

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

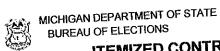
Report must be legible, typed or printed in ink a the treasurer (or designated record keeper) and	nd signed by candidate.	3. This Statement covers Fro	om: 10/19/15	₄₀ 11/23/15	
1. Committee I.D. Number		4. Candidate Last Name		to 11/23/10	M.I.
C-2011-039		Lumm	Jane	or runio	В.
2. Committee Name		4a. Office Sought Including E	District # or Commun	ity Served (If applic	
Jane Lumm for City Co	upoil	Ann Arbor City Coun	cil - Ward 2		
	unch	4b. County of Residence W.	ASHTENAW		•
5. Committee's Mailing Address		6. Treasurer's Name & Resid	dential Address		
3075 Overridge Drive		Patty Aldrich			
Ann Arbor MI 48104		3075 Overridge Dri	ve		
·		Ann Arbor MI 4810	4	**	
Area Code and Phone (734) 677-4010 If the address in this box is different from the commailing address on the Statement of Organization,	nittee mail may				
be sent to this address by the filing official.		Area Code & Phone (734) 6	677-4010		
7. Treasurer's Business Address Addres		Designated Record keeper Designated Record keeper)	r's Name and Mailin	g Address (If the co	mmittee has a
EDUNTY, MI COUNTY, MI O A 10 4L KESTERBAUP SRK/REGISTI		John Lumm			
		3075 Overridge Driv	ve		
1 To 2	•	Ann Arbor MI 48104	1		
100 0 EE					
그를 일 병장					
Area Code and Phone		Area Code and Phone (734	4) 645-2441		
9. TYPE OF STATEMENT (2)	D		9e. Dissolution of	of Candidate Comm	nittee
9a. Pre-Election OR 9b. Post-Election	is not on the	LY if candidate ballot for the	By checking the	his item I/We certify	any outstanding debt
Pre-Election or Post-Election Statement relates to:	current year:		Toy the committee t	o the candidate or h	is or her spouse is here nger collectible from
Primary	July Quarte	erly	the committee. Th	e committee has no or has any oustand	oustanding assets.
General	October Qu	uarterly			
Convention			Further, if the disso considered a reque	lution cannot be gra st for the Reporting	inted, that this be Waiver.
Special Special	9c. 🗀 .				
School	Annual	Statement () Coverage Year	Effective	date of dissolution	
Caucus	9d. Amend	ment to Campaign Statement			
	(Compl	ete Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition Schedule 1B and the	on of residual funds	must be reported on
Date of Election, Convention or Caucus	·	, ,		io Cummary Fage.	ı
11/03/15					
11/03/13					
0. Verification: I/We certify that all reasonable dilige ny/our knowledge and belief the contents are true, a	nce was used in	the preparation of this stateme	ent and attached sch	edules (if any) and f	o the best of
Current Treasurer or John Lumma	Source and COM	here.	4	11/0	
Designated Record keeper Type or Print Name		yamw.		-Date	913
Type of Fink radiile		Signature	•		
Candidate Jane Lumm		Thur B. L	Mr m	Date 11/3	0/15
Type or Print Name		Signature			



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

SUMMARY PAGE CANDIDATE COMMITTEE 2. Committee Name Jane Lumm for City Council

CANDIDATE COMMITTEE	Z. Committee Name	Column 11
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions	2 900 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,800.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	(18.) \$ \$27,835.00
c. Subtotal of "Contributions"	(3c.) \$_\$2,800.00	(18.) \$
1. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$2,800.00	(20.) \$ \$27,835.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		¢222 12
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$232.12
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures	¢1E 36/ E0	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$15,364.69	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	·
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	¢27 782 89
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$15,364.69	(23.) \$ \$27,782.89
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00 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.) \$\frac{\$13,065.94}{(14.) + \$\frac{\$2,800.00}{(15.) = \$\frac{\$15,865.94}{(16.) - \$\frac{\$15,364.69}{(17.) \$\frac{\$501.25}{(17.) \$\frac{\$501.25}{(17.) \$\frac{\$501.25}{(17.) \$\frac{\$13,065.94}{(17.) \$\frac{\$15,364.69}{(17.) \$\frac{\$501.25}{(17.) \$\frac{\$501.25}	*

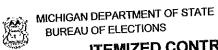


BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	C-2011-039	
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE 1. Committee I.D. Number 2. Committee Name	ne Lumm for C	ity Council
CANDIDATE COMMITTEE 2. Committee Name inter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle 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 10/22/15 ame & Address: arry & Sally Grace 2841 Provincial Dr Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Type of Contribution: Direct Loan from a person Fund Raiser 7 PAC Receipt? YES 4. Date of Receipt 10/22/15 Name & Address Thomas Ewing PO Box 7728	_{\$} 100	\$250 e for Memo Itemization \$100
Ann Arbor MI 48107 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser	Ollok 116	e for Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/22/15 Name & Address: Terry Foster	_{\$} 50	_{\$} 50
1207 Arlington Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Loan from a person	Click He	re for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/22/15 Name & Address Herb & Anne Upton 2000 Day St Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer	* 75 Sclick H	\$ 75 ere for Memo Itemization
Business Address Loan from a person Fund Raiser	Subtotal \$475.00	

\$475.00

Enter this total on line 3a of Summary

Page.



SCHEDULE 1A	1. Committee I.D. Number	- Lumps for C	ity Council
CANDIDATE COMMITTEE	1. Committee I.D. Number 2. Committee Name Jan		ity Godina.
nter contributor's name and address. If contribution is from an individual, e iddle initial. Check box to indicate if contribution is from a Political Commit ommittee (PAC) Report all contributions regardless of amount.	nter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Address:	ot 10/22/15		
Villiam Wilson PO Box 536		_{\$} _50	_{\$} 50
St Clair MI 48079		Click Here	for Memo Itemization
. If over \$100.00 cumulative, please provide: Employer		Ollok (1015	•
Occupation Employer			
Business Address	Fund Raiser		
2. Contribution #2 PAC Receipt? YES 4. Date of Receipt?	ipt 10/22/15	-	
Name & Address		_{\$} 50	° 50
Melvin Guyer 905 Berkshire Rd		\$	
Ann Arbor MI 48104		Click Her	e for Memo Itemization
5. If over \$100.00 cumulative, please provide:		ORON 170.	
Occupation Employer			
Business Address			
Type of Contribution: ✓ Direct Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Re	ceipt 10/23/15		
Name & Address:		_{\$} 100	_{\$} 100
Milton Hoefle 1020 Belmont Rd			T. Indian
Ann Arbor MI 48104		Click Her	e for Memo Itemization
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address The of Contribution:	Fund Raiser		
Type of Contribution: Direct	Receipt 10/23/15		
3. Contribution # 4 PAC Receipt? YES 4. Date of R Name & Address			
Donald & Ann Munro		_s 150	\$_150
14 Ridgeway Ann Arbor MI 48104			
5. If over \$100.00 cumulative, please provide:		Click He	ere for Memo Itemization
Occupation Retired Employer			
Rusiness Address	Count Baisar	-	
Type of Contribution:	Fund Raiser	btotal \$350.00	
	· ·	<u> </u>	
(0	Grand Total of All Schedule Complete on last page of Sch	es 1A Enter this to	

 $_{\text{Page}}$ 2 of \mathcal{B}

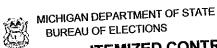
Enter this total on line 3a of Summary Page.



SCHEDULE 1A	Committee I.D. Number Longitude Same Longitu	e Lumm for C	ity Council
CANDIDATE Onto	last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each
nter contributor's name and address. If contribution is from an individual, ente iddle initial. Check box to indicate if contribution is from a Political Committee ommittee (PAC) Report <u>all</u> contributions regardless of amount.	or an Independent		Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt me & Address:	10/23/15		
christine Larson 111 Berkshire		_{\$} 100	_{\$} 100
Ann Arbor MI 48104 . If over \$100.00 cumulative, please provide:		Click Here	for Memo Itemization
Cocupation Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
PAC Receipt? YES 4. Date of Receipt	10/23/15		
Name & Address		_{\$} 100	_{\$} 100
4001 Glacier Hills Dr Unit 324 Ann Arbor MI 48105	·		e for Memo Itemization
5. If over \$100.00 cumulative, please provide: Employer			
Occupation Employer			
Business Address Loan from a person	Fund Raiser		
Type of Contribution.	ot 10/24/15		
3. Contribution # 3 Name & Address:	10/21/10	 _{\$} 50	<u>.</u> 125
Susan Chandler 2211 Devonshire Rd Ann Arbor MI 48104			e for Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Retired Employer			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt? Name & Address	eipt 10/24/15	<u></u>	
Lora Schulwitz 2394 Leslie Circle		_{\$} 25	
Ann Arbor MI 48105 5. If over \$100.00 cumulative, please provide:		Click He	ere for Memo Itemization
Occupation Employer			
Business Address Loan from a person	Fund Raiser	·	
Type of Contribution:	Page Su	stotal \$275.00	
(Cor	Grand Total of All Schedul nplete on last page of Sch	es 1A edule) Enter this to	

Page 3 of 8

line 3a of Summary Page.



Ann Arbor MI 48104

Occupation_

Business Address _

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

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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

SCHEDULE 1A	1. Committee I.D. Number	ne Lumm for C	ity Council
CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, or activities is from a Political Committee of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from an individual, or activities of the contribution is from a political Committee of the contribution of the contribution is from a political Committee of the contribution of the contri	2. Committee trains	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
middle initial. Check box to indicate it contributions in the Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Vivienne Armentrout 920 Vesper Rd Ann Arbor MI 48103 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Business Address Type of Contribution: Direct Loan from a person		_{\$} 50 Click Here	\$ 150 s for Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	eipt 10/26/15	\$ 100 Click Her	\$ 200 e for Memo Itemization
Name & Address: Richard Van House 111 N. Ashley St Unit 1005 Ann Arbor MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer	eceipt 10/26/15	_{\$} 200 Click He	\$ 200 re for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person 3. Contribution # 4 PAC Receipt? YES 4. Date of Name & Address Tom & Edith Bletcher 834 Brown St	Fund Raiser Receipt 10/26/15	_{\$} 25	_{\$} 25

Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 4 of 8

Loan from a person

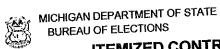
Fund Raiser

Employer _

\$375.00 Enter this total on

Click Here for Memo Itemization

line 3a of Summary Page.



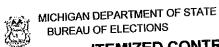
CANDIDATE COMMITTEE

1. Committee I.D. Number

C-2011-039

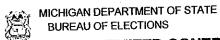
1. Committee i.D. No	moer
	Jane Lumm for City Council
2. Committee Name	

inter contributor's name and address. If contribution is from an individual, enter last name, first name, niddle 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 10/28/15 ame & Address: Dan & Judi Peters	05	_. 25
128 Sumark Way	_{\$} 25	<u> \$ 20 </u>
nn Arbor MI 48103		Canadama Itamization
If over \$100.00 cumulative, please provide:	Click Here	e for Memo Itemization
ccupation Employer		
usiness Address Loan from a person Fund Raiser		
ype of Contribution: V Direct Loan from a person		
Contribution #2 PAC Receipt:		•
ame & Address	_{\$} 25	ູ 25
Susan Black 2002 Wayne Street	\$	Ψ
Ann Arbor MI 48104	Click Her	re for Memo Itemization
. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Rusiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/30/15 Name & Address:	_ _{\$} 50	_e 50
Sharon & Mike Darga 2225 Devonshire Rd Ann Arbor MI 48104		re for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Employer		
Occupation		
Business Address Loan from a person Fund Raiser Type of Contribution:		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/30/15 Name & Address		
Reno & Rebecca Maccardini 3940 Ridgmaar Sq.	_{\$} 100	<u> </u>
Ann Arbor MI 48105	Click H	ere for Memo Itemization
5. If over \$100.00 cumulative, please provide:	·	
Occupation Employer		
Business Address Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Sul	btotal \$200.00	
Grand Total of All Schedule (Complete on last page of Sche	es 1A	otal on Summary
Page 5 of 6	Páge.	



CANDIDATE COMMITTEE

SCHEDULE 1A	Committee I.D. Number Committee Name 2. Committee Name	Lumm for Cit	v Council
CANDIDATE COMMITTEE		, Lumin to: On	7. Cumulative for
inter contributor's name and address. If contribution is from an individual, en niddle initial. Check box to indicate if contribution is from a Political Committ Committee (PAC) Report <u>all</u> contributions regardless of amount.	nter last name, first name, ee or an Independent	6. Amount	Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receiptanne & Address:	10/30/15		
rim & Laurie Wadhams 3666 River Pines Dr		_{\$} 500	_{\$} 500
Ann Arbor MI 48103		Click Here	for Memo Itemization
. If over \$100.00 cumulative, please provide:		Ollok Holo	
Retired Employer			
Business Address Loan from a person	Fund Raiser		
Type of Commodition: V Birds. 4 Date of Recei	pt 10/30/15		
. Contribution #2 PAC Receipts			
lame & Address		_{\$} 100	ູ 100
Ed Pear 3715 Fox Hunt Dr		\$_100	
Ann Arbor MI 48105		Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:		Chekilore	
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser	····	
A Data of Rec	eipt 10/30/15	_	
3. Contribution # 3 PAC Receipt? YES 4. Date of No.		-	000
Jane Klingsten	•	_{\$} 200	_{\$} 200
3347 Elsinore Ct		OU I IIaun	for Memo Itemization
Ann Arbor MI 48105		Click Here	TOL METHO ROTHER
5. If over \$100.00 cumulative, please provide:	_		
Occupation Retired Employer			
Business Address The of Contribution Direct Loan from a person	Fund Raiser		
Type of Contribution.	eceipt 10/30/15		
3. Contribution # 4 PAC Receipt? YES 4. Date of Ro	10,000	_	
Eric Schele		100	100
814 Dewey Ave.		_{\$} 100	<u> </u>
Ann Arbor MI 48104			. f Momo Itomization
5. If over \$100.00 cumulative, please provide:		Click Her	e for Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
17.1	Page Sub	otal \$900.00	
	Grand Total of All Schedules		
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Page 6 of 8		Page.	•
Page of U			



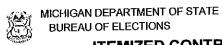
CANDIDATE COMMITTEE

Jane Lumm for City Council

VARDIDATE 44	6. Amount	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.	O. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 11/02/15 Name & Address:		
Mary Lukens 2242 Pine Grove Ct	_{\$} 25	_{\$} 25
Ann Arbor MI 48103		s as a literalization
5. If over \$100.00 cumulative, please provide:	Click Here	e 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 11/04/15 Name & Address		
Barbara Bach 2061 Day St.	_{\$} 25	_{\$} 25
Ann Arbor MI 48104	Click Here	e for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/06/15 Name & Address:	_	•
Nancy Meader 3909 Waldenwood Dr	_{\$} 25	<u>\$</u> 25
Ann Arbor MI 48105	Click Here	e for Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/09/15 Name & Address		
Peter Haydon	_* 100	600
3562 W. Huron River Dr. Ann Arbor MI 48103	\$	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Har	e for Memo Itemization
	CHUK HEI	O 101 HIGHE HOLLINGS
Occupation Retired Employer		
Business Address		
Type of Contribution:		
Page Subtot	al \$175.00	
Grand Total of All Schedules 1	A	
(Complete on last page of Schedul	e) Enter this tota	lon

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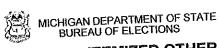
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CANDIDATE COMMITTEE

2. Committee Name Jane Lumm for City Council

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	x to indicate if contr	ribution is from a Pol	iticai Committe	er last name, first name, e or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	PAC Receipt?		ate of Receipt	11/21/15	1	date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	∐1E3 4.D	ate of Neccipi	(1/21/10		
Alice Landau						50
1355 Stark Stras					_{\$} 50	_{\$} 50
Ann Arbor MI 48						
5. If over \$100.00 cum					Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	✓ Direct	Loan from a pe	rson	Fund Raiser	<u> </u>	
3. Contribution #2	PAC Receipt?	YES 4. D	ate of Receipt			
Name & Address						
					œ	¢
					φ	
	1.47	v deles			Click Here f	or Memo Itemization
5. If over \$100.00 cum						
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a pe	rson	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4.	Date of Receip	·	\$	_ \$
					Click Here f	or Memo Itemization
5. If over \$100.00 cun	ulative, please pro	ovide:				
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a po	erson	Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4	. Date of Recei	pt		
Name & Address						
					\$	
5. If over \$100.00 cur	nulative, please pr	ovide:			Click Here t	or Memo Itemization
Occupation	<u></u>	Employer				
Business Address						
Type of Contribution:	Direct	Loan from a p	erson	Fund Raiser		
·				Page Subtot	al \$50.00	
			Gra (Compl	and Total of All Schedules 1/ ete on last page of Schedule	\$2,800.00 Enter this total or	
8 of 8	_				line 3a of Summa Page.	



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

1. Committee I.D. Number C-2011-039 Jane Lumm for City Council

Name & Address From Whom Received	CANDIDATE COMMITTEE		2. Committee Name Jane Lumm for City Council
Name & Address: From Whem Received 4. Value of Receipt Loan from a Lending Institution S			2. Committee Name 5. Type of Receipt 6. Amount 5. Type of Receipt 6. Amount
Interest Same & Address: Same & Address: Interest Same & Interest Same & Interest Same & Interest Same & Interest	Name & Address From Whom Receiv		Loan from a Lending Institution
Fund Raiser Click for Memo Itemization Type	eceint #1	Date of Receipt	\$
Fund Raiser Other (Specify) Click for Memo Itemization Type	ame & Address:	•	
Fund Raiser Loan from a Lending Institution Interest Same & Address: Interest Same & Addres			Refund \Rebate Click for Memo Itemization Type
Fund Raiser Loan from a Lending Institution Interest Same & Address: Interest Same & Addres			
Date of Receipt #2 Date of Receipt Date of		Tund Paiser	Other (Specify)
Interest \$			Con from a Lending Institution
Receipt #3 Date of Receipt Date of Receipt Date of Receipt Pund Raiser Click for Memo Itemization Type Click for Memo Itemizatio	teceipt #2	Date of Kecerby	Loan norma contains
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Receipt #3 Name & Address: Date of Receipt Date of Receipt Pund Raiser Receipt #4 Name & Address: Date of Receipt Loan from a Lending Institution Interest Refund Webate Click for Memo Itemization Type Other (Specify) Date of Receipt Loan from a Lending Institution Interest Refund Webate Click for Memo Itemization Type Other (Specify) Receipt #6 Name & Address: Receipt #6 Name & Address: Receipt #6 Name & Address: Date of Receipt Date of Receipt Loan from a Lending Institution Interest Refund Webate Click for Memo Itemization Type Other (Specify) Loan from a Lending Institution Interest Refund Webate Click for Memo Itemization Type Date of Receipt Loan from a Lending Institution Interest Refund Webate Click for Memo Itemization Type Click for Memo Itemization Type Other (Specify) Page Subtotal Sound Grand Total of All Schedules 1A -1 Complete on last page of Schedule) \$0.00			
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Receipt #4 Name & Address: Date of Receipt Loan from a Lending Institution S Interest Refund Rebate Click for Memo Itemization Type Other (Specify) Click for Memo Itemization Type Click for M			Cother (Specify)
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Name & Address: Interest			The are from a Lending Institution
Receipt #5 Name & Address: Refund Rebate Click for Memo Itemization Type	Receipt #4 Name & Address:	Date of Noodile	Loan non a contains
Receipt #5 Name & Address: Complete on last gaage of Schedules 1A -1 Complete on last gaage 1A -1 Com			Interest Type
Receipt #5 Name & Address: Date of Receipt Date of Receipt Date of Receipt Refund Raiser Click for Memo Itemization Type Other (Specify) Receipt #6 Name & Address: Refund Rebate Date of Receipt Loan from a Lending Institution Interest Refund Rebate Click for Memo Itemization Type Other (Specify) Receipt #7 Name & Address: Refund Rebate Click for Memo Itemization Type Interest Interest Refund Rebate Click for Memo Itemization Type Refund Rebate Click for Memo Itemization Type Click for Memo Itemization Type Refund Rebate Refund Rebate Click for Memo Itemization Type Refund Rebate Click for Memo Itemization Type Refund Rebate Refund Rebate Click for Memo Itemization Type Refund Rebate Solution Refund Rebate Click for Memo Itemization Type Refund Rebate Solution Refund			Refund \Rebate Click for Memo Itemization Type
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Receipt #6 Name & Address: Content Conten			Of It for Mome Itemization Type
Receipt #6 Name & Address: Click for Memo Itemization Type			
Receipt #6 Name & Address: Interest Refund \Rebate Click for Memo Itemization Type			Other (Specify)
Receipt #6 Name & Address: Interest Refund \Rebate Click for Memo Itemization Type Click for Memo Itemization Type Click for Memo Itemization Type Loan from a Lending Institution Interest Interest Refund \Rebate Click for Memo Itemization Type Click for Memo Itemization Type Click for Memo Itemization Type Refund \Rebate Refund \Rebate Refund \Rebate Other (Specify) Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00			- Londing Institution
Name & Address: Interest	Receipt #6	Date of Receipt	
Receipt #7 Name & Address: Click for Memo Itemization Type	Namé & Address:		
Receipt #7 Name & Address: Cother (Specify)			Click for Memo Itemization Type
Receipt #7 Name & Address: Date of Receipt Date of Receipt Loan from a Lending Institution Interest Refund \Rebate Click for Memo Itemization Type Refund \Rebate Other (Specify) Fage Subtotal Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00			Rejulta incuate
Receipt #7 Name & Address: Loan from a Lending Institution \$		Fund Paigor	Other (Specify)
Receipt #7 Name & Address: Interest Refund \Rebate Refund \Rebate Other (Specify) Page Subtotal \$0.00 Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			Landing Institution
Interest Refund \Rebate Click for Memo Itemization Type Refund \Rebate Other (Specify) Page Subtotal \$0.00 Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00	Receipt #7	Date of Leceibr	Loan from a Lending institution \$
Refund \Rebate Click for Memo Itemization Type Refund \Rebate Other (Specify) Page Subtotal \$0.00 Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00	Name or Address.		Interest
Fund Raiser Other (Specify) Page Subtotal \$0.00 Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00			Click for Memo Itemization Type
Fund Raiser Page Subtotal \$0.00 Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00			Keinua ikanaia
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) \$0.00		Fund Daiser	
(Complete on last page of Schedule)		L rullu raisei	Page Subtotal \$0.00
(Complete on last page of Schedule)			Grand Total of All Schedules 1A -1 \$0.00
			(Complete on last page of Schedule) Enter this total

Enter this total on line 4 of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

2011-039
1. Committee I. D. Number Zorr City Council
Jane Lumm for City Council
2. Committee Name

SCHEDOLL I-III	2. Committee Name Jane Lumm 101 Cit	ty Ocurren	
lame and Address Roll ontribution is from an individual, enter last	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
from a Political Committee of an Independent Independe	4.		\$
over \$100.00 cumulative, please provide: ccupation: imployer Name & Business Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Cl	lick Here for Memo	Itemization
Fund Raiser Contribution contribution # 2 PAC Receipt? Yes lame & Address	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		\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	Click Here for Men	o Itemization
Fund Raiser Contribution Contribution #3 PAC Receipt? Y Name & Address:	Goods or Services Purchased by Candidate or Others	N.	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	 Click Here for Me	mo Itemization
Fund Raiser Contribution	Page Sul	ototal \$0.00	\$0.00
	Grand Total of all Schedule (Complete on last page of Sche	s 1-IK edule) \$0.00	

Enter this total on line 6 of Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B – IK

1. Committee I. D. Number

C-2011-039
Jane I umm for City Council

Page

CANDIDATE COMMITTEE	2. Committee Name Jane Luii		Fair Market
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.	Value
Expenditure #1 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 Itemiza	tion 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 Date Click Here for Memo Itemiza	ation Type
Expenditure #3 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 Itemiz	ation 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 Itemiz	zation 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	ization Type
		Page Subtotal	\$0.00
	Grand To	otal of all Schedules 1B-IK on last page of Schedule)	\$0.00
	(Complete C	an add page of Estimately	Enter this tota on line 7 of the Summary

Page _____ of ____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

C-2011-039

2. Committee Name Jane Lumm for City Council

CANDIDATE COMMITTEE	2. Committee Name	Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6.	
expenditure #1	10/19/15	2608.60
Name Ann Arbor Observer		2000.00
Address	Purpose: Advertisement Date	sizetion Type
2390 Winewood	Click Here for Memo Item	iizadon rype
Ann Arbor MI 48103	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2	10/20/15	040.45
Name Office Depot	- Duta	\$ <u>243.45</u>
•	Purpose: Misc Supplies	
Address	Click Here for Memo Itel	mization Type
3765 Washtenaw Ave	·	
Ann Arbor MI 48104	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #3	10/21/15	• 0E70 7E
Name Kolossos Printing	Purpose: Printing & Mailing Date	\$ <u>3573.75</u>
Address	Click Here for Memo Ite	mization Type
2055 W. Stadium	<u> </u>	••
Ann Arbor MI 48103	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #4	10/27/15	1000 10
Name Kolossos Printing		\$ 4099.16
Address	Purpose: Printing & Mailing	•
2055 W. Stadium	Click Here for Memo It	emization Type
Ann Arbor MI 48103	1	
/ Will / Wood And	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		
Name Chinese-American News	10/27/15	\$ 180.00
Address	Purpose: Advertisement Date	Town
4979 S. Ridgeside Circle	Click Here for Memo	temization Type
Ann Arbor MI 48105	Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	statement Subtotal this page	\$10,704.96
	Grand Total of all Schedules 1B	
	(Complete on last page of Schedule)	
		Enter this total on line 8a of

on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2011-039

	Committee I. D. Number	
. 2	Committee Name Jane	e Lumm for City Council

	(D) (D) (d) (d) (d)	5. Date	6. Amount
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	J. Dale	o anount
Expenditure #1		10/06/45	
Name USPS /Office Depot		10/26/15	\$ 80.60
	Purpose: Stamps, misc supplies ©ing	Date	
Address			
3765 Washtenaw Ave	Click H	lere for Memo It	emization Type
Ann Arbor MI 48104	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2			·
Name Ann Arbor News		10/28/15	\$ 2413.00
* * * * * * * * * * * * * * * * * * *	Purpose: Advertisement	Date	
Address	Purpose: 7 to 100 to 10		
111 N. Ashley Street	Click H	lere for Memo It	emization Type
Ann Arbor MI 48104			
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3		,	•
Name USPS		10/26/15	. 04.40
USPS			\$ <u>64.40</u>
Address	Purpose: Stamps	Date	
1214 S. University	Click H	lere for Memo It	emization Type
Ann Arbor MI 48104	 		
i <u></u>	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name Kolossos Printing		10/29/15	. FOE 00
Rolossos i filitarig		Date	\$ <u>565.83</u>
Address	Purpose: Printing & Mailing		
2055 W. Stadium Blvd		lara for Manne !!	tomization Tuno
Ann Arbor MI 48103		tere for Memo II	temization Type
74H174D01 HII 10100	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
		40/00/45	
Name Sawicki & Sons	10:	10/29/15	\$ 418.70
Address	Purpose: Yard Signs	Date	
1521 W. Lafayette Blvd		Here for Memo I	temization Type
Detroit MI 48126	Check box if this expenditure is payment of		
	debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	otal this page	\$3,542.53
	Grand Total of all	Schedules 1B	
	(Complete on last pag		

Enter this total on line 8a of Summary Page

2 of 3



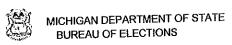
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

2. Committee Name Jane Lumm for City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Jewish American News		11/01/15	\$ 273.00
	Purpose: Advertisement	Date	
Address 2935 Birch Hollow		Here for Memo It	emization Type
Ann Arbor MI 48108	Check box if this expenditure is payment of	-	
	debt or obligation reported on previous		ŀ
Fund Raiser	statement		
Expenditure #2		11/02/15	. 440 44
Name Office Depot	Mice Compliant Compliant	Date	\$ <u>110.14</u>
Address	Purpose: Misc Supplies/Copying	•	
3765 Washtenaw Ave	Click	Here for Memo It	emization Type
Ann Arbor MI 48104	Check box if this expenditure is payment of	:	
Fund Paleor	debt or obligation reported on previous		
Fund Raiser Expenditure #3	statement		
•		11/03/15	. 707 00
Name Paesano Restaurant	Election Night Borty	Date	\$ <u>707.92</u>
Address	Purpose: Election Night Party		
3411 Washtenaw Ave	Click	Here for Memo It	lemization Type
Ann Arbor MI 48104	Check box if this expenditure is payment of	f	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Dollar Tree Stores		11/03/15	\$ 20.14
	Purpose: Balloons for Election Night Party	Date	<u> </u>
Address			
3590 Washtenaw Ave Ann Arbor MI 48104	Click	Here for Memo I	temization Type
	Check box if this expenditure is payment o debt or obligation reported on previous	ıf	
Fund Raiser	statement		
Expenditure #5			
Name Bank of Ann Arbor		10/16/15	¢ & 00
Address	Purpose: Bank Fee	Date	\$ <u>6.00</u>
125 S. Fifth Ave	.	k Here for Memo	Itemization Type
Ann Arbor MI 48107	Check box if this expenditure is payment of		,,
Fund Raiser	debt or obligation reported on previous statement		
L Pullu Raisei		ototal this page	\$1,117.20
	Grand Total of a	Il Schedules 18	
	(Complete on last pa	ge of Schedule)	\$15,364.69

Enter this total on line 8a of Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

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

CAI	NDIDA	TE	COMN	IIT	TEE
-----	-------	----	------	-----	-----

2CHEDOLL I D - C	lana i umm	for City Counc	il
CANDIDATE COMMITTEE	2. Committee Name	S EOP SLATE CAP	DS.
USE THIS FORM TO REPORT EXPENDITURES MADE FOR EL CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GOLD EXPENDITURES	ECTION DAY BUSING OF VITE ACTIVITY. Describe the speci SET-OUT-THE VOTE ACTIVITY. Describe the speci ARE REQUIRED TO BE ITEMIZED	fic Get-Out-The -Vot	
Item 4f. ALL EXPENDITORES 3. Name and address of person or vendor to whom the	4. Type of Activity	5. Date	6. Amount
Name and address of person of vertical to when the expenditure was made			
Expenditure #1	a. Election Day Busing of Voters To The Polls		
Name & Address:	b. Slate Cards c. Challengers		
,	d. Poll Watchers e. Poll Workers	Date	\$
	f. Get-Out-The Vote Activity (Specify):	ck Here for Memo Ite	mization Type
	On-	CK 11010 101 thomas to	}
For Activity Type b-f, check one: In-Kind Independent If in support of, or in opposition to, a ballot proposal, check one:	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Support Oppose			
Statewide Proposal Name	Local Proposal Name	Indicate County	
Expenditure #2 Name & Address: For Activity Type b-f, check one: In-Kind Independent If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers f. Get-Out-The Vote Activity (Specify): Cli Check box if this expenditure is payment of debt or obligation reported on previous statemen	Date ck Here for Memo Ite	\$emization Type
	In	dicate County	
Statewide Proposal Name Lo Expenditure #3 Name & Address:	a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers	Date	\$
For Activity Type b-f, check one:	f Get-Out-The Vote Activity (Specify):	Date lick Here for Memo It	emization Type
In-Kind Independent If in support of, or in opposition to, a ballot proposal, check one: Support Oppose	Check box if this expenditure is payment of debt or obligation reported on previous statemen		
Statewide Proposal Name	Local Proposal Name	Indicate County	
			\$0.00
	Grand Total of (Complete on la	all Schedules 1B-G) st page of Schedule	\$0.00
	, ,		Enter total on Line 8b

on Line 8b Summary Page



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

	D. Number	U-20
I, Committee I.	D. Number	

C-2011-039

CANDIDATE COMMITTEE (For use by officeholders only) 2. 0	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 Disbursement	
Disbursement # 1 Name & Address:	Purpose		\$	
		Date Click for Memo Ite	mization Type	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code Fund Raiser			
Disbursement # 2 Name & Address:	Purpose		\$	
		Date	_	
•		Click for Memo Ite	mization Type	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement CodeFund Raiser			
Disbursement # 3 Name & Address:	Purpose		\$	
		Date		
		Click for Memo Ite	mization Type	
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	_		
Disbursement # 4 Name & Address:	Purpose		\$	
		Date		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	Click for Memo Ite	mization Type	
		Subtotal this page	\$0.00	
	Grand To (Complete on	tal of all Schedules 1C last page of Schedule)	\$0.00	

Enter this total on line 10a of **Summary Page**

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page 1 of 1



C-2011-039

DEB15 AND OBLIGATIONS 1. Co	ommittee I.D. Number			
SCHEDULE 1E	ommittee Name Jane Lum	m for City Counc	il	
CANDIDATE COMMITTEE 2.0	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the community (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or urpose checked.)	forgiven <u>by</u> the con	
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. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt		\$	\$
	\$	\$	·	FORGIVEN
	γ	\$\$		-
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	1 \$.
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:	1	An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4, Type:	\$		
* /	5. Date Debt Was Incurred:	\$		
		\$		
	6. Original Amount of Debt:	\$	\$	\$
	\$	Ψ		FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	\$0.00
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of				\$0.00
				Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

Page 1 of 1