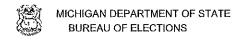


CANDIDATE COMMITTEE COVER PAGE

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	07-20-2020 to	10-18-2020			
1. Committee I.D. Number C-2015-008		4. Candidate Last Name	First Name		M.I.		
		Magiera	Jaime		L		
		4a. Office Sought Including Dis	strict # or Community Serve	d (If applicable)			
2. Committee Name							
Committee to Elect Jaime		4b. County of Residence WA					
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address					
2521 James St. Ann Arbor, MI		Samantha Anderson-Magiera 2521 James St.					
48104		Ann Arbor, MI 48104					
70107		Antembol, without					
Area Code and Phone 734-223-5326 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.		Area Code & Phone 989-745-3024					
7. Treasurer's Business Address	ATRI EL SON AVEN DE ENVENDE EN VANDOS	8. Designated Record Keeper's Name and Address (If the committee has a					
2521 James St.		Designated Record Reeper)	Designated Record Keeper)				
Ann Arbor, MI				2020 NOV	WASHTE		
48104				KE E	=		
		·			Z . —		
				ると高空	FILE:		
Area Code and Phone 989-745-3024		Area Code and Phone		200	00		
9. TYPE OF STATEMENT	Domirod Oh	II V if condidate	9e. Dissolution of Cand	idate Committee	\frac{\frac{1}{2}}{2}		
9a. Pre-Election OR 9b. Post-Election	Required ONLY if candidate is not on the ballot for the current year:		By checking this item I/We dettify any outstanding debt by the committee to the candidateor his priner segments is here by discharged and forgiven, and no longer collectible from				
Pre-Election or Post-Election Statement relates to:	July Quart	orly	the committee. The committee has no oustanding assets,				
Primary Primary	L_Joury Quart	с пу	owes no lates fees or has a	any oustanding deb	t.		
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be				
Convention			considered a request for th	ie Reporting Waiver	ſ .		
Special	9c						
	Annua	l Statement () Coverage Year	Effective date of dissolution				
School	Amen	dment to Campaign Statement	<u></u>				
Caucus	9d. Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
Date of Election, Convention or Caucus							
70 17 16 15 10 14 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15		f. sl		//c \			
10. Verification: I\We certify that all reasonable diligony\our knowledge and belief the contents are true,	accurate and co	mplete.	ent anu adacheu SCNedules	(ii any) and to the b	Jest OI		
Current Treasurer or Designated Record keeper Samantha And Type or Print Name	erson-Mag	Jan M. O	W May Bata	11/7/2	2020		
Type or Print Name		Signature	Date				
, n.			V	11/20			
Candidate Daime Magier		1 /	Date	11/07	12020		
Type or Print Name	l .	Signature		/			

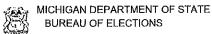


1. Committee J.D. Number <u>C-2015-008</u>

SUMMARY PAGE

Committee to Elect Jaime Magiera

CANDIDATE COMMITTEE	2. Committee Name	· · · · · · · · · · · · · · · · · · ·
RECEIPTS	Column I	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.) \$ <u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	•
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(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.) \$ 0	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$ <u>0</u>	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 885.66	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$_885.66	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>885.66</u>	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

c-2015-008

Committee I.D. Number
 Committee to Elect Jaime Maglera

CANDIDATE COMMITTEE 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? YES 3. Contribution #1 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization O Occupation ___ _____ Employer ____ Business Address Type of Contribution: Fund Raiser Direct Loan from a person YES PAC Receipt? 4. Date of Receipt 3. Contribution #2 Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Occupation ___ Business Address _ Type of Contribution: Direct Fund Raiser Loan from a person PAC Receipt? 3. Contribution #3 YES 4. Date of Receipt Name & Address: Click Here for Memo Itemization © 5. If over \$100.00 cumulative, please provide: Employer_ Occupation_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization © Occupation_ Employer ___

Page 1 of 51

Direct

Loan from a person

Business Address

Type of Contribution:

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

Page Subtotal

Fund Raiser

O Enter this to

0

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2015-008

Committee I. D. Number
 Committee to Elect Jaime Magiera

2, Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount	
Expenditure #1				
Name			\$	
Address	Purpose:	Date	<u> </u>	
Addiodo				
	Click Here for Memo Itemization Type			
, ,	Check box if this expenditure is payment of debt or obligation reported on previous			
Fund Raiser	statement			
Expenditure #2				
Name			\$	
Address	Purpose:	Date	•	
Audiess	Turpose.			
	Click He	ere for Memo	Itemization Type	
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #3				
Name				
		 Date	\$	
Address	Purpose:	Date		
	Click He	ere for Memo l	temization Type	
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #4				
Name				
	-	Date	\$	
Address	Purpose:			
	Glick He	re for Memo I	temization Type	
	Check box if this expenditure is payment of		·	
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #5	Stateshell			
Name			:	
			\$	
Address	Purpose:	Date	·	
	Click He	ere for Memo	Itemization Type	
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
	Subtota	I this page	0	
	Grand Total of all So	hediules 1R	0	
	(Complete on last page of		.	
		·	Enter this total	

on line 8a of Summary Page

Page _____ of ____