

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 07/01/16 to 10/23/16

1. Committee I.D. Number
C2016115

2. Committee Name
Committee to Elect Don Wilkerson

4. Candidate Last Name **Wilkerson** First Name **Donnie** M.I. **R**

4a. Office Sought Including District # or Community Served (if applicable)
Ann Arbor School Board

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**290 Larkspur St.
Ann Arbor, MI
48105**

Area Code and Phone (231) 903-1052
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.

6. Treasurer's Name & Residential Address
**Donnie Wilkerson
290 Larkspur St.
Ann Arbor, MI
48105**

Area Code & Phone (231) 903-1052

7. Treasurer's Business Address
**290 Larkspur St.
Ann Arbor, MI
48105**

Area Code and Phone (231) 903-1052

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
**Donnie Wilkerson
290 Larkspur St.
Ann Arbor, MI
48105**

Area Code and Phone (231) 903-1052

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/08/16

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement () Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

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 later fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Donnie Wilkerson Signature [Signature] Date 10/28/2016

Candidate Donnie Wilkerson Signature [Signature] Date 10/28/2016



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C2016115

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Don Wilkerson

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 8)	(3a.) \$ <u>1,600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,600.00</u>	(18.) \$ <u>1,600.00</u>
4. Other Receipts (Schedule 1A -1, Column 8)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,600.00</u>	(20.) \$ <u>1,600.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
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 8)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 8)	(8a.) \$ <u>4,011.19</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>4,011.19</u>	(23.) \$ <u>4,011.19</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 8)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>4,005.09</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>1,600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,600.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,011.19</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-2,411.19</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2016115
2. Committee Name Committee to Elect Don Wilkerson

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? <input type="checkbox"/> YES 4. Date of Receipt <u>08/15/16</u> Name & Address: Glenn Nelson 1323 S. Forest Ave. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200.00</u>	\$ <u>200.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/16</u> Name & Address: Jack Panitch 501 Burson Pl. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Self-Employed</u> Business Address <u>501 Burson Pl. Ann Arbor, MI 48104</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Jeff Hebner 4731 Gatewood Cir. Apt. 3B Ypsilanti, MI 48197 5. If over \$100.00 cumulative, please provide: Occupation <u>Construction</u> Employer <u>Self-Employed</u> Business Address <u>4731 Gatewood Cir. Apt. 3B Ypsilanti, MI 48197</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1000.00</u>	\$ <u>1000.00</u> Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: Deb Mexicotte 2660 Yost Blvd. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Associate Director</u> Employer <u>University of Michigan</u> Business Address <u>2281 Bonisteel Blvd. Ann Arbor, MI 48109</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization

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.



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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2016115
2. Committee Name Committee to Elect Don Wilkerson

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? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/16</u> Name & Address: Karla Bouchar 43201 Tuscany Dr. Sterling Heights, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
6. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>PwC</u> Business Address <u>500 Woodward Ave. Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$1,600.00**




Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2016115
2. Committee Name Committee to Elect Don Wilkerson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FedEx Office Print & Ship Center Address 2800 S. State St. Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>1197.13</u> Memo Itemization Below 
Expenditure #2 Name Speedyline Address PO Box 81 St. Johnsbury, VT 05883 <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional Materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/16</u> Date	\$ <u>423.99</u> Click Here for Memo Itemization Type
Expenditure #3 Name WIX.com Address Online Service Provider <input type="checkbox"/> Fund Raiser	Purpose: <u>Website</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>30.40</u> Memo Itemization Below 
Expenditure #4 Name Sawicki & Son Address 1521 W. Lafayette St. Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ <u>2170.35</u> Memo Itemization Below 
Expenditure #5 Name USPS Address 2075 W. Stadium Blvd. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/16</u> Date	\$ <u>90.67</u> Click Here for Memo Itemization Type

Subtotal this page **\$3,912.54**
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2016115
2. Committee Name Committee to Elect Don Wilkerson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Staples Address 2601 Jackson St. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/16</u> Date	<u>\$ 19.78</u>
Expenditure #2 Name Kroger Address 2641 Plymouth Rd. Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cups</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/16</u> Date	<u>\$ 19.31</u>
Expenditure #3 Name Starbucks Address 2793 Plymouth Rd. Ann Arbor, MI 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Coffee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/16</u> Date	<u>\$ 25.90</u>
Expenditure #4 Name A-1 Rentals Address 2285 W. Liberty St. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Beverage Container</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/16</u> Date	<u>\$ 27.56</u>
Expenditure #5 Name Paypal Address 2211 N. First St. San Jose, CA 95131 <input type="checkbox"/> Fund Raiser	Purpose: <u>Transaction Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/16</u> Date	<u>\$ 6.10</u>

Subtotal this page **\$98.65**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,011.19**

Enter this total
on line 8a of
Summary Page

Itemized Expenditures Memo

Date	Vendor	Amount	Purpose
8/29/2016	FedEx	32.05	Flyers
8/30/2016	FedEx	37.35	Flyers
9/1/2016	FedEx	160.28	Flyers
9/14/2016	FedEx	224.66	Flyers
9/15/2016	FedEx	109.41	Flyers
9/20/2016	FedEx	83.73	Flyers
9/30/2016	FedEx	4005.09	Flyers
10/4/2016	FedEx	107.28	Flyers
10/12/2016	FedEx	66.5	Flyers
10/13/2016	FedEx	274.3	Flyers
10/18/2016	FedEx	36.03	Flyers
9/15/2016	WIX	14.4	Website
10/11/2016	WIX	16	Website
9/19/2016	Sawicki & Son	1085.18	Yard Signs
9/30/2016	Sawicki & Son	1085.17	Yard Signs



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**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2016115
2. Committee Name Committee to Elect Don Wilkerson

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. 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 endorser 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 8 minus Item 7)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Donnie Wilkerson 290 Larkspur St. Ann Arbor, MI 48105	4. Type: <u>Expenses</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ <u>3,877.95</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>0.00</u>	\$ <u>3,877.95</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Glenn Nelson 1323 S. Forest St. Ann Arbor, MI 48104	4. Type: <u>Expenses</u> 5. <u>Date Debt Was Incurred:</u> <u>Multiple</u> 6. <u>Original Amount of Debt:</u> \$ <u>327.14</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ <u>0.00</u>	\$ <u>327.14</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$4,005.09**
 Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) **\$4,005.09**

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.