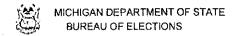
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in link and the treasurer (or designated record keeper) and c	l signed by andidate	3. This Statement covers Fro	m: <u>7/23/2017</u> to	12/31/2017
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
7-2012-008		Magiera	Jaime	
2. Commiltee Name		1 カリカ	istrict # or Community Served	(If applicable)
Committee to Elast Jaim	, Magicu	City Count	cil, Ward 4	
5. Committee's Mailing Address	artha, Geografiae (*) c	4b. County of Residence	Washtenau	
		6. Treasurer's Name & Resid		
A Achae MT		Samany	ha Anderson	
1410 Henry Ann Arbor, MI 48104		1410	Henry MZ Abor, MZ 4810	
Area Code and Phone (734) 223-5	326	ANN	A-607, MILUBIC) 4
mailing address in this box is different from the comm mailing address on the Statement of Organization.	littee	(98	9) 745, 3024	
be sent to this address by the filing official. 7. Treasurer's Business Address			・ 'S Name and Mailing Address (
		Designated Record keeper)	a value and manify Address (n the committee has a
1410 Henry				
1410 Keniy Am Arbor, NZ 481				6 (6) <u>00-20-20-08</u> 0 (6) (6) (6) (6) (6) (6)

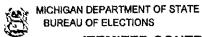
Area Code and Phone (489) 745-	3024	Area Code and Phone		
9. TYPE OF STATEMENT		ILY if candidate	9e, Dissolution of Candida	e/Committee
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	by the committee to the cand	e sertify and outstanding debt
Pre-Election or Post-Election Statement relates to:	July Quart	Ariv	by discharged and forgiven, a the committee. The committee	nd no longer collectible from c has ne custanding assets.
Primary	October Q	eringen. Se sandin olas advantation (William Sec.)	owes no lates fees or has app	obstandad debt.
General		uarterry	Further, if the dissolution cant considered a request for the	ot be granted, that this be
Convention	o. n=/		50	
Special Special	Annua 🗹 🖾	Statement (200) Coverage Year	Effective date of	solution Z
School Caucus	9d. Amen	dment to Campaign Statement		
		blete Item 9a, 9b, 9c or 9e to le which Statement is being	Note: The disposition of residence Schedule 1B and the Summa	
	arrone			(60 OF 17 10 12 14 14 17 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Date of Election, Convention or Caucus	esta de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición dela composición de la composición dela composición del		signa Agellanda (1864). San Arasan and Albania and Albania	
APPLICATION OF THE PROPERTY OF		The state of the s		E SE SEAR THE RELIEF THE CA
10. Verification: NWe certify that all reasonable dilig	ence was used	In the preparation of this statem	ent and attached schedules (if	any) and to the best of
10. Vermoauon: Avva carby that an reasonable unity my/our knowledge and belief the contents are true.	accurate and co	mplete.	A 1	
Current Treasurer or Designed Record keeper	~ Ander	con Suft	Marie Date	1/31/18
Type or Print Name	- P. P. S.	Signature *		Service Services (Services)
condides Jaime Magier		14m 70	Date .	1/31/2018
Type or Print Name	机动物 机基础 医流 医乳腺原物 医皮肤红斑	// Skinature		



SUMMARY PAGE CANDIDATE COMMITTEE 1. Committee I.D. Number C-2015-008

2. Committee Name Committee to Elect Jaim Magiera

RECEIPTS	Column 1	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		,
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	n.8	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$250.	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	·
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>250.</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.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13) \$ 1,210,66	
(Enter zero if no previous reports have been filed.)		
14. Amount received during reporting period (Line 5. Total Contributions & Other Receipts)	(14) + \$ O	
15, SUBTOTAL Add lines 13 and 14	(15) = \$ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
16. Amount expended during reporting period	(16.) - \$ 250,00	
(Add lines 9 and 11) 17. ENDING BALANCE	0/0//	
(Subtract line 16 from line 15)	(17.) \$ 160,66	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

Committee I.D. Number	C-	2001	5 -	00	Ş
COLUMBICO I.D. MUNDO					

Enter this total on line 3a of Summary

Committee To Elect Jaime Magiera

U	AMDIDATE	COM	AILLICE		z. Committee Name		
Enter contributor's name middle initial. Check bo Committee (PAC) Report	x to indicate if cor	itribution	is from a Political C	idual Comr	, enter last name, first name, nittee or an independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt?	YE	S 4. Date of	Rece	aipt		
Name & Address:						_	
						\$	<u> </u>
5. If over \$100.00 cumu			•			Click Here	for Memo Itemization
Occupation		Emp	loyer				
Business Address							
Type of Contribution:	Direct	Loa	n from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of F	Rece	pt		
						\$	\$
5. If over \$100.00 cumul	ative, piease pro	vide:				Click Here for	or Memo Itemization
Occupation		Employ	ег				
Business Address							
Type of Contribution:	Direct	l can	from a person	Г	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES	6 4. Date of F	Rece	ipt	\$	\$
5. If over \$100.00 cumuli	itive, please pro	vide:				Click Here for	r Memo Itemization
Occupation	<u> </u>	Emplo	yer				
Business Address							
Type of Contribution:	Direct	Loan	from a person		Fund Raiser		
8. Contribution #4 Name & Address	PAC Receipt?	YE	6 4. Date of F	Rece	lpt	•	
						\$	\$
5. If over \$100.00 cumula	uve, piesse prov	ide:				Click Here for	Memo Itemization
Occupation		Em	oloyer				
Business Address							
Type of Contribution:	Direct	Loen	from a person		Fund Raiser		
•					Page Subtotal	0.1	
				Gra	nd Total of All Schedules 1A	B	1



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number <u>C-2015~008</u>
2. Committee Name <u>Committee</u> to Elect Jaim Magnesa

2.0	Softlindes Name Comments		,
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		. (
Address 200 NORTH MAIN St Swite 120 Ann Aston, MT		10/11/2017	\$ 25n.co
Address 200 NARTH MAYN ST	Purpose: Late Filing Fee	Date	
Swife 120 Of MT	Click H	lere for Memo I	emization Type
Ann lotter, mi	Check box if this expenditure is payment of debt or obligation reported on previous		7
Fund Raiser	statement		
Expenditure #2			ļ
Name			\$
Addings	Purpose:	Date	
Address	ruipose.		·
	Click F	lere for Memo I	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	satement		
Name			
		D	\$
Address	Purpose:	Date	·
	Click H	lere for Memo II	emization Type
· · · · · · · · · · · · · · · · · · ·	r		
Fund Raiser	L_ICheck box if this expenditure is payment of debt or obligation reported on previous		
<u> </u>	statement	· · · · · · · · · · · · · · · · · · ·	
Expenditure #4			
Name		-	\$
Address	Purpose:	Date	
• • • • • • • • • • • • • • • • • • • •			
	Click I	lere for Memo I	temization Type
•	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			·····
Name			4
		Doto	\$
Address	Purpose:	Date	
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		5.
Turic (Sales)	<u> </u>	otal this page	250 **
	A	Oakadolaa 40	250
	Grand Total of all (Complete on last pag		250
Per Char	(L

Enter this total on line 8a of Summary Page