



**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: 05/01/15 to 07/19/15

1. Committee I.D. Number
C-2015-008

2. Committee Name
Committee to Elect Jaime Magiera

4. Candidate Last Name **Magiera** First Name **Jaime** M.I. **L.**

4a. Office Sought Including District # or Community Served (If applicable)
Ann Arbor City Council

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address
**943 Dewey St, #3
Ann Arbor, MI 48104**

Area Code and Phone (734) 665-9702

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
**William Jourdan
2015 Commerce Blvd., #208
Ann Arbor, MI 48103**

Area Code & Phone (734) 474-7887

7. Treasurer's Business Address
**2015 Commerce Blvd., #208
Ann Arbor, MI 48103**

Area Code and Phone (734) 474-7887

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
**Jaime Magiera
943 Dewey St., #3
Ann Arbor, MI 48104**

Area Code and Phone (734) 665-9702

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
08/04/15

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 lates 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 William Jourdan Signature Date 7/25/15

Candidate Jaime Magiera Signature Date 7/25/15

FILED
WASHTENAW COUNTY, MI
2015 JUL 27 A 10:30
LAWRENCE KESTENBAUM
COUNTY CLERK/REGISTRAR



1. Committee I.D. Number C2015008

2. Committee Name Committee To Elect Jaime Magiera

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,561.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,561.50</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,561.50</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$645.53</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$768.50</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$97.27</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$865.77</u>	(23.) \$ _____
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>\$2,561.50</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,561.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$865.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,695.73</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2015-008
2. Committee Name Committee To Elect Jaime Magiera

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>05/22/15</u> Name & Address: Jaime Magiera 943 Dewey St., #3 Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Systems Administrator</u> Employer <u>University of Michigan</u> Business Address <u>500 S. State St., 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	\$ 891.50	\$ _____ Memo Itemization Below
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/23/15</u> Name & Address: Ellen Ofeen 1911 Boulder Dr. Ann Arbor, MI 48104 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	\$ 100	\$ _____ Memo Itemization Below
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/29/15</u> Name & Address: Gary Somers 9716 The Corral Dr. Potomac, MD 20854-1510 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Raytheon Corporation</u> Business Address <u>1616 N. Ft Meyer Dr., Suite 1000, Arlington, VA 22209</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ 900	\$ _____ Memo Itemization Below
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/15</u> Name & Address: Samuel Firke 2809 Craig Rd. Ann Arbor, MI 48103 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	\$ 100	\$ _____ Memo Itemization Below

Page Subtotal **\$1,991.50**

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-2015-008
2. Committee Name Committee To Elect Jaime Magiera

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>07/07/15</u> Name & Address: Peter Honeyman 113 S. Fourth Ave., #4 Ann Arbor, MI 48104-1930 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	\$ <u>50</u>	\$ _____ Memo Itemization Below
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/15</u> Name & Address: Al McWilliams 320 S. Main St. Ann Arbor, MI 48104 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	\$ <u>50</u>	\$ _____ Memo Itemization Below
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/08/15</u> Name & Address: Mark Thorne 2225 Hawkins St., #138 Charlotte, NC 28203 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	\$ <u>100</u>	\$ _____ Memo Itemization Below
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/10/15</u> Name & Address: Westphal Associates LLC 3505 Charter Place Ann Arbor, MI 48105 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	\$ <u>100</u>	\$ _____ Memo Itemization Below

Page Subtotal **\$300.00**

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-2015-008
2. Committee Name Committee To Elect Jaime Magiera

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>07/12/15</u> Name & Address: Richard Shubach 726 Spring St. Ann Arbor, MI 48103 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	\$ <u>50</u>	\$ _____ Memo Itemization Below
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/15/15</u> Name & Address: Cheryl Magiera 2217 Cleveland Ave. Lincoln Park, MI 48146 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>200</u>	\$ _____ Memo Itemization Below
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/15</u> Name & Address: Christopher Plumb 1712 Sandford Place Ann Arbor, MI 48103-5945 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	\$ <u>20</u>	\$ _____ Memo Itemization Below
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 \$270.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$2,561.50

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2015008

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect Jaime Magiera

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Magiera, Jaime 943 Dewey St., #3 Ann Arbor, MI 48109 If over \$100.00 cumulative, please provide: Occupation: Systems Administrator Employer Name & Business Address: University of Michigan LS&A Building 500 S. State St., #2005 Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>payment for campaign manager</u> 5. Date Of Receipt: <u>05/01/15</u> 6. Vendor Name & Address: Alex Yerkey 3093 Williamsburg Rd Ann Arbor, MI 48108 Memo Itemization Below	\$ <u>500</u> \$ _____	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jourdan, William 2015 Commerce Blvd. Ann Arbor, MI 48103 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>office supplies (paper, printer cartridge)</u> 5. Date Of Receipt: <u>07/01/15</u> 6. Vendor Name & Address: Staples 2601 Jackson St. Ann Arbor, MI 48103 Memo Itemization Below	\$ <u>45.37</u> \$ _____	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Magiera, Jaime 943 Dewey St., #3 Ann Arbor, MI 48109 If over \$100.00 cumulative, please provide: Occupation: Systems Administrator Employer Name & Address: University of Michigan LS&A Building 500 S. State St., #2005 Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Printing cost for campaign literature</u> 5. Date Of Receipt: <u>07/15/15</u> 6. Vendor Name & Address: Kolossos Printing 2055 W. Stadium Ann Arbor, MI 48103 Memo Itemization Below	\$ <u>100.16</u> \$ <u>600.16</u>	

Page Subtotal **\$645.53**

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) **\$645.53**

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2015008
2. Committee Name Committee To Elect Jaime Magiera

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki & Son Address 1521 W. Lafayette Blvd. Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Lawn signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/15</u> Date	\$ <u>768.50</u> Memo Itemization Below
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	\$ _____ 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	\$768.50
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$768.50

Enter this total on line 8a of Summary Page