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INGHAM COUNTY CLERK

CANDIDATE COMMITTEE COVER PAGE

• Committee ID	45903-0		
• Committee Name	Friends of Chris Swope		
• Coverage Period	07/21/2015 - 10/20/2015		
• Candidate Name	Chris Swope		
• Office/District Sought	City Clerk (Population 85,001 - 250,000) - City of Lansing		
• County of Residence	INGHAM		
• Address Information			
• Committee Mailing	1402 N. Genesee Dr. Lansing MI 48915		
• Phone			
• Treasurer Name	Chris Swope		
• Treasurer Residential	1402 N. Genesee Dr. Lansing MI 48915		
• Phone	(517) 485-0614		
• Treasurer Business	124 W. Michigan Ave. 9th Floor Lansing MI 48933		
• Phone			
• Recordkeeper Name			
• Recordkeeper Mailing			
• Phone			
• Statement Type	Amended - October - Quarterly		
• Relates To			
• Election Date	//		
• Dissolution Date (effective)	//		
• Annual Statement Coverage Year			
• Treasurer/Recordkeeper Signed	Chris Swope	• Date	11/30/15
• Candidate Signed	Chris Swope	• Date	11/30/15

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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.

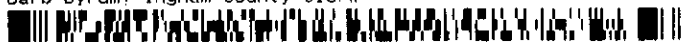
Current Treasurer or Designated Record keeper:

(Type or Print) Name: Chris Swope Signature: *Chris Swope* Date: 11/30/15

Candidate:

(Type or Print) Name: Chris Swope Signature: *Chris Swope* Date: 11/30/15

F2015-1065
11/30/15 2:41 PM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk



CANDIDATE COMMITTEE SUMMARY PAGE

Committee ID	45903-0		
Committee Name	Friends of Chris Swope		
Document Name	Amended - October - Quarterly		
RECEIPTS		This Period	Cumulative
3. Contributions			
a. Itemized Contributions	(3a.)	0.00	
b. Unitemized	(3b.)	0.00	
c. Subtotal of Contributions	(3c.)	0.00	(18.) 5,677.99
4. Other Receipts	(4.)	0.00	(19.) 7.61
5. Total Contributions and Other Receipts	(5.)	0.00	(20.) 5,685.60
IN-KIND CONTRIBUTIONS AND EXPENDITURES			
6. In-Kind Contributions	(6.)	0.00	(21.) 0.00
7. In-Kind Expenditures	(7.)	0.00	(22.) 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized	(8a.)	2,879.38	
b. Itemized GOTV	(8b.)	0.00	
c. Unitemized (less than \$50.01 each)	(8c.)	97.71	
9. Total Expenditures	(9.)	2,977.09	(23.) 13,085.87
INCIDENTAL EXPENSE DISBURSEMENTS			
10. Disbursements			
a. Itemized	(10a.)	0.00	
b. Unitemized	(10b.)	0.00	
11. Total Incidental Expense Disbursements	(11.)	0.00	(24.) 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee	(12a.)	0.00	
b. Owed to the Committee	(12b.)	0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed	(13.)		4,500.60
14. Amount received during reporting Period	(14.)		0.00
15. Subtotal	(15.)		4,500.60
16. Amount Expended during reporting Period	(16.)		2,977.09
17. ENDING BALANCE	(17.)		1,523.51

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

Committee ID	45903-0
Committee Name	Friends of Chris Swope
Document Name	Amended - October - Quarterly

6537- --Add

Date: 08/20/2015	Amt: 100.00	
Name: Sprint	Purpose: phone	Payment on Debt/Obligation reported on previous statement:
Address: PO Box 4191	Fund Raiser:	
City: Carol Stream State: IL		
Zip: 60197		

6529- --No-Change

Date: 09/09/2015	Amt: 1,195.40	
Name: Staples	Purpose: computer expense	Payment on Debt/Obligation reported on previous statement:
Address: 3003 E. Michigan Ave.	Fund Raiser:	
City: Lansing State: MI		
Zip: 48912		

6538- --Add

Date: 09/20/2015	Amt: 100.00	
Name: Sprint	Purpose: phone	Payment on Debt/Obligation reported on previous statement:
Address: PO Box 4191	Fund Raiser:	
City: Carol Stream State: IL		
Zip: 60197		

6533- --No-Change

Date: 10/17/2015	Amt: 1,383.98	
Name: Secure Data Recovery Systems	Purpose: computer expense	Payment on Debt/Obligation reported on previous statement:
Address: 8271 Melrose Ave Suite 205	Fund Raiser:	
City: Los Angelse State: CA		
Zip: 90046		

6539- --Add

Date: 10/20/2015	Amt: 100.00	
Name: Sprint	Purpose: phone	Payment on Debt/Obligation reported on previous statement:
Address: PO Box 4191	Fund Raiser:	
City: Carol Stream State: IL		
Zip: 60197		

Schedule Total	\$ 2,879.38
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