

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.

<p>1. Committee ID Number C-2015-008</p>	<p>3. This Statement covers From: 01/01/2018 to 7/20/2018</p>
<p>2. Committee Name Committee to Elect Jaime Magiera</p>	<p>4. Candidate Last Name Magiera First Name Jaime M.I. C 4a. Office Sought Including District # or Community Served (If applicable)</p>
<p>5. Committee's Mailing Address 1410 HENRY Ann Arbor, MI 48104</p> <p>Area Code and Phone (734) 223-5326</p> <p>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 & Residential Address Samantha Anderson-Magiera 1410 Henry Ann Arbor, MI 48104</p> <p>Area Code & Phone (989) 745-3024</p>
<p>7. Treasurer's Business Address 1410 Henry Ann Arbor, MI 48104</p> <p>Area Code and Phone (989) 745-3024</p>	<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone</p>

FILED
 WASHTEENAW COUNTY
 2018 AUG - 1 P
 LAURENCE
 COUNTY CLERK

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input 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</p>	<p>Required ONLY if candidate is not on the ballot (RUMH FUBHONHOU)</p> <p><input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (Coverage Year)</p> <p>9G. <input type="checkbox"/> (S P H O P H Q W R & D P S E U Q 6 W A P H Q W & R P S B A W P D E F R U H W K G E D A Z K E K 6 W A P H Q W E H Q J amended)</p>	<p>9H. * D V R O M R Q R I & D Q E G O M & R P P I A B E</p> <p><input type="checkbox"/> By R K F N Q J W I V M A P H F H U M D Q R X W D Q Q J G E I W H R P P I t t e e t o t h e F D Q E G O M R U K V R U K L V S R X V H I V E I d i s c h a r g e d a n d f o r g i v e n , a n d n o l o n g e r U F F O P F V E C I U R F t h e c o m m i t t e e . 7 K H R P P I W H K O V C R R X W D Q Q J D W H A R Z H V C R O W W I H W R U K O V D Q R X W D Q Q J G E W</p> <p><input type="checkbox"/> X U H U I E W e G A F O M R Q F D O R V E H J U D Q A G W O W M V E H F R O M G H U G D U H T X M W R U M H S H R U W J : D Y H U</p> <p>Effective date of dissolution</p> <p>Note: The disposition of residual funds must be reported on 6 R K I S O B 1 B and the Summary Page.</p>
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10. Verification: 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.

<p>Current Treasurer or Designated Record Keeper Jaime Magiera Type or Print Name</p>	<p><i>[Signature]</i> Signature</p>	<p>Date 5/7/18</p>
<p>Candidate Jaime Magiera Type or Print Name</p>	<p><i>[Signature]</i> Signature</p>	<p>Date 08/07/2018</p>



1. Committee I.D. Number C-2015-008
2. Committee Name Committee to Elect Jaime N

**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>0</u>	(13.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>75.00</u>	(23.) \$ _____
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>75.00</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>960.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>960.66</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>75.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>885.66</u>	

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

2. Committee Name Committee to Elect James Agnew

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 Name & Address: PAC Receipt? YES 4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 Name & Address: PAC Receipt? YES 4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 Name & Address: PAC Receipt? YES 4. Date of Receipt _____

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

0

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

0

Enter this total on
line 3a of Summary
Page.

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2015-008
2. Committee Name Committee to Elect Janna May

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Washtenaw County Clerk</u> Address <u>200 North Main St. Suite 120 Ann Arbor, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/05/2018</u> Date	<u>75.00</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 75.00
Grand Total of all Schedules 1B (Complete on last page of Schedule) 75.00

Enter this total on line 8a of Summary Page