

F2017-1075

8/11/17 3:05 PM Page 1 of 1

CAMP \$0.00

Barb Byrum, Ingham County Clerk



MAIN OFFICE
P.O. Box 179
341 South Jefferson
Mason, MI 48854
Phone: (517) 676-7201
Fax: (517) 676-7254

BRANCH OFFICE
Veterans Memorial Courthouse
Lansing, MI 48933
inghamclerk@ingham.org
www.ingham.org

Barb Byrum
INGHAM COUNTY CLERK

RECEIVED

AUG 11 2017

July 27, 2017

INGHAM COUNTY CLERK

Committee to Elect Brian T. Jackson
Committee # 46706
3011 North Cambridge
Lansing, MI 48911

**CAMPAIGN FINANCE REPORTING
NOTICE OF ERROR OR OMISSION**

Please be advised that the following errors or omissions were found in a review of your 2017 Pre-Primary Statement filed by your committee July 25, 2017.

2017 Pre-Primary Report

- ✓ Schedule 1A: Page 1, Contribution 3 needs the type of contribution marked. ✓
- ✓ Page 4, Contribution 4 cumulative contribution total must include all in-kind and direct contributions made prior to the date of the contribution. ✓ *5/27 & 7/19 are after 5/8*
- ✓ Page 6, Contributions 1 and 3 should only be attributed to one person. ✓
- ✓ Page 7, Contributions 1, 3 and 4 should only be attributed to one person. ✓
- ✓ Page 10, Contributions 2 and 4 should only be attributed to one person. ✓
- ✓ Page 10, Contribution 3 cannot be a direct contribution. Direct contributions between candidate committees are not allowed. ✓

- ✓ Schedule 1-IK: Page 1, Contribution 1 cumulative total is required. ✓
- ✓ Page 2, Contribution 2 employer name and address and vendor address are required. ✓
- ✓ Cumulative contribution totals must include in-kind and direct contributions made prior to the date of the contribution. ✓

Schedule 1F: Page 1 gross total of contributions reported does not match the total contributions marked for the fundraiser on Schedule 1A. *please add again. it seems right/accurate to me*
Page 2 must include the in-kind contributions in the cost of the event. The cost of event on the Schedule 1F should not include the total contributions. *? please call me 517-203-8937 about this. Uncertain*

You may file the amended statement in person at either our Mason or Lansing office, or by mail, fax, or email to:

Ingham County Clerk Barb Byrum

P.O. Box 179

Mason, MI 48854

Fax: 517-676-7254 or Email: InghamClerk@ingham.org

If you have any questions, please contact me at (517) 676-7255.

Sincerely,

Maggie Fenger
Elections/Clerk Coordinator



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

1. Committee I.D. Number <u>81-2072721</u>		3. This Statement covers From: <u>5/1/2017</u> to <u>7/24/2017</u>	
2. Committee Name <u>COMMITTEE TO ELECT BRIAN T. JACKSON</u>		4. Candidate Last Name <u>JACKSON</u> First Name <u>BRIAN</u> M.I. <u>T</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>FOURTH WARD CITY COUNCIL, LANSING, MI</u>
5. Committee's Mailing Address <u>3011 NORTH CAMBRIDGE LANSING, MI 48911</u> Area Code and Phone <u>517-243-1324</u> <small>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.</small>		4b. County of Residence <u>INGHAM</u>	6. Treasurer's Name & Residential Address <u>M. CARLO (MC) ROTHORN</u> <u>519 LEITRAM</u> <u>LANSING, MI 48915</u> Area Code & Phone <u>517-203-8937</u>
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) RECEIVED AUG 11 2017 INGHAM COUNTY CLERK Area Code and Phone _____	

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>8/8/2017</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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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 your knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper	<u>MC ROTHORN</u>	Signature	<u>[Signature]</u>	Date	<u>7/24/17</u>
Candidate	<u>Brian Jackson</u>	Signature	<u>Brian T. Jackson</u>	Date	<u>7/24/17</u>

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 81-2072721

2. Committee Name COMMITTEE TO ELECT BRIAN JACKSON

**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>5,059</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,059</u>	(18.) \$ <u>5,059</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>N/A</u>	(19.) \$ <u>N/A</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5,059</u>	(20.) \$ <u>5,059</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$ <u>191</u>	(21.) \$ <u>191</u>
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5,058.49</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-3)	(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>5,058.49</u>	(23.) \$ <u>5,058.49</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>N/A</u>	
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.) \$ <u>0</u>	
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.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5,059</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>5,059</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,058.49</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.51</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-207272
2. Committee Name COMMITTEE TO ELECT BRIAN JAC

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? <input type="checkbox"/> YES Name & Address: <u>GARY S. FERENCHICK</u> <u>2730 N. CAMBRIDGE</u> <u>LANSING, MI 48911</u> 4. Date of Receipt <u>7/19/2017</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>100</u>	\$ <u>100</u>
Occupation <u>DOCTOR</u> Employer <u>GARY FERENCHICK, M.D.</u> Click Here for Memo Itemization Business Address <u>804 SERVICE RD #A225, EAST LANSING, MI 48024</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>DOLORES FREEMAN</u> <u>6023 SLEEPY HOLLOW LN</u> <u>EAST LANSING, MI 48823</u> 4. Date of Receipt <u>6/30/17</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>100</u>	\$ <u>100</u>
Occupation _____ Employer _____ Click Here for Memo Itemization Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide:		\$ _____	\$ _____
Occupation _____ Employer _____ Click Here for Memo Itemization Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address: _____ 4. Date of Receipt <u>7/24/2017</u> 5. If over \$100.00 cumulative, please provide:		\$ <u>213</u>	\$ <u>263</u>
Occupation <u>ACCOUNTANT</u> Employer <u>MSU STUDENT LANSING COOP</u> Click Here for Memo Itemization Business Address <u>511 E. GRAND RIVER, EAST LANSING, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Not Allowed

Page Subtotal 413
Grand Total of All Schedules 1A (Complete on last page of Schedule) 5,009

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JAO

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 Name & Address: <u>PAULA SIMON</u> <u>2345 KENSINGTON</u> <u>LANSING, MI 48910</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/19/2017</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>5</u>	\$ <u>5</u>
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: <u>KATHREEN FRANCIS</u> <u>821 N. PINE</u> <u>LANSING, MI 48906</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/19/2017</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>45</u>	\$ <u>45</u>
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3 Name & Address: <u>ARTHUR WOLZ WIL</u> <u>204 1/2 W. OAKLAND</u> <u>LANSING, MI 48906</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/19/2017</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>20</u>	\$ <u>20</u>
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4 Name & Address: <u>KURT F. BERRYMAN</u> <u>804 W. OTTAWA ST</u> <u>LANSING, MI 48933</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/20/2017</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>AUTO DEALERS OF MICH.</u>		\$ <u>100</u>	\$ <u>100</u>
Business Address <u>1500 KENDALE BLVD, EAST LANSING, MI 48826</u>		Click Here for Memo Itemization	
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

170

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JAC

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 of 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 5/27/2017

Name & Address:
L. PATRICIA MOCK
322 PERE MARQUETTE #15
LANSING, MI 48912

\$ 20 \$ 20

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/27/2017

Name & Address:
TONJA TERRY
1708 W. SHAWANASSEE
LANSING, MI 48915

\$ 40 \$ 40

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/12/2017

Name & Address:
GREGORY EATON
1739 CHESTER ROAD
LANSING, MI 48915

\$ 500 \$ 500

5. If over \$100.00 cumulative, please provide:
Occupation CONSULTANT Employer KAROL ASSOCIATES

[Click Here for Memo Itemization](#)

Business Address 121 W. ALLEGAN ST, LANSING, MI 48933
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/19/2017

Name & Address:
EILEEN JACKSON
1523 CAMBRIDGE
LANSING, MI 48911

\$ 40 \$ 140

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 600

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JMO

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: MC ROTHORN
517 LEITRAM
LANSING, MI 48946
4. Date of Receipt 5/27/2017

\$ 50 \$ 50

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2
Name & Address: LYONEL E. WOOLEY
4601 W. SAGINAW #J4
LANSING, MI 48917
4. Date of Receipt 5/27/2017

\$ 100 \$ 100

5. If over \$100.00 cumulative, please provide:
Occupation LAWYER Employer THE WOOLEY LAW FIRM

[Click Here for Memo Itemization](#)

Business Address 4601 W. SAGINAW #J4, LANSING, MI 48917
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3
Name & Address: CRYSTAL THOMAS
6826 FRENCH CREEK DR
LANSING, MI 48917
4. Date of Receipt 5/27/2017

\$ 100 \$ 100

5. If over \$100.00 cumulative, please provide:
Occupation INSTRUCTOR Employer LANSING COMMUNITY COLLEGE

[Click Here for Memo Itemization](#)

Business Address 610 N. CAPITOL AVE, LANSING, MI 48933
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4
Name & Address: EDWARD THOMAS
11778 CORTEZ CIR
GRAND LEDGE, MI 48837
4. Date of Receipt 5/29/2017

\$ 25 \$ 25

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 275

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

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JACK

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 5/27/2017

Name & Address:
SAM COMING
3507 LAFAYETTE AVE
LANSING, MI 48906

\$ 10 \$ 10

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 5/27/2017

Name & Address:
CHARLES SCARborough
1903 HOLLY WAY
LANSING, MI 48910

\$ 100 \$ 100

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

[Click Here for Memo Itemization](#)

Occupation BARISTA Employer BIGGBY

Business Address 701 S. WAVERLY #102, LANSING, MI 48917

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 5/27/2017

Name & Address:
ELAINE JACKSON
1523 CAMBRIDGE
LANSING, MI 48911

\$ 100 \$ 100

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

[Click Here for Memo Itemization](#)

Occupation UNEMPLOYED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 5/27/2017

Name & Address:
ANELA LIGHTFOOT
4618 S. PENNSYLVANIA
LANSING, MI 48910

\$ 5 \$ 5

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 215
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JAO

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 5/23/2017

Name & Address:
RON HOLLEY
318 MEMPHIS ST
LANSING, MI 48915

\$ 75 \$ 75

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/27/2017

Name & Address:
JEAN L. AUSTIN
1608 W. GENESSEE DR.
LANSING, MI 48915

\$ 20 \$ 20

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/27/2017

Name & Address:
DOROTHY YEARBY
2001 BRADWELL CT.
LANSING, MI 48911

\$ 20 \$ 20

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/27/2017

Name & Address:
TRE WILSON
2001 BRADWELL CT
LANSING, MI 48911

\$ 20 \$ 20

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

[Click Here for Memo Itemization](#)

Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 135

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

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JACK

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.

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/17/2017

Name & Address:
RAWLEY VAN FOSSEN
903 W. SIFAWASSEE ST.
LANSING, MI 48915

6. Amount \$ 25 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 25

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/19/2017

Name & Address:
STACY PRATT
4662 NORTH WINTHROP
CHICAGO, IL 60640

6. Amount \$ 500 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 500

5. If over \$100.00 cumulative, please provide:
Occupation CONSULTANT Employer PROGRESSIVE SOLUTIONS CONSULTING [Click Here for Memo Itemization](#)

Business Address 1 N. DEARBORN, CHICAGO, IL 60602

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/8/2017

Name & Address:
LAUNCE PROGRESS PAC
571 EASTERN PARKWAY, APT 2
BROOKLYN, NY 11216

6. Amount \$ 1,000 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1000

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____ [Click Here for Memo Itemization](#)

Business Address 571 EASTERN PARKWAY, APT 2, BROOKLYN, NY 11216

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/8/2017

Name & Address:
JESSICA YORKO
815 BANCROFT COURT
LANSING, MI 48915

6. Amount \$ 100 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100

5. If over \$100.00 cumulative, please provide:
Occupation HEALTH COORDINATOR Employer INGHAM COUNTY HEALTH DEPT. [Click Here for Memo Itemization](#)

Business Address 5303 S. CEDAR, LANSING, MI 48911

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 1,625

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 91-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN T. JACKSON

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 5/27/2017

Name & Address:
NICHELE DOLL
162 SHAWANSEE ST.
LANSING, MI 48915

\$ 75 \$ 75

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/30/2017

Name & Address:
MARLYS CORDES
2178 NW 30TH RD
Boca RATON, FL 33431

\$ 500 \$ 500

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

Occupation UNEMPLOYED Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/12/2017

Name & Address:
BRIAN JACKSON
3011 N. CAMBRIDGE
LANSING, MI 48911

\$ 25 \$ 50

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/17/2017

Name & Address:
BENJAMIN SHARON
266 SUMMER ST
SOMERVILLE, MA 2144

\$ 1 \$ 1

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 601
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 81-2072721

2. Committee Name COMMITTEE TO ELECT BRIANT, JM

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 6/29/2017

Name & Address:

LAMAR ROGERS
6702 SUNSHADE LN
DALLAS, TX 75236

\$ 100 \$ 100

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

Occupation UNEMPLOYED Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/17/2017

Name & Address:

BRIAN JACKSON
3011 N. CAMBRIDGE
LANSING, MI 48911

\$ 25 \$ 25

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

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/19/2017

Name & Address:

ANTHONY NORRIS
1121 POWDEE HORN
LANSING, MI 48917

\$ 100 \$ 100

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

Occupation TEACHER Employer LANSING SCHOOL DISTRICT

Click Here for Memo Itemization

Business Address 1532 N. CAMBRIDGE, LANSING, MI 48917

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/21/2017

Name & Address:

COURTNEY ALVAREZ
408 QUACKENBOS ST.
WASHINGTON DC 20011

\$ 300 \$ 300

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

Occupation LAWYER Employer LOWENSTEIN SANDLER LLP

Click Here for Memo Itemization

Business Address 408 QUACKENBOS ST, WASHINGTON DC 20011

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

525

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-207 2721

2. Committee Name COMMITTEE TO ELECT BRIAN T. JONES

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 6/9/2017

Name & Address:
BRIAN WATKINS
1704 N. GENESEE DR.
LANSING, MI 48915

\$ <u>350</u>	\$ <u>350</u>
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5. If over \$100.00 cumulative, please provide:
Occupation LAWYER Employer WATKINS LAW FIRM, PLLC
Business Address PO BOX 12156 LANSING, MI 48901
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 6/22/2017

Name & Address:
TED FORREST
5428 JO PAGES
EAST LANSING, MI 48823

\$ <u>50</u>	\$ <u>50</u>
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5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
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 6/26/2017

Name & Address:
ANISHKA JONTAE
PO BOX 931152
LOS ANGELES, CA 90093

\$ <u>25</u>	\$ <u>25</u>
--------------	--------------

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
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 6/27/2017

Name & Address:
YANICE JACKSON
543 E. MT. HOPE
LANSING, MI 48910

\$ <u>25</u>	\$ <u>25</u>
--------------	--------------

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

[Click Here for Memo Itemization](#)

Page Subtotal 450

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BREAN JACKSON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CHRONICLE NEWSPAPER</u> Address <u>2803 E. GRAND BLVD</u> <u>EBOT LANSING, MI 48223</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/17</u> Date	<u>\$ 200.</u>
Expenditure #2 Name <u>CUSTOM MAILER, INC.</u> Address <u>1422 VERMONT ST.</u> <u>LANSING, MI 48906</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>print services & postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/17</u> Date	<u>\$ 4,844.45</u>
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

2,044.45

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

5,058.49

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRITTA JACKSON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ACT BLUE / VANTIV</u> Address <u>PO BOX 041146 SOMERVILLE, MA 02144-0051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>online service fee.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/8/17</u> Date	<u>\$ 2.00</u>
Expenditure #2 Name <u>ACT BLUE / VANTIV</u> Address <u>PO BOX 041146 SOMERVILLE, MA 02144-0051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>online service fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/5/17</u> Date	<u>\$ 15.01</u>
Expenditure #3 Name <u>DREAM DRIVEN</u> Address <u>ONLINE</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/30/17</u> Date	<u>\$ 173.87</u>
Expenditure #4 Name <u>DREAM DRIVEN</u> Address <u>ONLINE</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/17</u> Date	<u>\$ 173.87</u>
Expenditure #5 Name <u>JOB SHOP</u> Address <u>2921 W. MAIN ST. LANSING, MI 48917</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PAZM CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/23/17</u> Date	<u>\$ 15.9</u>

Subtotal this page 523.75

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

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRINN JACKSON

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>PNC BANK</u> Address <u>120 N. WASHINGTON SQ LANSING, MI 48223</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>service/bank fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/17</u> Date	<u>\$ 1.00</u>
Expenditure #2 Name <u>ACT BLUE MANTIN</u> Address <u>PO BOX 441146 SOMERVILLE, MA 02144-0031</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>online service fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/17</u> Date	<u>\$ 8.26</u>
Expenditure #3 Name <u>CUSTOM MAILERS, INC.</u> Address <u>1432 VERMONT LANSING, MI 48906</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mail & sort</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/20/17</u> Date	<u>\$ 434.90</u>
Expenditure #4 Name <u>East Design Studios LLC</u> Address <u>9444 Appleton Ct. Brighton, MI 48116</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>lit design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/21/17</u> Date	<u>\$ 150</u>
Expenditure #5 Name <u>SANICKI & SONS</u> Address <u>1521 W. CAYAYETTE DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/14/17</u> Date	<u>\$ 816.20</u>

Subtotal this page

1410.36

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN J JACKSON

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Keystone Millarock</u> Address: <u>3540 W. Jefferson Hwy Grand Ledge, MI 47057</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>print services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/17</u> Date	<u>\$ 579.82</u>
Expenditure #2 Name: <u>Basit design studio LLC</u> Address: <u>9444 Appleview Ct. Brighton, ME. 48116</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>lit design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23/17</u> Date	<u>\$ 375</u>
Expenditure #3 Name: <u>Insty - Prints</u> Address: <u>300 S. Washington Sq. Lansing, MI. 48233</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>camp lit. printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/17</u> Date	<u>\$ 123.76</u>
Expenditure #4 Name: <u>ACT BLUE / VAN TIV</u> Address: <u>PO BOX 441146 SOMERVILLE, MA 02144-0051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>online service fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/13/17</u> Date	<u>\$ -10</u>
Expenditure #5 Name: <u>ACT BLUE / VAN TIV</u> Address: <u>PO BOX 441146 SOMERVILLE, MA 02144-0051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>online service fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/17</u> Date	<u>\$ 1.25</u>

Subtotal this page 1,079.93

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

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-K

1. Committee I. D. Number 81-2072721

2. Committee Name COMMITTEE TO ELECT BRIAN JACKSON

CANDIDATE COMMITTEE

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.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. 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:
JESSICA YORKO
815 BANCROFT CT.
LANSING, MI 48915
 If over \$100.00 cumulative, please provide:
 Occupation: HEALTH COORDINATOR
 Employer Name & Business Address:
INGHAM COUNTY HEALTH DEPT.
5303 S. CEDAR
LANSING, MI 48911

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description DRINKS FOR BARBEQUE

5. Date Of Receipt: 5/27/2017

6. Vendor Name & Address:
ALDI
6555 SOUTH PENNSYLVANIA
LANSING, MI 48911

Click Here for Memo Itemization

\$ 131 \$ 231

Fund Raiser Contribution

Contribution # 2 PAC Receipt? Yes

Name & Address:
JESSICA YORKO
815 BANCROFT
LANSING, MI 48915
 If over \$100.00 cumulative, please provide:
 Occupation:
 Employer Name & Address:
INGHAM COUNTY HEALTH DEPT.
5303 S. CEDAR
LANSING, MI 48911

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description BOOST PAGE ON FACEBOOK

5. Date Of Receipt: 7/19/2017

6. Vendor Name & Address:
FACEBOOK ADVERTISING
ONLINE

Click Here for Memo Itemization

\$ 60 \$ 291

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address:
 If over \$100.00 cumulative, please provide:
 Occupation:
 Employer Name & Address:

4. Endorsement or Guarantee of Bank Loan
 Goods Donated or Loaned Services Donated
 Goods or Services Purchased by Candidate or Others
 Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

Fund Raiser Contribution

Page Subtotal	<u>191</u>	<u>291</u>
Grand Total of all Schedules 1-K (Complete on last page of Schedule)	<u>191</u>	

Enter this total on line 8 of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JAC

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6/19/2017</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>13</u>	5. Type of Fund Raising Activity <u>GARDEN PARTY</u>	6. Address and Name (if any) of the place where the activity was held. <u>519 LEITRAN LANSING, MI 48915</u> <input checked="" type="checkbox"/> Private Residence
--------------------------------------------	-----------------------------------------------------------------------------------------	---------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions \$110

8. Other Receipts -

9. Gross Receipts (Add lines 7 and 8) 110

10. Total Cost of Event \$110
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JACKSON

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5/27</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>26</u>	5. Type of Fund Raising Activity <u>BARBEQUE</u>	6. Address and Name (if any) of the place where the activity was held. <u>815 BANCROFT COURT LANSING, MI 48915</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions 610

8. Other Receipts -

9. Gross Receipts (Add lines 7 and 8) 610

10. Total Cost of Event _____
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page 2 of 2



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 81-2072721
2. Committee Name COMMITTEE TO ELECT BRIAN JACKSON

This Schedule itemizes:
a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 5 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
--------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	----------------------------------------------	----------	-----------------------------------------------

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
--------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	----------------------------------------------	----------	-----------------------------------------------

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) _____
Grand Total of all Schedules 1E _____
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1