



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: <u>07/21/2018 to 10/21/2018</u>	
1. Committee I.D. Number <u>C-2015-008</u>	4. Candidate Last Name <u>Magiera</u> First Name <u>Jaime</u> M.I. <u>L</u>
2. Committee Name <u>Committee to Elect Jaime Magiera</u>	4a. Office Sought Including District # or Community Served (If applicable)
5. Committee's Mailing Address <u>1410 Henry Ann Arbor, MI 48104</u> Area Code and Phone <u>(734) 223-5326</u> 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.	4b. County of Residence
6. Treasurer's Name & Residential Address <u>Samantha Anderson-Magiera</u> <u>1410 Henry</u> <u>Ann Arbor, MI 48104</u> Area Code & Phone <u>(989) 745-3024</u>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>Janice Kestenaun</u> <u>2019 Nov - 1 P 4:54</u> <u>WASHTEWATON COUNTY, MI</u> <u>FILED</u>
7. Treasurer's Business Address <u>1410 Henry</u> <u>Ann Arbor, MI</u> <u>48104</u> Area Code and Phone <u>(989) 745-3024</u>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>Janice Kestenaun</u> <u>2019 Nov - 1 P 4:54</u> <u>WASHTEWATON COUNTY, MI</u> <u>FILED</u>
9. TYPE OF STATEMENT	
9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	Required ONLY if candidate is not on the ballot (RUM-FXUHQW-HU)
Pre-Election or Post-Election Statement relates to:	
<input type="checkbox"/> Primary	<input type="checkbox"/> July Quarterly
<input type="checkbox"/> General	<input checked="" type="checkbox"/> October Quarterly
<input type="checkbox"/> Convention	
<input type="checkbox"/> Special	9c. <input type="checkbox"/> Annual Statement (Coverage Year)
<input type="checkbox"/> School	9d. <input type="checkbox"/> \$ P HQP HQW & DP SOL Q 6 WNP HQW & RP SQW WNP D E F R U H V R I C C F D N Z K I K 6 WNP HQW E H Q (amended)
<input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus	9h. <input type="checkbox"/> By FK-FNQ WLV WNP : HFHWA DQ RXWDCQI G-EW EV WHFRP P ltee to the FDCCGDW RUKV RUK-LASRXVH IV KH-UH EV discharged and forgiven, and no longer FRODVEGILUP the committee. 7KHFRP P WWHKEV CR FXWDCQI DW-HW RZHVGRDWIHHVRUKOV DQ RXWDCQI G-EW ) XUMHU II We QWVWVQ FDCRMEH JUDONG WDWVVEH FRCMG-UHQDUHTX-WVRUWH S FSRWQI : DDUJ Effective date of dissolution
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 <u>Samantha Anderson-Magiera</u> Type or Print Name Signature Date <u>11/1/18</u>	
Candidate <u>Jaime Magiera</u> Type or Print Name Signature Date <u>11/01/2018</u>	





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

2. Committee Name Committee to Elect Jim Ryan

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>0</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0</u>	(21.) \$ _____
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>0</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>885.66</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>885.66</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
<b>17. ENDING BALANCE</b> (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 Neal

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?  YES 4. Date of Receipt

Name & Address  
Occupation  
Employer  
Business Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt

Name & Address  
Occupation  
Employer  
Business Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt

Name & Address  
Occupation  
Employer  
Business Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt

Name & Address  
Occupation  
Employer  
Business Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal 0

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 0

Enter this total on line 9a of Summary Page.



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ \$ _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ \$ _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ \$ _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ \$ _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____ Date _____ \$ _____  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page 0  
 Grand Total of all Schedules 1B (Complete on last page of Schedule) 0  
 Enter this total on line 8a of Summary Page