



**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: 07/20/15 to 09/02/15

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 Designated Record keeper)
**Jaime Magiera
943 Dewey St., #3
Ann Arbor, MI 48104**

Area Code and Phone (734) 665-9702

FILED
 WASHTENAW COUNTY, MI
 2015 SEP -2 P 12:28
 LAWRENCE WESTENBAUM
 COUNTY CLERK/REGISTER

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 Type or Print Name [Signature] Signature Date 9-2-15

Candidate Jaime Magiera Type or Print Name [Signature] Signature Date 9/2/2015



1. Committee I.D. Number C2015008

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Jaime Magiera

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,409.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,409.00</u>	(18.) \$ <u>\$3,970.50</u>
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>\$1,409.00</u>	(20.) \$ <u>\$3,970.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$18.35</u>	(21.) \$ <u>\$663.88</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,770.76</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$145.15</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,915.91</u>	(23.) \$ <u>\$3,781.68</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.) \$ <u>\$0.00</u>
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>\$1,695.73</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,409.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$3,104.73</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,915.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$188.82</u> *	



**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 Kolossos Printing Address 2055 W. Stadium Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/15</u> Date	<u>\$ 94.59</u> Memo Itemization Below
Expenditure #2 Name Bagger Daves Address 859 West Eisenhower Prkwy Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Meal</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/15</u> Date	<u>\$ 42.71</u> Click Here for Memo Itemization Type
Expenditure #3 Name Alpha Coney Island Address 2833 Oak Valley Drive Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Meal</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/26/15</u> Date	<u>\$ 35.61</u> Click Here for Memo Itemization Type
Expenditure #4 Name Staples Address 2601 Jackson St. Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/15</u> Date	<u>\$ 30.73</u> Click Here for Memo Itemization Type
Expenditure #5 Name MLive Media Group Address 3102 Walker Ridge Drive Grand Rapids, MI 49544 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/15</u> Date	<u>\$ 684</u> Click Here for Memo Itemization Type

Subtotal this page **\$887.64**

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

Enter this total
on line 8a 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 Kolossos Printing Address 2055 W. Stadium Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/15</u> Date	<u>\$ 95.39</u> Memo Itemization Below
Expenditure #2 Name Alpha Coney Island Address 2833 Oak Valley Drive Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Meal</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/15</u> Date	<u>\$ 30.39</u> Click Here for Memo Itemization Type
Expenditure #3 Name Alpha Coney Island Address 2833 Oak Valley Drive Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Meal</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/15</u> Date	<u>\$ 29.75</u> Click Here for Memo Itemization Type
Expenditure #4 Name Kolossos Printing Address 2055 W. Stadium Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/15</u> Date	<u>\$ 90.62</u> Click Here for Memo Itemization Type
Expenditure #5 Name NPG VAN Address 48 Grove Street, Suite 202 Somerville, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>GOTV Calls</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/15</u> Date	<u>\$ 23.03</u> Click Here for Memo Itemization Type

Subtotal this page **\$269.18**

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

Enter this total
on line 8a 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 United Sonz Inc. Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/15</u> Date	<u>\$ 316.94</u> Memo Itemization Below
Expenditure #2 Name United Sonz Inc. Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/15</u> Date	<u>\$ 132.50</u> Click Here for Memo Itemization Type
Expenditure #3 Name United Sonz Inc. Address 105 W. Michigan Ave. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/15</u> Date	<u>\$ 1164.50</u> 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	\$1,613.94
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$2,770.76

Enter this total on line 8a 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>07/23/15</u> Name & Address: Mark F. Johnson 1663 Washington Lincoln Park, 48146	\$ 999	\$ _____
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		
		Memo Itemization Below
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/15</u> Name & Address: Marilene DeRitis 3225 Farmbrook Ct. Ann Arbor, MI 48108	\$ 50	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ 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		
		Memo Itemization Below
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/23/15</u> Name & Address: Steven Hewlett 1806 Hanover Rd. Ann Arbor, MI 48103	\$ 20	\$ _____
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		
		Memo Itemization Below
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/27/15</u> Name & Address: Jacqueline Larose 2891 Baylis Dr. Ann Arbor, MI 48108	\$ 100	\$ _____
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 **\$1,169.00**

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>07/29/15</u> Name & Address: Andy Fowler 304 Potter Ave 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>100</u>	\$ _____ Memo Itemization Below
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/15</u> Name & Address: Alan Caldwell 2685 Page Ave. Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ 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>20</u>	\$ _____ Memo Itemization Below
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/30/15</u> Name & Address: Deb Caldwell 2685 Page Ave. 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>20</u>	\$ _____ Memo Itemization Below
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/20/15</u> Name & Address: John Hieftje 1046 Baldwin Ave 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	\$ <u>100</u>	\$ _____ Click Here for Memo Itemization

Page Subtotal **\$240.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$1,409.00**

Enter this total on
line 3a of Summary
Page.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/29/15</u>	4. Number of Individuals Attending or Participating (whichever is greater) 12	5. Type of Fund Raising Activity Get out the vote	6. Address and Name (If any) of the place where the activity was held. Black Diesel Coffee 1423 E. Stadium Blvd. Ann Arbor, MI 48108 <input type="checkbox"/> Private Residence
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7. Total Contributions \$40.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$40.00
10. Total Cost of Event \$18.35
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2015008

2. Committee Name Committee To Elect Jaime Magiera

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)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Julie Grand 1604 Brooklyn Ave. Ann Arbor, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <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 Description <u>Food for fundraiser</u> 5. Date Of Receipt: <u>07/29/15</u> 6. Vendor Name & Address:	\$ <u>18.35</u> \$	Click Here for Memo Itemization
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$	Click Here for Memo Itemization
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$	Click Here for Memo Itemization
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$18.35**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$18.35**

Enter this total
on line 6 of Summary
Page