

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
**CANDIDATE COMMITTEE
 COVER PAGE**

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INGHAM COUNTY CLERK 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 46696		3. This Statement covers From: <u>10/23/2017</u> To: <u>11/27/2017</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name Andy Schor for Lansing		4. Candidate Last Name Schor First Name Andy M.I. J. 4a. Office Sought including District # or Community Served (If applicable) Lansing Mayor 4b. County of Residence Ingham	
5. Committee's Mailing Address P.O. Box 13073 Lansing, MI 48901 Area Code and Phone <u>(517) 927-5179</u> <small>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.</small>		6. Treasurer's Name & Residential Address Brian McGrain 300 N Fairview Lansing, MI 48912 Area Code & Phone <u>(517) 927-0127</u>	
7. Treasurer's Business Address P.O. Box 13073 Lansing, MI 48901 Area Code and Phone <u>(517) 927-0127</u>		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code & Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Convention <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention, or Caucus <u>11/07/2017</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 _____ <small>Coverage Year</small> 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
		9e. <input type="checkbox"/> Dissolution of Candidate Committee By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by 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.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <u>Brian McGrain</u> <small>Type or Print Name</small>		<u>[Signature]</u> <small>Signature</small> Date <u>12/07/2017</u>	
Candidate <u>Andy Schor</u> <small>Type or Print Name</small>		<u>[Signature]</u> <small>Signature</small> Date <u>12/07/2017</u>	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for this Election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$5,955.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$5,955.00	(18.) \$357,474.85
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$0.00	(19.) \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$5,955.00	(20.) \$357,474.85
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$0.00	(21.) \$4,154.42
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$0.00	(22.) \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$70,434.61	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$18.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$70,452.61	(23.) \$285,821.56
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$0.00	(24.) \$0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$0.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$135,345.90	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + \$5,955.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$141,300.90	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$70,452.61	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$70,848.29 *	

*If your ending balance is negative, please recheck your math.

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE

1. Committee I.D. Number 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/24/2017

Name & Address
 Caamal Canul, Yvonne
 4400 Bittersweet Ln
 Lansing, MI 48917-4405

\$100.00 \$242.42

5. If over \$100.00 cumulative, please provide:
 Occupation Educator Employer Lansing School District
 Business Address 519 W Kalamazoo St Lansing, MI 48933-2008
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Dykema Gossett PLLC
 201 Townsend St
 Ste 900
 Lansing, MI 48933-1529

\$500.00 \$500.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/03/2017

Name & Address
 Easton, Jacquelyn
 14261 Watson Rd
 Bath, MI 48808-8790

\$200.00 \$200.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Flood, Jennifer
 815 Knoll Rd
 East Lansing, MI 48823-2825

\$50.00 \$50.00

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

Page Subtotal	\$850.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 10/23/2017

Name & Address
 Freeman, J
 PO Box 1837
 Fairfield, IA 52556-0031

\$50.00 \$50.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Gillespie, Pat
 16946 Thorngate Rd
 East Lansing, MI 48823-9779

\$2,000.00 \$2,000.00

5. If over \$100.00 cumulative, please provide:
 Occupation President Employer The Gillespie Group
 Business Address 330 Marshall St Ste 100 Lansing, MI 48912-2317
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/25/2017

Name & Address
 Grunwald, Annalisa
 688 Moorland Dr
 East Lansing, MI 48823-3737

\$25.00 \$25.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Jacobson, Robert
 1821 Scio Church
 Ann Arbor, MI 48103

\$500.00 \$500.00

5. If over \$100.00 cumulative, please provide:
 Occupation Winery Employer Leelanau Wine Cellars
 Business Address 35 Research Dr Ste 300 Ann Arbor, MI 48103-2981
 Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$2,575.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/31/2017

Name & Address
 Matus, Mark
 4584 Comanche Dr
 Okemos, MI 48864-2064

\$50.00 \$50.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Mich Society of Anesthesiologist PAC
 120 N Washington Sq
 Ste 110A
 Lansing, MI 48933-1609

\$250.00 \$250.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Miller Canfield PAC
 150 W Jefferson Ave
 Ste 2500
 Detroit, MI 48226-4432

\$250.00 \$7,750.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/25/2017

Name & Address
 Muchmore, DENNIS
 8822 W Lake Pointe Dr
 Laingsburg, MI 48848-9364

\$100.00 \$300.00

5. If over \$100.00 cumulative, please provide:
 Occupation Consultant Employer Honigman Law Firm
 Business Address 222 N Washington Sq Ste 400 Lansing, MI 48933-1800
 Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$650.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 11/07/2017

Name & Address
 Muchmore, Patrick
 268 Carlyle Park Dr NE
 Atlanta, GA 30307-2883

\$100.00 \$100.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/21/2017

Name & Address
 Nader, Cara
 519 S Jenison Ave
 Lansing, MI 48915-1133

\$35.00 \$35.00

5. If over \$100.00 cumulative, please provide:
 Occupation barista/owner Employer Strange Matter Coffee
 Business Address 2001 E Michigan Ave Lansing, MI 48912-3011
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/26/2017

Name & Address
 Natoli, Dominic
 1131 Bennington Dr
 Lansing, MI 48917-3922

\$25.00 \$25.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/26/2017

Name & Address
 Nelson, Georgina
 605 W Shiawassee St
 Lansing, MI 48933-1031

\$100.00 \$100.00

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

Page Subtotal	\$260.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 11/15/2017

Name & Address
 O'Rourke, Tim
 327 Moores River Dr
 Lansing, MI 48910-1433

\$50.00 \$50.00

5. If over \$100.00 cumulative, please provide:
 Occupation Attorney Employer O'Rourke Law PLLC
 Business Address 422 W Lenawee St Lansing, MI 48933-2240
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/03/2017

Name & Address
 Pirich, Mr. John
 5080 Hawk Hollow Dr E
 Bath, MI 48808-8783

\$150.00 \$150.00

5. If over \$100.00 cumulative, please provide:
 Occupation Attorney Employer Honigman Miller
 Business Address 222 N Washington Sq Ste 400 Lansing, MI 48933-1800
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Proctor, Robert
 4620 River Ridge Dr
 Lansing, MI 48917-1347

\$100.00 \$100.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/24/2017

Name & Address
 Rasor, Philip
 5287 Jamerlea Ln
 Fowlerville, MI 48836-9622

\$100.00 \$100.00

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

Page Subtotal	\$400.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 11/06/2017

Name & Address
 Sheet Metal Workers Local 7 PAC
 700 Tower Dr
 Ste 300
 Troy, MI 48098-2835

\$1,000.00 \$1,000.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/25/2017

Name & Address
 Stella, Olga
 1251 Navarre Pl
 Detroit, MI 48207-3014

\$50.00 \$100.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/27/2017

Name & Address
 William, Jeff
 5566 White Ash
 Haslett, MI 48840-8700

\$100.00 \$100.00

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

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/14/2017

Name & Address
 Wilson, Ron
 731 Merrill St
 Lansing, MI 48912-4323

\$20.00 \$20.00

5. If over \$100.00 cumulative, please provide:
 Occupation Analyst Employer NAMI Michigan
 Business Address 401 S Washington Sq Ste 104 Lansing, MI 48933-2146
 Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$1,170.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696
 2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 10/26/2017

Name & Address
 Zyble, David
 1102 E Geneva Dr
 Dewitt, MI 48820-8705

\$50.00 \$50.00

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

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$50.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$5,955.00

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 46696

2. Committee Name Schor for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Change Media Group Address 1000 S Washington Ave Ste 101 Lansing, MI 48910-1682 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2017</u> Date	<u>\$32,271.26</u>
Name Change Media Group Address 1000 S Washington Ave Ste 101 Lansing, MI 48910-1682 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2017</u> Date	<u>\$11,682.00</u>
Name Change Media Group Address 1000 S Washington Ave Ste 101 Lansing, MI 48910-1682 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2017</u> Date	<u>\$5,192.24</u>
Name Coffey, Chelsea Address 2515 Lake Lansing Rd Apt 6 Lansing, MI 48912-3619 <input type="checkbox"/> Fund Raiser	Purpose: <u>October Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2017</u> Date	<u>\$3,000.00</u>
Name Coffey, Chelsea Address 2515 Lake Lansing Rd Apt 6 Lansing, MI 48912-3619 <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2017</u> Date	<u>\$377.64</u>

Subtotal this page \$52,523.14

Grand Total of All Schedules 1B (Complete on last page of Schedule) \$70,434.61

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Staples Address 3003 E Michigan Ave Lansing, MI 48912-4616 <input type="checkbox"/> Fund Raiser	Purpose: <u>Subitem: 377.64 Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2017</u> Date	<u>\$0.00</u>
Name Coffey, Chelsea Address 2515 Lake Lansing Rd Apt 6 Lansing, MI 48912-3619 <input type="checkbox"/> Fund Raiser	Purpose: <u>Win Bonus</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/27/2017</u> Date	<u>\$6,000.00</u>
Name Direct Connect Address 26 South St Baltimore, MD 21202-3215 <input type="checkbox"/> Fund Raiser	Purpose: <u>Credit Card Processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/2017</u> Date	<u>\$203.84</u>
Name Lansing Brewing Company Address 518 E Shiawassee St Lansing, MI 48912-1214 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night Celebration</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2017</u> Date	<u>\$1,273.84</u>
Name LeFevre, Jennifer Address 1480 Wellman Rd Dewitt, MI 48820-8196 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2017</u> Date	<u>\$2,000.00</u>

Subtotal this page \$9,477.68

Grand Total of All Schedules 1B (Complete on last page of Schedule) \$70,434.61

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 46696
 2. Committee Name Schor for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name LeFevre, Jennifer Address 1480 Wellman Rd Dewitt, MI 48820-8196 <input type="checkbox"/> Fund Raiser	Purpose: <u>November Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/27/2017</u> Date	<u>\$2,000.00</u>
Name Michael McFadden Productions Address 317 N Pennsylvania Ave Lansing, MI 48912-1516 <input type="checkbox"/> Fund Raiser	Purpose: <u>Radio Recording</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2017</u> Date	<u>\$100.00</u>
Name Morley, Anthony Address 4470 Dell Rd Lansing, MI 48911-6109 <input type="checkbox"/> Fund Raiser	Purpose: <u>Field Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/2017</u> Date	<u>\$60.00</u>
Name Morley, Anthony Address 4470 Dell Rd Lansing, MI 48911-6109 <input type="checkbox"/> Fund Raiser	Purpose: <u>Field Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2017</u> Date	<u>\$120.00</u>
Name NGP VAN, Inc Address 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 <input type="checkbox"/> Fund Raiser	Purpose: <u>Database Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/2017</u> Date	<u>\$250.00</u>

Subtotal this page	\$2,530.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	\$70,434.61

Enter this total on
 line 8a of Summary
 Page

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Panera Bread Address 5330 W Saginaw Hwy Lansing, MI 48917-6207 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for Volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2017</u> Date	<u>\$383.79</u>
Name Ricketts, Heather Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Consultant</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2017</u> Date	<u>\$2,000.00</u>
Name Ricketts, Heather Address 2600 Hunters Pt Kalamazoo, MI 49048-6105 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/2017</u> Date	<u>\$2,500.00</u>
Name Schraft, Matt Address 4306 Oakwood Dr Okemos, MI 48864-2949 <input type="checkbox"/> Fund Raiser	Purpose: <u>Field Consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2017</u> Date	<u>\$800.00</u>
Name Squarespace Address 459 Broadway New York, NY 10013-3001 <input type="checkbox"/> Fund Raiser	Purpose: <u>Webhosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/13/2017</u> Date	<u>\$16.00</u>

Subtotal this page \$5,699.79

Grand Total of All Schedules 1B
 (Complete on last page of Schedule) \$70,434.61

Enter this total on
 line 8a of Summary
 Page

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name USPS Address 315 W Allegan St Lansing, MI 48933-1500 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2017</u> Date	<u>\$34.00</u>
Name Warren, Terrance Address 1250 Haslett Rd Apt C2 East Lansing, MI 48823-2848 <input type="checkbox"/> Fund Raiser	Purpose: <u>Field Consultant</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2017</u> Date	<u>\$170.00</u>

Subtotal this page	\$204.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	\$70,434.61

Enter this total on
 line 8a of Summary
 Page