CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers:	_m 01/01/14	7/20/14	
1. Committee I.D. Number		4. Candidate Last Name		t Name	M.I.
C2013-002		Grand	Julie		В
		4a. Office Sought Including Dis	strict # or Communit	y Served (If applicable)	
2. Committee Name		Ann Arbor Cite	J Council	Ward 3	
Julie Grand for City Council		1	,		
		4b. County of Residence	Washtenaw		
5. Committee's Mailing Address 1604 Brooklyn Ave		6. Treasurer's Name & Reside	ential Address		
Ann Arbor, MI 48104		Linda Levy 1614 Brooklyn Ave			
		Ann Arbor, MI 48104	4		
			•		
734-678-7567					
Area Code and Phone 734-078-7307 If the address in this box is different from the comm	ittoo				4
mailing address on the Statement of Organization, a		734-6	57-8484		
be sent to this address by the filing official.		Area Code & Phone		<u> </u>	₹
7. Treasurer's Business Address		Designated Record Keeper Designated Record Keeper)	's Name and Mailing	g Address (Ethe deminit	ieachas a E
		George Levy			Lui.
		1614 Brooklyn Ave	4	100 A	至三
		Ann Arbor, MI 4810	4	原帝 2	Sm Om
				ズい	èo ·
				語と	HAW COUNTY.
Area Code and Phone		Area Code and Phone	1-657-6464	空 :	. <u> </u>
9. TYPE OF STATEMENT			9e.	HE E	=====
9a. Pre-Election OR 9b. Post-Election		NLY if candidate ballot for the	By checking ti	his item I/We certify any	outstanding debt
	current year:		by the committee t	o the candidate or his or forgiven and no longer o	her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	erly	the committee. Th	ne committee has no outs	standing assets,
✓ Primary		•	owes no lates lees	or has any outstanding o	lent.
General	October C	luarterly	Further, if the disso	olution cannot be granted	l, that this be
Convention			considered a reque	est for the Reporting Wai	ver.
Special	9c. 🗀 .	1011			
School		al Statement () Coverage Year	Effective	date of dissolution	
	Amer	dment to Campaign Statement			
Caucus	(Com	olete Item 9a, 9b, 9c or 9e to	Note: The disposit	ion of residual funds mus	st he reported on
	amend	te which Statement is being led.)		he Summary Page.	n be reported on
Date of Election, Convention or Caucus		•			
<u> </u>	!				
10. Verification: I\We certify that all reasonable dilige	anno was usod	in the preservation of this statem	ant and attached as	hadulas (if any) and to th	no hoot of
my\our knowledge and belief the contents are true,	accurate and co	omplete.	en and anached sc	nedules (ir any) and to th	e best of
Current Treasurer or		1. 1. 2.	0 k	i	
Designated Record Keeper Linda f. L. Type or Print Name	evy	1 July J.	trent	—Date <u> 7 (25</u>	<u> </u>
Type or Print Name	J	Signaturé	U	-	•
Condidate Tulio Cornel		, Min de	ノー	1/12/1	<u> </u>
Candidate		Signature		Date	
L Type of Fine Name		Signaturo S			

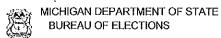
1. Committee I.D. Number C-2013-002

C-2013-002	C-	20	1	3	-0	0	2
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SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name ______ Julie Grand for City Council

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column 1 This Period	Column II
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 6,595.00	-
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 6,595.00	6,595.00 (18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 6,595.00	(19.) \$ 6,595.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$ 74.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(6.) \$ 74.00 (7.) \$	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 2,475.82	2475.82 (23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ <u>0</u>	-
b. Unitemized (less than \$50.01 each - no Schedule)	,,,, 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	_ (24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT 972.59 (14.) + \$ 6,595.00 7,567.59 (16.) - \$ 2,475.82 (17.) \$ 5,091.77	

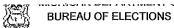


CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, enter last middle initial. Check box to indicate if contribution is from a Political Committee or ar 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: Anthony Pinnell 1328 Minerva Rd Ana Arbor, MI 4864	2/18/14	\$ <u>50</u>	s 50
5. If over \$100.00 cumulative, please provide:		Click Here for	r Memo Itemization
Occupation Employer			Mono Romazadon
Business Address	·		
Type of Contribution: Direct Loan from a person Fund F	Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Leslie Tarr Laurie 113 Packardville Rd Pelham, MA 01002	2/18/14	\$ <u>100</u>	\$ 100
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			
Type of Contribution: ViDirect Loan from a person Fund	Raiser		İ
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	5/2/14		
Mark I. Berson 136 Bernard 8ton Rd. Green field, MA 01301		\$ 500	\$ 500
5. If over \$100.00 cumulative, please provide:		Olick Hete (O	INGHIO RGITIZALIUH
	21cl_M4 01301 Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	5/2/14		
Ellen M. Berson 636 Berand SBN Rd. Creen field, MA 01301 5. If over \$100.00 cumulative, please provide:		\$ So0 Click Here for	\$ <u>500</u> Memo Itemization
Occupation Refired Employer			
Business Address			
Type of Contribution: Direct Loan from a person Fund R	Raiser		
	Page Subtotal	1.150	
		Enter this total on	
Page of 12		line 3a of Summary Page.	



CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number

Julie Grand for City Council
2. Committee Name

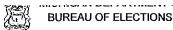
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/28/14 Name & Address: Janis Bobrin 3465 Vintage Valley Ann Arbon, MI 4805 5. If over \$100.00 cumulative, please provide:	\$ 150	\$ 150
Occupation Redired Employer Business Address	Click Here to	r Memo Itemization
Type of Contribution: UDirect Loan from a person V Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt \(\sum_{28} \) \(\sum_{10} \) Name & Address		
Joan Lawen Stein 502 Bur son Place Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide:	\$ 250 Click Here fo	\$ 250
Occupation Attorney Employer Jaffe. Caitt Hevert Weiss Business Address 201 Main St. Ann Arbor, MI 48104 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/28/14 Name & Address: Myrna Grand 4245 Old Dominion Orchand Lake, MI 48323 5. If over \$100.00 cumulative, please provide: Occupation Teacher Employer Detroit Country Day Shed	\$ <u>500</u> Click Here for	\$ _500 Memo Itemization
Business Address 300 % Made Blowfield Hills MI 46301 Type of Contribution: Direct Loan from a person V Fund Raiser	,	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 5/28/14 Name & Address Lan Gunn 1308 E. Stadium Blvd Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ <u>(⊘</u> 0 Click Here for	\$/QO Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	1,000	

- Page 2 of 12

(Complete on last page of Schedule)

Enter this total on

line 3a of Summary



CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number _____

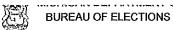
2. Committee Name

Julie Grand for City Council

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for 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) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Swah Lynch 1518 Brodlelyn Ave Ann Arbor, MI 48104 50 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer__ Business Address Type of Contribution: Fund Raiser Loan from a person YES 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address Unda Levy 1614 Brooklyn Ave Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation . **Business Address** Type of Contribution: V Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 6/6/14 Name & Address: Harvey Les 1617 Brooklyn Ave Ann Arbor, MI 48104 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Physician Employer allerge & Immundary ASS Occupation ___ Mcdoly Dr. Business Address Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/6/14 Name & Address Nancy Margolis
228 Airer view Dr. 100 100 Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ Business Address Type of Contribution: Fund Raiser Loan from a person Direct Page Subtotal 750 Grand Total of All Schedules 1A (Complete on last page of Schedule)

- Page 3- of 12

Enter this total on line 3a of Summary



CANDIDATE COMMITTEE

C-2013-002

2. Committee Name

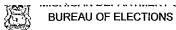
1. Committee I.D. Number

Julie Grand for City Council

Enter contributor's name and address. If contribution is from an individual, enter last name, first r middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6/6/14 Name & Address: Charlotte Carne 1206 / Front too PA	
1906 Harmitage Rd. Ann Arbor MI USIOY	\$ <u>50</u> \$ 50
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 PAC Receipt? YES 4. Date of Receipt 6/6/19	
Margaret Leary 1056 Newport Rd. Ann Arbor, MI 4803	\$ 250 \$ 250
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Retired Employer	_
Business Address /	
Type of Contribution: Direct Loan from a person Fund Raiser	_
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 4/6/19)
Paula Novelli 1321 Baldwin Ave Am Arbor, MI 48704	\$ 500 \$ 500 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	Olick Field for Metho Reffization
Occupation Physician Employer 1) M Weight System Business Address 1500 6. Medical Cto Pr. Ann Arber 4 Type of Contribution: Direct Loan from a person Fund Raiser	 හුර 9
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/6/19	2
Caitlin Klem 1516 Morton Awe. Ann Arbor, MI 48104	\$ 100 \$ 100
5. If over \$100.00 cumulative, please provide:	Olinia I I fina Mana i i i i i
Occupation Employer	Click Here for Memo Itemization
Business Address	_
Type of Contribution: Direct Loan from a person V Fund Raiser	
Page	Subtotal 900
Grand Total of All Sched (Complete on last page of Sc	I I

Page 4 of 12

Enter this total on line 3a of Summary



CANDIDATE COMMITTEE

C-2013-002

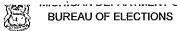
1. Committee I.D. Number

Julie Grand for City Council
2. Committee Name

Enter contributor's name and address. I middle initial. Check box to indicate if co Committee (PAC) Report <u>all</u> contribution	ntribution is from a Political Com		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt Name & Address: Doug Scott IS 25 Flanding For Ann Arbor, MI y 5. If over \$100.00 cumulative, please p Occupation	8104 rovide:	Fund Raiser	\$ 7.00 Click Here fo	\$ <u>200</u> r Memo Itemization
3. Contribution #2 PAC Receipt? Name & Address Tom O'Brien 2105 Wallingford Ann Proof, MI to 5. If over \$100.00 cumulative, please p Occupation Business Address Type of Contribution: Direct	YES 4. Date of Red		\$ O D Click Here for	\$ <u>\OO</u> r Memo Itemization
3. Contribution #3 PAC Receipt? Name & Address: Mary Stacket Tr 2115 Native Give Finn Arbor, MI 5. If over \$100.00 cumulative, please p Occupation Business Address Type of Contribution: U Direct	YES 4. Date of Re Port 306 A 4610 Y covide: Employer	ceipt 6/16/14	\$S Click Here for	\$25¯ Memo Itemization
3. Contribution #4 PAC Receipt Name & Address Michael Marki 115 Depot 81 Howard Arbor, MI 5. If over \$100.00 cumulative, please p Occupation Business Address Type of Contribution: Direct	n : 48101)	Fund Raiser	\$ 100 Click Here for	\$ 100 Memo Itemization
		Page Subtotal Grand Total of All Schedules 1A mplete on last page of Schedule)	425	

- Page 5 of 12

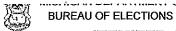
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CANDIDATE COMMITTEE

C-2013-002

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 Solution #1 PAC Receipt? YES 4. Date of Receipt C/16/14 Deborah Salam We Ann Arbor MI 4804 5. If over \$100.00 cumulative, please provide: Occupation	\$ 100 \$ 100 Click Here for Memo Itemization
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt ∠ //6/14	
Name & Address Helen Gand new Level 1320 Olivia Are 1320 Olivia Are 14800 15. If over \$100.00 cumulative, please provide: Occupation Employer Employer Employer Employer	\$ 100 \$ 100 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Susan Eklund 1609 Brooklein Ave Ann Arbor, MT 48104 5. If over \$100.00 cumulative, please provide: Occupation Refred Employer Type of Contribution: Direct Loan from a person Fund Raiser	\$ 150 \$ 150 Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/16/14 Name & Address Jason Bell 1547 Granger Are 1540 MT 18104 5. If over \$100.00 cumulative, please provide:	\$ 200 \$ 200
Occupation Physician Employer Von Wigtkneber Women's Hospital	Click Here for Memo Itemization
Business Address 1540 E. Hospital Dr. Am Arbor MI 4810 ^c) Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) fage 6 of 12	Enter this total on line 3a of Summary



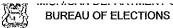
CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number

Julie Grand for City Council

Enter contributor's name and address. If contribution is from an individual, enter las middle initial. Check box to indicate if contribution is from a Political Committee or a Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	6/16/14		
Country McCreache 1607 Brooklyn Ave 1mm Arbon Mt 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	, , , , , , , , , , , , , , , , , , ,	\$ 25 Click Here fo	\$ 25 r Memo Itemization
	Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Dan Ketelaar 225 S Ashluf Ste 203 Ann Arbon, July 48104	6/16/14	\$ <u>150</u>	\$ 150
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation <u>Oresident</u> Employer <u>Urbun Gray</u>			
Business Address 225 S. Ashley 8t Am Arbor, 1	MI 48104		
Type of Contribution: Direct Loan from a person Fund	l Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: Grian Marias PAC Receipt? YES 4. Date of Receipt	6 22 1 4	\$ Zo Click Here for	\$ 20 Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	(p2/14		
Name & Address Man'e Todo 1306 Oliver Am Ann Arbor, MI 43104 5. If over \$100.00 cumulative, please provide: Occupation Employer	· · · · · · · · · · · · · · · · · · ·	\$ So Click Here for	\$_\$\text{\$\infty}\$ Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person Fund	Raiser	J	
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CANDIDATE COMMITTEE

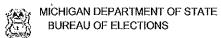
C-2013-002

2. Committee Name

1. Committee I.D. Number

Julie Grand for City Council

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Graft Sevold Lax Lot Severthire Professor MT 481e y 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$\$O Click Here fo	\$ <u>১১</u> r Memo Itemization
Type of Contribution: PDirect Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt (122/14) Name & Address USa Seyfried 1701 Mortan Rue Pnn Arbon MI 48104 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$(oo Click Here for	\$
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt G27/14 Name & Address: Tannel Caster 2204 Brockman Bud Ann Arhan MI 48604 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person V Fund Raiser	\$\$ Click Here for	\$ 50 Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/2/14 Name & Address Emily Samer 16 00 Breaklyn Am Arbon MT 4809 5. If over \$100.00 cumulative, please provide: Occupation Would Give Manager Employer BCBS MT Business Address 600 E. Lafayette Blue Devoit MT 48226 Type of Contribution: Direct Loan from a person Fund Raiser		\$/\\$\footnote{\sqrt{0}} Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 8 # 12	Enter this total on line 3a of Summary	



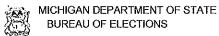
CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number

2. Committee Name

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3. Contribution # 1 Name & Address: Helen Raplan 3545 Charler 6 22 14 Finn Arbon MT 1805 South of the plane of	\$\OO Click Here fo	\$ <u>/</u> වଠ r Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/22/14 Super McCreadie 1514 Morton All Ann Arker MI 48109 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 25 Click Here for	\$ 25 r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 Name & Address: Ann France Address	\$5b_ Click Here for	\$\$_0 Memo Itemization
3. Contribution # 4 Name & Address Michael Harechi 1512 Bluebind Rol. # 1 Grand Hawen, MT 47417 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ Click Here for	\$STO Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		t.
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	225 Enter this total on line 3a of Summary Page.	



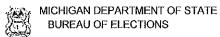
CANDIDATE COMMITTEE

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1. Committee I.D. Number

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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt (a) (2014)		
Fron Workers local 25-PAC 3115 Joyce &f Burton MP 48529 5. If over \$100.00 cumulative, please provide:	\$ '200 Click Here fo	\$ ZOO or Memo Itemization
Occupation Employer	Olick Heise IC	NOTIO ROMIZATION
Business Address		
Type of Contribution: UDirect Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt (6/22/14)		
Laura Whitridge 1907 Lincoln Alle Ann Arbory MIT 18104)	\$\$	<u>\$ 50</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/22/19		
Roger Hewitt 1411 Harbrooke Ann Arbert MI 48103	\$SO	\$SO Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/28/19		
Paige Morrison 418 W. Keech Ave Ann Arbor MI 48103	_{\$} 50_	<u>\$ 5</u> 0
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	350	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 10 of 12	line 3a of Summary Page.	

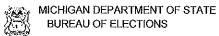


CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number

middle initial. Check bo Committee (PAC) Repo	x to indicate if cont rt <u>all</u> contributions	ribution is from a regardless of an	a Political Con	al, ei nmitt		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt?	<u></u>	4. Date of Re	ceipt	6/28/14		
1760E 1734	the Darling OE. Dobser Ancor, MI	Pho					
ÁN	TARBOY, MI	48105				\$ (00	\$ 100
5. If over \$100.00 cum	ılative, please pro	vide:				Click Here fo	r Memo Itemization
Occupation		Employer			-		
Business Address		_	r				
Type of Contribution:	Direct	Loan from	a person	4	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	l	4. Date of Re	ceipt	<u>[]28/14</u>		
Kir (C Westph os Charler on Arbor M	el.			No.		
350	os Charter	Please.				\$ 50	<u>\$_50</u>
						Oliale Ulawa fay	. A.f
5. If over \$100.00 cumu	ılative, please pro					Click Here to	Memo Itemization
Occupation		_ Employer					
Business Address							
Type of Contribution:	Direct	Loan from a	person	<u> </u>	Fund Raiser		
3. Contribution # 3 Name & Address: GGI GII An	PAC Receipt? Hauptman Stratford I In Alber, M	∐ YES 1 Or. II 4810Y	4. Date of Re	eceip	t6/28/19	\$ 250	\$ 250
5. If over \$100.00 cumu	ılative, please pro	vide:				Click Here for	Memo Itemization
Occupation Presi	dent	Employer	the Oxfor	90	Lapragua		
Business Address	_	Loan from a		4	Fund Raiser		•
Name & Address	PAC Receipt?		4. Date of R	eceip	ot 7/11/14		
Matth 2200	ew Greenha Dinewood	wt Bivo				s 50	s 50
	Arbor, MI						Ψ
5. If over \$100.00 cumu	liative, piease pro	vide:				Click Here for	Memo Itemization
Occupation		_ Employer					
Business Address							
Type of Contribution:	Direct	Loan from a	a person	$\overline{1}$	Fund Raiser		in the second se
			.		Page Subtotal	400º	l
					nd Total of All Schedules 1A te on last page of Schedule)	Enter this total on]
Page [] of 12						line 3a of Summary Page.	



CANDIDATE COMMITTEE

C-2013-002

1. Committee I.D. Number

2. Committee Name

Julie Grand for City Council

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)	
Contribution # 1 Name & Address:	PAC Receipt?			ecei	pt <i>7/14/14</i>		
Michlan (a	borers Politic ennial Way, MI 48917	aL	League				
Illa Cente	ennial Way,	Ste	. 100				
langing	MI 48917					<u>\$ 250</u>	\$ 250
5. If over \$100.00 cum	ulative, please pro	vid	e:				
Occupation		_	Employer			Click Here to	or Memo Itemization
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #2	PAC Receipt?		YES 4. Date of Re	eceip	ot	;	
Name & Address	•						
						\$	\$
5. If over \$100.00 cum	ilativo places are	فدور	n.			Click Here to	r Memo Itemization
						Ollow I fold In	I MARIO ROMIZALION
Occupation		- ⁼ '	mployer				
Business Address			· · · · · · · · · · · · · · · · · · ·				
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	L	YES 4. Date of R	ecei	pt		
Name of Address.							
						\$	\$
							<u>*</u>
5. If over \$100.00 cum	ılative, please pro	vid	e:			Click Here to	Memo Itemization
Occupation			Employer				·
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?	Γ	YES 4. Date of F	Rece	ipt		
Name & Address		_	-				
						\$	\$
5. If over \$100.00 cumu	ılative, please pro	vid	e:				
Occupation Employer					Click Here for	Memo Itemization	
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
<u> </u>					Page Subtotal	250 ºº	
				C	_		-
			(Co		and Total of All Schedules 1A etc on last page of Schedule)	# 6 ₁ 5-75	_
						Enter this total on line 3a of Summary	
Page 2 of 2						Page.	

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-JK

SCHEDULE 1-II	1. Committee I. D. Number <u>TUIE GRA</u>	AND FOR	CITY COUNCIL
CANDIDATE COMN	IITTEE 2. Committee Name	200	
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.	Type of In-Kind Contribution (Check applicable box) Date of Receipt 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? Yes Name & Address: JULE GRAND 1604 BROOKLIN AVE ANN ARBOR, NI 48104 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Fund Raiser Contribution Contribution #2 PAC Receipt? Yes Name & Address	4. Services Donated Services Donated Services Donated Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Burns PARK SHELTER PENTAL 5. Date Of Receipt: 5/79/14 6. Vendor Name & Address: Click Parks & Recreation Services 201 E, Huren Arbor MI 48104 4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others-LOAN	there for Memory	\$ 74 °°° oo oo oo ltemization
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt: 6. Vendor Name & Address: Click	ck Here for Mem	o Itemization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide:	Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN		\$
Occupation: Employer Name & Address: Fund Raiser Contribution	Description 5. Date Of Receipt: 6. Vendor Name & Address: Click	k Here for Mem	o Itemization
Page 1 st L	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	74°0 74°0	74 ⁵⁰

Enter this total on line 6 of Summary Page

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2013-002

1. Committee I. D. Number

Julie Grand for City Council
2. Committee Name

2.0	onimitee name	
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		<u>5/28/14</u> \$ 371 00
Address 105 W. Michigan Ave	Purpose: Trinting	Date
Ypsilanti, MI 48197	Click H	lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name Office Max		<u>5 28/14</u> \$ <u>63</u> 45
Address 3765 Washtenaw	Purpose:	Date <u>SS</u>
Ann Arbor, MIL 48104	Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name (ostco		5/30/14 \$ 92.50
Address 771 Airport Blud. Pittsfield, MI 48108	Purpose: Stawas	Date
Mittsfield, MI 48108	Click He	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name CostCo		6/19/14 \$ 15963
Address 771 Airport Blud RHSFELL, MI 4008	Purpose: FOOD & DRINIC	Date
KHSTIRIC, ML 45108	Click He	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Ann Arbor Tayles Address P.O. Box 1866 Ann Arbor, NIT 48106		623/14 \$ 50.00
Address P.O. Box 1866	Purpose: PARADE GATRANCE FEE	Date \$50
ANN ARBOR, NIT 48106	Click He Check box if this expenditure is payment of	ere for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
	Subtota	al this page # 74]. 58

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

Enter this total on line 8a of Summary Page

Page 1 of 2



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

C-2013-002

1. Committee I. D. Number

Julie Grand for City Council
2. Committee Name

3. Name and add	ress of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1				
Name	Undergood Printing		<u>(}29</u> /14 Date	105-31
0 dalaa aa	underground Printing 2248 S. Main	0 1 000	Date	\$ <u>185 ^H</u>
Address	2248 S. Main	Purpose: <u>Campalan Shirks</u>		
	Ann Arbor, MI 48103	Click He	ere for Memo	Itemization Type
		Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser		statement		
Expenditure #2				
Name	CostCO		સ કોત	93
			Date	\$ <u>83⁴³</u>
Address	771 Aliport Blod Pith Reld, MI	Purpose: July 4th Grade Syphies		
		, , , , , , , , , , , , , , , , , , , ,	ere for Memo	Itemization Type
	48108			7,6
Fund Raiser		Check box if this expenditure is payment of debt or obligation reported on previous		
Expenditure #3		stalement		
Name				
Hamo	Josh Chambertain		7/17/14	* \$5°5
Address	284 Pobasco St.	Purpose: Design Services	Date	* <u>%> </u>
	Cindonati chio 45220	0		
	45220		re for Memo	Itemization Type
		Check box if this expenditure is payment of		
Fund Raiser		debt or obligation reported on previous statement		
Expenditure #4				
Name	ausser Protice		نيا ما د	20
	Messenger Printing 20136 Ecorse RA	<u> </u>	7/18/14 Date	\$ _ 880 ్
Address	20136 CC0156 107	Purpose: Mai ler-printing & postago	e	
	Taylor, MI 48180			
	v	-	re for Memo	Itemization Type
\Box		Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser		statement		
Expenditure #5	,			
Name	-			
Addross	Checkmate LLC	- AND	7/17/14 Date	\$_500 ^{ç≙}
Address	PO BOX 7276	Purpose: Consulting Services	Date	
	Checkmate LLC PO Box 7276 Ann Arbor, MI 49107	ν Click He	re for Memo	Itemization Type
	48107	Check box if this expenditure is payment of		
Fund Raiser		debt or obligation reported on previous statement		
			I this page	\$ 1201 24
			, ,	91,757
		Grand Total of all So (Complete on last page o	, and the second	\$ 2,475 82
		/		-/(/~/

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F

Julie Grand for City Council

CANDIDATE CO	OMMITTEE 2. Con	C-2013-002	
	- USE A SEPARATE SH	EET FOR EACH EVENT	_
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity Reception in the Park	6. Address and Name (If any) of the place where the activity was held. BLENS PARK SHELTE WELLS & BEKLING AVE AND AVEOUR MI 481. Private Residence
7. Total Contributions	#59	45	
8. Other Receipts			
9. Gross Receipts (Add lines 7	and 8) # 5,9	45	
10. Total Cost of Event (Total Cost includes In-Kind Co	₱ 394 entributions and All Expenditures		
11. Check if event was a jo	oint fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
	<u></u>		
	-		
		<u> </u>	<u> </u>
			<u> </u>
The committee is requi	rad to file a semerate Fund Dais		
 period covered by the 0 Receipts and expenditus Schedule (1A), Itemized Summary Page. 	red to file a separate Fund Raise Campaign Statement. ures listed on a Fund Raiser Sch d In-Kind Contributions Schedul articipated in a joint fund raiser n	nedule must also be reported or e (1-IK), Iternized Expenditures	n the Itemized Contributions s Schedule (1B) and the
Pageof			

1. Committee I.D. Number