1 1/13 \$ 1 A
1.0-POX 130/27	new saper ad. 111/1/3 \$ 100
Address And Act 12 Aug	Purpose:
Name TAA Puhlishing Address Ann arbn, mi 48143-0117	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Statement
Expenditure #4	,
Name and arm New.	
Address Ann Arban, MI Abject	11 11 13 \$ /, 650,
Address A A local Address	Purpose: New free as
MAN MOVEM, MI AROLDA	ruipose.
	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 Bank A A A A A A	
Name DANIE OF TENANT OF THE PROPERTY OF THE PR	
125 S. F. Str me	Burnose: 10 de de contra conirs 10/22/13 \$ 10.
Address A A A A A A	Purpose: A hank statements Date
Expenditure #5 Name 125 S. F. Jh Ave Address Ann Wha, MI 4810+	1 1111
·	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
<u> </u>	debt or obligation reported on previous
Fund Raiser	statement
	Subtotal this page 8,970.13
	10,7(0,-
	Grand Total of all Schedules 1B

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number	(-2011-	039	
2 Committee Name 54 A	chune b	Cita	Consil

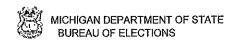
	onnance Name (Control of the Control	C American
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date	6. Amount
Expenditure #1 Name Sumi Kaila Sapathy Address 206 5. Fow to Away Ann Arbn, MI 48104.	Purpose: Starps Click Here for Mem	3 \$ 30.
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name McCallagh Greature 1945 Andrew Blod, # A Address Ann Achn, MI 46103	Purpose: 30 MWS paped Click Here for Mem	\$ <u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3 Name Paesario Restauran 3411 Wachtenau Address Annarha, MI 48104	Purpose: Purpose: Click Here for Memo	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	o nomization Typo
Expenditure #4 Name Jewish News 2939 Birch Hallw Dr. Address Ann Arba, MI 40108	Purpose: NW F Paper Ad Click Here for Memo	3 \$ <u>Z65.</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name		
Address	Purpose: Date	\$
Fund Raiser	Click Here for Mem Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Subtotal this page	2,089.32
	Grand Total of all Schedules 1E (Complete on last page of Schedule	11/ 68262
		Enter this total

Page 3 of 3

on line 8a of Summary Page

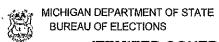
27,648.39 gross in dry

11.664.88 fm pre-plection filing



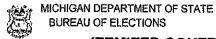
SCHEDULE 1E CANDIDATE COMMITTEE 1. Committee I.D. Number C-2011-039 2. Committee Name Jane Lune for City (one)				
This Schedule itemizes:				
a XDebts and obligations owed by or forgiven the comm	nittee OR b. Debts k either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven <u>by</u> the corr	nmittee.
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	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: Per and (Ma) 5. Date Debt Was Incurred: 1 20 3 6. Original Amount of Debt: \$ 2,102.51	\$ \$ \$ \$	\$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: Jane R. Lamm 307 5 Over dye Dr. we Ann Or ha, MI Abl of	4. Type: Plysond DAN 5. Date Debt Was Incurred: 11 4 13 6. Original Amount of Debt: \$ 1,000.	\$ \$ \$ \$ \$ \$ \$ \$ Arr	\$ O	\$ <u> , 600, </u>
Debt #3 Corp? Yes Owed to or by: Jane B. Lumm	4. Type: Plant 12W 5. Date Debt Was Incurred: 11 21 3 6. Original Amount of Debt: \$ 7 \$ 0	\$ \$ \$ \$	s <u>-0-</u>	\$_750 Sergiven
If bank toan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
Enter this toon line 12a by™ or line A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed to" or				Z.750 Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page 1 of 1



Committee I.D. Number	_	20	1 -	0	39	ĺ

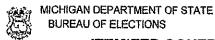
CANDIDATE COMMITTEE 2. Committee Name	Same Lumm of City Council
Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/26/13 Name & Address: Chang, Lana 3920 fenberto Court	\$\$\$\$\$\$
an Wha, MI 48105	\$
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for Memo Itemization
Business Address Type of Contribution: \[\frac{1}{\times} \] Direct Loan from a person Fund Raiser	-
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/24//3 Name & Address	
Richart, Elizabeth 2210 Hill St. ann arha, MI 48104	\$ 50 - \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution:	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11-4-13 Name & Address: Khan, Amy 1202 Muller Dexter, Mi \$8130	s 200.
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation red total Employer Chb Management Business Address 700 Gods Avenu HA-7, And Arba Type of Contribution: Direct Loan from a person Fund Raiser	T., MI 48104
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-28-1	3
Bentzen - Bilkvist, Kirsten 3313 Yellowstone Drive Ann Wha, MI 46704 5. If over \$100.00 cumulative, please provide:	\$ 10 S
OccupationEmployer	Click Here for Memo Itemization
Business Address Type of Contribution: X Direct Loan from a person Fund Raiser	_
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Grand Total of All Schedul (Complete on last page of Sch	es 1A



1. Committee I.D. Number <u>C-2011-039</u>

CANDIDATE COMMITTEE 2. Committee Name 2/1/	e human for lity Cooney
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 10/28/13 Name & Address: Kmenta Josh H. 612 arenhill Drive Ann Arher M. 48105 5. If over \$100.00 cumulative, please provide:	\$ 35. \$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 16/29/13 Name & Address Scripts, Bradley A. 3030 Lexing Im Ann Arhar, MI 48105 3. If over \$100.00 cumulative, please provide:	\$ 100 \$ Click Here for Memo Itemization
OccupationEmployer	
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S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1029 13 Name & Address: Boghasarian, horald S. 21 25 New part Pd. Man Arha, M1 48103 5. If over \$100.00 cumulative, please provide:	s ZS, s Click Here for Memo Itemization
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Type of Contribution: X Direct Loan from a person Fund Raiser	
Page Subtotal	260-
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.



Occupation _

3. Contribution #2

Name & Address

Occupation ____ Business Address ___

3. Contribution #3

Name & Address:

3. Contribution # 4

Name & Address

Business Address

Type of Contribution: | Direct

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Loan from a person

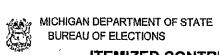
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ITEMIZED CONTRIBUTIONS	(" a au 6.20
	(-2011-039
CANDIDATE COMMITTEE 2. Committee Name Div	is Luma for City Council
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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 10/28/13 Name & Address: VINOV 5 Kis, Maris A. 13 West bury Cr. Ann Arbw. M1 48105 5. If over \$100.00 cumulative, please provide:	\$ /00. \$ Click Here for Memo Itemization
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Gusiness Address Type of Contribution: ☑ Direct Loan from a person Fund Raiser ,	
Accountibution #2 PAC Receipt? YES 4. Date of Receipt 10/24/13 Naccounting, Rend J. 3948 Ricgmaar Sq. No. Orbin, MI 48105 3. If over \$100.00 cumulative, please provide: Decupation Employer	\$ 100. \$ Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution #3 PAC Receipt? YES 4. Date of Receipt 16/28/17 Havenstein, Louise S. 169 Aperder. Drive And Arbay, MI 45104 6. If over \$100.00 cumulative, please provide: DecupationEmployer	\$\$Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/28/13 Contin Laura E 2215 Devenshine Rd. Ron W. M. 43/04	s 100. s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
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Director and Address	

Page Subtotal Grand Total of All Schedules 1A

(Complete on last page of Schedule)

Fund Raiser

Enter this total on line 3a of Summary Page.

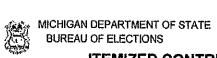


1. Committee I.D. Number	C-2011-039
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CANDIDATE (OMMITTEE		2. Committee Name 🔽	lane Lua	in fr	City Coursel
Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report all contributions	ribution is from a Political	ividual, I Comm	enter last name, first name ittee or an Independent	, 6. Amount		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: DAVIS, William 204 Barton St Hnn Arhn, Mi 5. If over \$100.00 cumulative, please pro	J., JI.	of Recei	pt 10/30/13	\$ 100		\$
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Business Address						
Type of Contribution: X Direct	Loan from a person		Fund Raiser			
3. Contribution #2 PAC Receipt? Name & Address Doscolyn, Kent B. 11 Southwick Ct. Anc What MI 4: 5. If over \$100.00 cumulative, please pro-	6105	of Recei	pt <u>10176117</u>	\$		\$Memo Itemization
Occupation	Employer					
Business Address						
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3. Contribution #3 PAC Receipt? Name & Address: Rems hurgh Ellen 1503 Cambridge 1 Ann Alha M 1 451 5. If over \$100.00 cumulative, please pro	03	of Rece	ipt 18/30/13	\$\$ Click H		\$ Memo Itemization
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3. Contribution #4 PAC Receipt? Name & Address Nystnen, Gwen L. 1010 Olivia Una Una Arba, MI 401 5. If over \$100.00 cumulative, please pro		of Rec	eipt <u>11-4-13</u>	\$ 200 Click F		\$viemo Itemization
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Business Address	<u></u>					:
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Page 4 of 9

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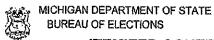


1. Committee I.D. Number	C-201	1-039	
2. Committee Name Jane	Lunn	An Cita	Lounil

CANDIDATE COINIVITTEE 2. Committee Name 2001		N Cicy 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 10/3//3 Name & Address: Young Coher A. 3500 Fox Hant Dr. And Carbin MI 48/05 5. If over \$100.00 cumulative, please provide:	\$ 100.	\$or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution:	-	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/3/1/2 Name & Address Wood, lamela 5. 1375 Burghady H. Ana hihir, MI + 1005 5. If over \$100.00 cumulative, please provide:	\$_50	s or 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 16/3/ Name & Address: Kenney, Danald H. 2204 Applewed Ct. 204 Applewed Ct. 100.00 cumulative, please provide:	\$ 25. Click Here fo	· \$r Memo Itemization
OccupationEmployer		
Business Address Type of Contribution: X Direct Loan from a person Fund Raiser		
S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 11/1/3 Name & Address Salberg, Donald J. 3105 Lexing on Win And Asha, MI 4-8105 5. If over \$100.00 cumulative, please provide:	\$ /00.	\$ or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
Page Subtotal	275.	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

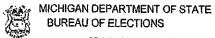
Page 5 of 9

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number <u>C-2011-039</u>

CANDIDATE COMMITTEE 2. Committee Name 2.	re burn for lity love.
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 Name & Address: Smith - Crech, Susan E. 3075 Hinting Valley Ann Arbin MI 48105 5. If over \$100.00 cumulative, please provide:	\$_50. \$
Occupation Employer	
Business Address	
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/2/13 Name & Address Wilson William E. J. O. Box 536 51. Clair, MI 48079 5. If over \$100.00 cumulative, please provide:	\$ 100 - \$ Click Here for Memo Itemization
OccupationEmployer	
Business Address	
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A. Contribution #3 Name & Address: LUMA, Jake P 3075 Overnege Ct. Ann Online, MI 4610 4 5. If over \$100.00 cumulative, please provide: Occupation Overnege Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$\$Click Here for Memo Itemization
A. Contribution #4 PAC Receipt? YES 4. Date of Receipt 11 1/13 Name & Address Duhsm, Mice 341 Corrie Rd. Ann hrhw, Mittle 5 5. If over \$100.00 cumulative, please provide: Occupation 15 Unflined Employer Business Address Type of Contribution: P Direct Loan from a person Fund Raiser	s 500s Click Here for Memo Itemization
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	



1. Committee I.D. Number <u>C-2011_039</u>

CANDIDATE (COMMITTEE	2. Committee Name <u>Jav</u>	re Luma /	V City Coursil
Enter contributor's name and address. If c middle initial. Check box to indicate if cont Committee (PAC) Report <u>all</u> contributions	ribution is from a Political Comm	enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? Name & Address: Sr. Mmonr, fierd Hill Kearney Man Whn, M(5. If over \$100.00 cumulative, please pro	e.H.	pt 11/5/13	\$ 200.	
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3. Contribution #2 PAC Receipt? Name & Address Sr. Amour, fless IH (0 Keasney Ann Onho, M) 5. If over \$100.00 cumulative, please pro-	YES 4. Date of Received. 48104	pt tf 5/13	•	\$ 300
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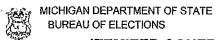
Page 7 of 9

line 3a of Summary Page.



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

CANDIDATE COMMITTEE 2. Committee Name 241	12 Line for	chity Courseil
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. Cumutative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-25-13 Name & Address: Sonn son, Wher TM.		
5. If over \$100.00 cumulative, please provide:	\$ 25. /	\$or Memo Itemization
Occupation Employer	Click Hele it	or Memo Remization
Business Address		
Type of Contribution: 💢 Direct Loan from a person Fund Raiser	7 	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 16/28/17 Name & Address HIY ama, Stephen L. 3445 Waldenwood Unadaha MI 48105	s 25.	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or 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 13		
Wardner, Margare C. 2921 Overridge Dr. Una arha, MI 45104 5. If over \$100.00 cumulative, please provide:		s series
Occupation Product Employer Ann ArhyPublic School Business Address 3555 5. Stat. Ann Ahn, MI 48	di system	
Business Address 3555 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10 5	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11513		
Kennedy, Sally P. 75 Laurin Drive Unn Arbn. M148105	\$ 100	\$
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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.	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 21 13 Name & Address: Lhm. Jan. B. 3075 Overrage An. Orbin. M 48 04 5. If over \$100.00 cumulative, please provide:	s 750.	
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Business Address		
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25,995.00 vreludag Amuded pre-election filing

ITEMIZED IN-KIND CONTRIBUTIONS				
SCHEDULE 1-IK 1. Committee I. D. Number				
CANDIDATE COMM	IITTEE 2. Committee Name Jane Lumm for City Conneil			
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 all 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 7. Amount or Fair Market Value 6. Name & Address of Vendor from whom goods or services were purchased			
Contribution # 1 PAC Receipt? Yes Name & Address: Tom Schriher 2116 Desset Tom Schriher 11 Desset Tom Schriher 2116 Desset Tom Schriher 2116 Desset Tom Schriher 2116 Desset Tom Schriher Tom Schriher 2116 Desset Tom Schriher The School Desset Tom	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Stamps 5. Date Of Receipt: 10 28 3 - 11 5; 10 3 13 - 132 6. Vendor Name & Address: M. S. Os (1) Stic. Smh. Milversty Click Here for Memo Itemization Man A-bw, MI 46 04 - 2546			
Contribution # 2 PAC Receipt? Yes Name & Address Katry GVISWOLD 3 565 Fox Hant Wine Man Why M 48/05 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Of larg larged Fund Raiser Contribution	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Society Condidate or Others Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description hehrite services for land date 5. Date Of Receipt: 11 17 13 6. Vendor Name & Address: Kin Kacha doorload Click Here for Memo Itemization 2 04 E. Davin Ann Whn, MI 49114			
Contribution #3 Name & Address: Kathy Criswell 35 65 Fox Han Drive If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: A Many Land Fund Raiser Contribution	4.			

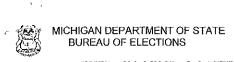
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Grand Total of all Schedules 1-IK (Complete on last page of Schedule)

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ITEMIZED IN-KIND CONTRIBUTIONS

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SCHEDULE 1-II		039	. 1	
CANDIDATE COMMITTEE 2. Committee Name Jane Linna for City Comail				
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 all 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? Yes Name & Address: 50	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others LOAN Description New Industry 5. Date Of Receipt: 11/23-13 6. Vendor Name & Address: M. M. M. M. M. Alina Click And A. Ch. M. M. Alina	se. Arexe.		
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Fund Raiser Contribution				
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If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	k Here for Memo It	emization	
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