



CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>C-2015-002</u></p>		<p>3. This Statement covers From <u>4/13/15</u> to <u>7/24/15</u></p>	
<p>2. Committee Name <u>The committee to elect william leaf</u></p>		<p>4. Candidate Last Name <u>leaf</u> First Name <u>william</u> M.I. <u>g</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>Ann Arbor City Council Ward 1</u></p> <p>4b. County of Residence <u>WASHTENAW</u></p>	
<p>5. Committee's Mailing Address <u>414 lawrence st. #5. Ann Arbor, MI. 48104</u></p> <p>Area Code and Phone <u>(734) 945-3594</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>		<p>6. Treasurer's Name & Residential Address <u>414 lawrence st. #5. Ann Arbor, MI. 48104</u></p> <p>Area Code & Phone <u>(734) 945-3594</u></p>	
<p>7. Treasurer's Business Address <u>414 lawrence st. #5. Ann Arbor, MI. 48104</u></p> <p>Area Code and Phone <u>(734) 945-3594</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (The committee must designate a Designated Record keeper) <u>[Redacted]</u></p> <p>Area Code and Phone <u>[Redacted]</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>8/4/15</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution <u>[Redacted]</u></p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record keeper <u>william leaf</u></p> <p>Type or Print Name</p>		<p><u>[Signature]</u> Date <u>7-23-15</u></p> <p>Signature Date</p>	
<p>Candidate <u>william leaf</u></p> <p>Type or Print Name</p>		<p><u>[Signature]</u> Date <u>7-23-15</u></p> <p>Signature Date</p>	

FILED
 WASHTENAW COUNTY, MI
 2015 JUL 24
 LAWRENCE KEB...
 COUNTY CLERK...
 REGISTER...
 AUG 10 4:00



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 62015-002

2. Committee Name Committee To Elect William Leaf

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/07/15
Name & Address:
Eric Dennis, 919 Barton St. Ann Arbor, MI. 48105

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation _____ Employer _____
Business Address _____
Type of Contribution: 3 (Direct) Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/07/15
Name & Address:
Donald Vettese. 614 South Ashley St. Ann Arbor, MI. 48103

6. Amount \$ 250 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 250

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Priest Employer International Samaritan
Business Address 803 N. Main Street. Ann Arbor, MI 48104.
Type of Contribution: 4 (Direct) Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/01/15
Name & Address:
James Leaf. 2260 pinegrove court. Ann Arbor, MI, 48103.

6. Amount \$ 500 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Senior Partner Employer Community Link Foundation
Business Address 3883 Telegraph Rd. # 205 Bloomfield, Michigan 48302
Type of Contribution: 4 (Direct) Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/05/15
Name & Address:
Elizabeth Goodenough. 2260 pinegrove court. Ann Arbor, MI, 48103.

6. Amount \$ 1000 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1000

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)
Occupation Lecturer Employer University of Michigan
Business Address 500 South State Street, Ann Arbor, MI 48109
Type of Contribution: 4 (Direct) Loan from a person Fund Raiser

Page Subtotal \$1,775.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2015-002

2. Committee Name Committee To Elect William Leaf

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.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/10/15

Name & Address:
William Leaf, 414 Lawrence St. #5. Ann Arbor, MI. 48104

6. Amount \$ 200 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 200

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation Business Owner Employer Neutral Skin and Hair

Business Address 414 Lawrence St. #5. Ann Arbor, MI. 48104

Type of Contribution: 3 Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt _____

Name & Address _____

6. Amount \$ _____ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ _____

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$200.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1,975.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number ~~XXXXXXXXXX~~ C-2015-002
2. Committee Name Committee To Elect William Leaf

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Vista Print</u> Address <u>95 Hayden Ave, Lexington, MA 02421</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcard Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/15</u> Date	<u>\$ 1149.41</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Overnight Prints</u> Address <u>375 E Warm Springs Rd, Suite 201, Las Vegas, Nevada 89119</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Business Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/15</u> Date	<u>\$ 45.41</u> Click Here for Memo Itemization Type
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page 1194.82
Grand Total of all Schedules 1B (Complete on last page of Schedule) 1194.82

Enter this total on line 8a of Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number ~~XXXXXXXXXX~~ C-2015-002

2. Committee Name Committee To Elect William Leaf

CANDIDATE COMMITTEE

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)
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<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: William Leaf, 414 Lawrence St. #5. Ann Arbor, MI. 48104</p> <p>If over \$100.00 cumulative, please provide: Occupation: Business Owner Employer Name & Business Address: Neutral Skin and Hair. 414 Lawrence St. #5. Ann Arbor, MI. 48104</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan 3. <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Yard Signs</u></p> <p>5. Date Of Receipt: <u>07/02/15</u></p> <p>6. Vendor Name & Address: Stanley Sawicki & Son, Inc. 521 W. Lafayette. Detroit, MI 48216</p>	<p>\$ <u>617.50</u></p>	<p>\$ <u>617.50</u></p>
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[Click Here for Memo Itemization](#)

<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: William Leaf, 414 Lawrence St. #5. Ann Arbor, MI. 48104</p> <p>If over \$100.00 cumulative, please provide: Occupation: business owner Employer Name & Address: Neutral Skin and Hair. 414 Lawrence St. #5. Ann Arbor, MI. 48104</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan 4. <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Business Cards</u></p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name & Address: Overnight Prints. 375 E Warm Springs Rd, Suite 201, Las Vegas, Nevada 891</p>	<p>\$ <u>45.41</u></p>	<p>\$ <u>45.41</u></p>
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[Click Here for Memo Itemization](#)

<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name & Address:</p>	<p>\$ _____</p>	<p>\$ _____</p>
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[Click Here for Memo Itemization](#)

Page Subtotal	\$ 662.91	<u>662.91</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$ 662.91	

Enter this total on line 6 of Summary Page



1. Committee I.D. Number C-2015-002

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect William Leaf

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,975.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,975.00</u>	(18.) \$ <u>1975.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,975.00</u>	(20.) \$ <u>1975.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$662.91</u>	(21.) \$ <u>662.91</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,194.82</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$1,194.82</u>	(23.) \$ <u>1194.82</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,975.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$1,975.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,194.82</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$780.18</u>	*