



**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
WASHTENAW COUNTY, MI  
FOR OFFICIAL USE ONLY

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

3. This Statement covers from 2015 JUL 22 09/03/16 to 07/22/16

<p>1. Committee I.D. Number <b>c-2015-002</b></p> <p>2. Committee Name <b>the committee to elect william leaf</b></p>	<p>4. Candidate Last Name <b>leaf</b> First Name <b>William</b> M.I. <b>g</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Ann Arbor City Council Ward 1</b></p> <p>4b. County of Residence</p>
<p>5. Committee's Mailing Address <b>2260 pinegrove ct, Ann Arbor, Mi, 48104</b></p> <p>Area Code and Phone _____ 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 &amp; Residential Address <b>715 Lawrence #2 Ann Arbor, MI William Leaf</b></p> <p>Area Code &amp; Phone <b>(734) 945-3594</b></p>
<p>7. Treasurer's Business Address <b>715 Lawrence #2 Ann Arbor, MI William Leaf</b></p> <p>Area Code and Phone <b>(734) 945-3594</b></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>

<p><b>9. TYPE OF STATEMENT</b></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>08/02/16</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</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p><b>9e. Dissolution of Candidate Committee</b></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 lates 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 _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>william leaf</u>	<u><i>William Leaf</i></u>	Date	<u>7-22-2016</u>
	Type or Print Name	Signature		
Candidate	<u>william leaf</u>	<u><i>William Leaf</i></u>	Date	<u>7-22-2016</u>
	Type or Print Name	Signature		



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

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

**CANDIDATE COMMITTEE**

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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <b>Eric Dennis, 919 Barton St. Ann Arbor MI.</b>	\$ <u>96.80</u>	\$ <u>96.80</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <b>Janet Keller. 224 W. Summit St. Ann Arbor, MI</b>	\$ <u>85.15</u>	\$ <u>85.15</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <b>William Stapleton. 528 Sunset Rd. Ann Arbor, MI.</b>	\$ <u>48.25</u>	\$ <u>48.25</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address: <b>Donald Vettesse. 614 South Ashley St. Ann Arbor MI.</b>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: <span style="float: right;"><a href="#">Click Here for Memo Itemization</a></span> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$330.20**

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**

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

**CANDIDATE COMMITTEE**

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 <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/03/16</u> Name & Address: <u>Elizabeth Goodenough. 2260 Pinegrove ct. Ann Arbor, MI.</u>	\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lecturer</u> Employer <u>University of Michigan</u> Business Address <u>500 South State St. Ann Arbor, MI.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/24/16</u> Name & Address: <u>James Leaf. 2260 Pinegrove ct. Ann Arbor, MI.</u>	\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Senior Partner</u> Employer <u>Community Link Foundation</u> Business Address <u>3883 telegraph rd. #205. Bloomfield, MI.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>05/02/16</u> Name & Address: <u>Sally Bund. 3215 W Dobson Pl Ann Arbor, MI</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/15/16</u> Name & Address: <u>Suzanne Severson. 2060 Tibbits Ct. Ann Arbor, MI.</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal **\$1,400.00**

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**

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

**CANDIDATE COMMITTEE**

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 03/12/16  
 Name & Address:  
Nat Butler. 139 Berkeley St, Boston, MA

6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_  
 Name & Address:  
Linda Marks  
6702 Soaring Eagle Way  
Sarasota, FL. 34241

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

5. If over \$100.00 cumulative, please provide:  
 Occupation Filmmaker Employer Self employed  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt?  YES 4. Date of Receipt 07/01/16  
 Name & Address:  
Marjorie Sarbaugh-Thompson. 2405 Placid Way. Ann Arbor, MI.

6. Amount \$ 20 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20

5. If over \$100.00 cumulative, please provide:  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt 07/13/16  
 Name & Address:  
William Leaf. 715 Lawrence st. #2. Ann Arbor, MI.

6. Amount \$ 4300 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 4300

5. If over \$100.00 cumulative, please provide:  
 Occupation Business Owner Employer Neutral Skin and Hair  
 Business Address 715 Lawrence #2 Ann Arbor  
 Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$4,620.00**  
 Grand Total of All Schedules 1A **\$6,350.20**  
 (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B**

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

**CANDIDATE COMMITTEE**

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 <b>CMYK On Demand Printing</b> Address <b>4359 Jackson Rd, Ann Arbor, MI 48103</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Booklets</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/16</u> Date	<u>\$ 6360.0</u>
Expenditure #2 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	\$ _____
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	\$ _____
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	\$ _____
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	\$ _____

Subtotal this page 6360.0

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 6360.0

Enter this total on line 8a 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>6,350.20</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,350.20</u>	(18.) \$ <u>6,350.20</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>6,350.20</u>	(20.) \$ <u>6,350.20</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6,360.00</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>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>6,360.00</u>	(23.) \$ <u>6,360.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
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>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>780.18</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,350.20</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,130.38</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,360.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>770.38</u>	*