



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

JUL 26 2019

F2019-0446 7/26/19 4:52 PM Page 1 of 1 CAMP \$0.00 Barb Byrum, Ingham County Clerk

CANDIDATE COMMITTEE AM COUNTY CHERKS OFFICE

FOR OFFICIAL USE ONLY

COVER PAGE		******	
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by indidate.	3. This Statement covers From:	1-14-19 to 7-201-19
1. Committee I.D. Number_		4. Candidate Last Name	First Name M.I.
46798		HULUS	SCUTT M
10/10		\ ,	trict # or Community Served (If applicable)
2. Committee Name		LANGING CITY C	ouncil, IST ward
SCOTT HUNGS FOR			
tunger corner			inglam
5. Committee's Mailing Address		6. Treasurer's Name & Resider	
228 Leslie ST.		SCOTT HU	ales
Lun(M) M 489/2		228 Les1	1211-
	_	Canshi 1	n1 48912
Area Code and Phone 517 755 643	8		
I if the address in this box is different from the commi	mee	_	\- a (42 7
mailing address on the Statement of Organization, n be sent to this address by the filing official.	пан тау	Area Code & PhoneS	17 755 6438
7. Treasurer's Business Address	•	Designated Record Keeper' Designated Record Keeper)	s Name and Address (If the committee has a
Inglam Co. Prosecros	ote	, ,	
303 W, Kalamazoo M	, 41472		
Lang M7 M 48933			
Area Code and Phone 517483 6253			
Area Code and Phone	_	Area Code and Phone	On Disselution of Condidate Committee
9. TYPE OF STATEMENT	Paguired ON	ILY if candidate	9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. Post-Election	is not on the	ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,
Primary	July Quart	епу	owes no lates fees or has any oustanding debt.
General	October C	luarterly	Further, if the dissolution cannot be granted, that this be
Convention			considered a request for the Reporting Waiver.
Special Special	9c. Annua	al Statement () Coverage Year	Effective date of dissolution
School			Ellective date of dissolution
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to	
,		te which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus		•	
AUG, 6, 2019			
, '			
	<u> </u>		
 Verification: I\We certify that all reasonable diligenty\our knowledge and belief the contents are true, a 			ent and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper Scott	Hughes	· Som De _	7-25-14
Designated Record keeper Type or Print Name	<u> </u>	Signature	Date 1-25-19
_		1 - A	
Candidate Scott Hoghe	<u>5</u>	1 Sm	Date 7-25-19
Type or Print Name		Signature	



SUMMARY PAGE

1. Committee I.D. Number 46798

2. Committee Name Scutt Hughes for Langing city conc.

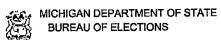
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	, , , , , , ,
c. Subtotal of "Contributions"	(3c.) \$ 10 1 / 5	(18.)\$ 10175
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 10175
IN-KIND CONTRIBUTIONS & EXPENDITURES	_	_
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 200
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	•	
8. Expenditures	07117 77	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ (9.) \$	62.21
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 834 /. 32	(23.)\$ 8347.32
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - по Schedule)	(10b.)\$	
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.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
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)	(13.)	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 1827,68	•

1. Committee I.D. Number _____

CANDIDATE COMMITTEE

Scott Huses for Languin C. Ty counc. L

Enter contributor's name and address. If contribution is from an individual, enter last name, first name	ne. 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
Committee (PAC) Report <u>all</u> contributions regardless of amount.	Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1-14-19 Name & Address:	1
Scutt Hughes	7.11
228 Lesl. 2 5 T.	5 . 5
Lucya1 M1 48912	\$ <u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	CINCLUDES
Type of Contribution: Direct Loan from a person Fund Raiser	42011 IN-
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-6-15	
Name & Address Juco B Linder	
124 OXFORD RP.	\$ 250 \$ 250
•	\$ <u>C)O</u> \$
E. Lansin M 48823 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Consultant Employer Solf	CHICK FIELD IN METITO RETITIZATION
Occupation CORSO Employer CORSO CO	_
Business Address 124 Oxford RD. E. Lans.y MI 4882	3
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-6-1	9
Name & Address: D. W. Shects	
2718 Cullere RD.	s 100 . 100
Holt, MI 48847	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	<u>-</u>
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-2-19	
Name & Address STUATT Chavis	
Name & Address STUAT Chavis 3422 Inversely	100
Canson MI 48911	s 100 s 100
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 Su	obtotal 255
Grand Total of All Schedule	70.120
(Complete on last page of Sche	
Page 1 of 6	line 3a of Summary Page.



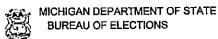
CANDIDATE COMMITTEE 2. Committee Name Scott Hours for Langua City Council

46798

1. Committee I.D. Number	 		_			_	
		_	_	,	Α.	_	

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 7-8-19 Name & Address: Malluly Smith 226 Lesile St.	. 2 0	. 7.0
Langua M1 48912	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or 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 7-7-19		
Name & Address MARK Grebner 615 Glenmoor, 1-B	. 25	125
	\$	\$
E, Lansma MI 48823 5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Political Consultan Employer Practical Political Consult	ארן ארן ארן	M Memo Remization
Occupation 1011, at Consultant Employer 100, Washinston, Lanson MI 4853 Business Address 920 W. Washinston, Lanson MI 4853	٠, ٦	
Business Address 426 07 00 17 17 17 17 17 17 17 17 17 17 17 17 17		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Ten Bernero		
3000 N, Canbridge MD,	s_ 400	\$ 400
Lans.29 M1 48911	Official Laure Se	
5. If over \$100.00 cumulative, please provide:		r Memo Itemization
Occupation Administrator Employer Lansin's School District		
Occupation Adnihistrator Employer Lansing School District Business Address 519 W. Kalanazon STI Lansing MI 48933		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-6-19 Name & Address Ryan Basore		
6228 Brooking CT.	1.000	. 1,100
E. Langua MI 48823	\$ 11	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Consultant Employer Michigan base, LLC	Office 10	Homo Remizator
Business Address 6228 Browkline CT. E. Lansing MI 48823		
Type of Contribution: Direct Loan from a person Fund Raiser	,	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	10175	_
(Complete on last page of Schedule)	Enter this total on line 3a of Summan	

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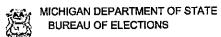
1. Committee I.D. Number 46798

SCOTT HAMS for Canson Cott Concil CANDIDATE COMMITTEE 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent 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: 505a~ Anderson 4205 Shouls Dr. OKM3 M 48864 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation _ Business Address Fund Raiser Type of Contribution: Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Ryan Basore 6228 Blookline cr. E- LINGTH MI 48823 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address Fund Raiser Type of Contribution: | Direct Loan from a person PAC Receipt? YES 3. Contribution #3 3-10-19 4. Date of Receipt Name & Address: JUYCL DragunchuK 250 250 313 W. Kalanh 200 ST. Carsing N1 48933 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Justic Employer 30R Judinal Circuit

Business Address 313 V. Kalanazoo St. Langua M1 49933 Type of Contribution: Loan from a person PAC Receipt? YES 4. Date of Receipt 6-21-19 3. Contribution #4 Name & Address Eril Ederer 25 , 25 4446 Sereca Dri OKONOS M 48864 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer _ Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person Page Subtotal 400 Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Enter this total on line 3a of Summary Page.

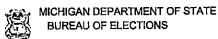


CANDIDATE COMMITTEE 2. Committee Name 3

mmittee I.D. Number 46798

1. Committee I.D. Nur	nber	<u> </u>				
2 Committee Norma	Scutt	Hughes	for	Lassa	CAYLO	inc.(

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 3-(1-15) Name & Address: David Dordon 506 Bel munte GIN E-Ln-5.h\ MI 48823 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 106 Click Here fo	s luo or Memo Itemization
3. Contribution #2 Name & Address MIKE HUALUS ILLA WOODS. DC. HESTER MI USSUO 5. If over \$100.00 cumulative, please provide: Occupation Employer TV AMERICA Business Address Type of Contribution: Direct VES 4. Date of Receipt 1-18-19 A-18-19 Type of Contribution: Type of Contribution: Type of Contribution: Fund Raiser	\$ 250 Click Here fo	sZFOor Memo Itemization
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1-18-17 Name & Address: LING HUNGS OF DO HUN	\$ 250 Click Here fo	\$ 25 C r Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1-28-19 Name & Address Nell Kuhnnuerum 812 A PPleantum, 6. Lann M1 H8823 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 100 Click Here fo	s (OU r Memo Itemization
Page Of Contribution: Direct Loan from a person Page Subtotal	10175	



1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	it Hickor to	CHAIN CAY COM
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 3-21-19		
Mell Kuhnnvench 812 Applegare E-Laly.nz M1 48823	\$ 100	£ 200
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3-21-19 Name & Address		
Carol Sirnon 303 w. Knianorzov St. 4th Flour	<u> 500</u>	\$ 500
1, LCMS MI 43933	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation No. Lan conty Professional Inches County Business Address 303 W. Kaknazoo St, 4th FL. Landin MI 49	÷33	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3-21-19		
LOTHER KONTETZKO 534 HIGH ST.	s_20	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt ?-15-19	_	
1425 FOXCRAFT E- LINGSON MI 48823	100	100
E-60650 M1 48823	\$ 100	. \$ <i>i 2</i> 0
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	111	
Page Subtotal	1 720	1

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

Enter this total on line 3a of Summary Page.

CANDIDATE COMMITTEE

46798

1. Committee I.D. Nun	nder			_
2 Committee Name	South	Hours for	Lance Git	council

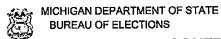
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 3-72-15 Name & Address: Dan Doyle PD Box 10147 Lunsing M 48901 5. If over \$100.00 cumulative, please provide:	\$ <u></u> ∫♂ <i>o</i> Click Here f	ş ໄປປ for Memo Itemization
Occupation Employer		
Business Address		
PAC Receipt? YES 4. Date of Receipt 3-22-19 Name & Address LIZ Schwefter 1216 tanasar Lr.	_{\$} _50	s_101
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Name & Address: Ary Nove Po Box 204 E. Lanson MI 49926 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 50	- \$ <u>50</u> or Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3-22-19 Name & Address ZYNCO INVESTMENTS, LLL SIMON ZEINCH, 361C OWMEN 1908 E. MICHIAAN AVE, LINSIN 48912 5. If over \$100.00 cumulative, please provide: Occupation Owner/Investor Employer ZYNCO Investments, LE Business Address 1908 E. MICHIAAN AVE, LANSINI MICHIAAN AVE,	\$ 150 Click Here fo	s 150 pr Memo Itemization
Business Address 1908 E. Michigan AVL. Lansini Michigan Type of Contribution: Direct Loan from a person Fund Raiser	18912	
Page Subtotal Grand Total of All Schedules 1A	10175	4-350
(Complete on last page of Schedule)	Enter this total on line 3a of Summar Page.	J y



1. Committee I.D. Number 4679

Page.

for bunger only come SCUTT HULLUS CANDIDATE COMMITTEE 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? YES 4. Date of Receipt 3. Contribution #1 7-25-19 Name & Address: Jane Larson 229 Les 1/e 51 25 Langua mi 48212 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ _____ Employer _ Business Address Direct Type of Contribution: Fund Raiser Loan from a person 3-22-19 4. Date of Receipt PAC Receipt? YES 3. Contribution #2 Name & Address Jessey Yurko 815 Bancroft 50 \$ 50 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address ____ Type of Contribution: Direct Loan from a person **Fund Raiser** 3-22-19 PAC Receipt? YES 3. Contribution #3 4. Date of Receipt Name & Address: Form Zemen 100 100 2627 Little Helmy conson of 48all Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer___ Occupation ____ Business Address _ Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Yanice Inclusion-Long 534 E. Mr Hope 7.0 Luxur m1 48910 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer __ Business Address Fund Raiser Type of Contribution: Loan from a person Direct Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary



CANDIDATE COMMITTEE

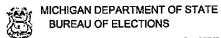
1. Committee I.D. Number

2. Committee Name

Scott Hickor for Lunch City Carell

ter last name, first name, 6. Amount 7. Cumulative for

enter contributor's name and address. If contribution is from an individual, enter last name, list 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.	o. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6-6-17 Name & Address: YIE Corey 4353 N. Williams Fon RD. Williams Fon MI 48895 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50 Click Here fo	\$or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address JUSTIN SERTY G33 Kendon DC Lunsten M1 48910 5. If over \$100.00 cumulative, please provide: Occupation Literan Employer General Morors Business Address PO BOX 33 170, Detroitm 48232-513 Type of Contribution: Direct Loan from a person Fund Raiser	\$ 200 Click Here fo	sor Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 2-13-17 Name & Address: Arash Norrai 1229 N. Califul Ara. Canshi MI 489 5. If over \$100.00 cumulative, please provide: Occupation Char of arm Employer HD Accounting Business Address PO But 4464, E. Lust MI 48826 Type of Contribution: ADirect Loan from a person Fund Raiser	\$ 660 Click Here fo	s ぐんじ r Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 4-18-11 Chas March h 5 2 4 Wood fund E. Lanson M. 4 8 8 23 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S LOD Click Here fo	s OO r Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	IOIO O175 Enter this total on line 3a of Summary Page.	

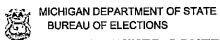


CANDIDATE COMMITTEE

1. Committee I.D. Number 46 79 8

1. Committee i.D. Nu	moer			
2. Committee Name	Scott	Hours for	Cansing	GAY Corned

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 6-6-19 Name & Address: MICHAE! DOMENTY 73 8 E. Kalanazoo Lansam m 5. If over \$100.00 cumulative, please provide: Occupation Occupation Business Address Type of Contribution: Direct Loan from a person A. Date of Receipt G-6-19 The Contribution of Co	\$ Soo	\$ 00 or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-6-17 Name & Address Jank Lowell 1509 Mckinley Bar City MI 48705 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ Click Here fo	s or Memo Itemization
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-6~11 Name & Address: LBA RILY 1915 E. MILHARM, STL B LANDON M. 48912 5. If over \$100.00 cumulative, please provide: Occupation (CTa. 1 ACUT, SPECIFIED) Business Address 39303 cumm CIUB DN STL A-11, FX Type of Contribution: Direct Loan from a person Fund Raiser	1 5P. 77 13 Mily ron 1	s SG0 r Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-6-19		
Name & Address JULL Brixle 2294 Hans Ilon Rp. OKOWS of 48864 5. If over \$100.00 cumulative, please provide:	§ S ∂	\$ STATE OF THE STA
OccupationEmployer	Official Francisco	, monto nomization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	1015	
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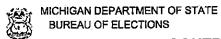


CANDIDATE COMMITTEE

46798

1. Committee I.D. Nu	ımber				
2. Committee Name	5615	Huus	for Lungui	4.17	Cuncil

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	Flection Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6-5-17 Name & Address: Sarch GIDMS 5000 Lounsbury WMwwsm M) 48895	s 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation Attract Employer Self Business Address 6000 Lowsbuy, wilman mi 48895 Type of Contribution: Direct Loan from a person Fund Raiser	Click Here f	or Memo Itemization
3. Contribution #2 Name & Address And Mann! 4149 Luff CT. Okenus M1 48864	s 250	s 250
5. If over \$100.00 cumulative, please provide: Occupation Suffer Plant Employer Timeshows Government Co Business Address 4149 Luff CD Ukmus M1 4886 Type of Contribution: Direct Loan from a person Fund Raiser	msviphs	or Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-6-19 Name & Address: Lavrul Jaramillo 2314 Khob Hill, APT, 7 Okenus M1 48864 5. If over \$100.00 cumulative, please provide: Occupation Employer Softwards Business Address 2314 Knob Hil, #7, Okenos A1 48		* 256 s Tempor Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-6-19		
MICKOLAS CALKINS 6234 COLEMAN RD. E-LNNS.NI MI 48823 5. If over \$100.00 cumulative, please provide: Occupation Luw Clark Employer Covert Law office Business Address 1129 N. Mishington AVL, Lansing Lawrence	E Click Here fo	\$ 140 or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule)	LOITS Enter this total on	
Page 0 of 561	line 3a of Summar Page.	у



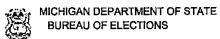
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

Scott Hurty for Language 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 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 6-27-19 Name & Address: Thung Hum P		
5. If over \$100.00 cumulative, please provide:	\$ 200	\$ 200
Occupation BUSINGS CONSULTANT Employer ADV Coach Business Address 11683 HISSEN SPOM TO	Click Here to	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-6-11		
Jaml Norberg 415 M Huyford	\$ 100	\$ 100
Eunsmy m1 48912		
5. If over \$100.00 cumulative, please provide:	Click Here to	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 5-6-17 Name & Address: Dany Androson 3 20 40 077 aug Lanny MI 48915	s lov	\$ <u> </u>
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 #4 PAC Receipt? YES 4. Date of Receipt 6-6-19 Name & Address MILLU PATTWOIL		
GOB E. Genera PA Derritt M 48820	s 100	<u> </u>
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		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	LO 175	
Pageof	line 3a of Summary Page.	



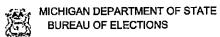
CANDIDATE COMMITTEE

46798

1. Committee I.D. Number

2. Committee Name	Scott	Hurrey	for Longing	GAY Corn	el

Enter contributor's name middle initial. Check box Committee (PAC) Repor	k to indicate if contri	bution is from a Political		ter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cumu Occupation Rem Business Address	re/	16192er - Cr. 4 48823			2 Ø \$Click Here f	s 120 for Memo Itemization
Type of Contribution: 3. Contribution #2	Direct PAC Receipt?	Loan from a person YES 4. Date o		Fund Raiser 7-17-11		-
22	/anや1 + -12 Ross いへり M l lative, please prov	RNO NEW AW PL 48217			\$ Click Here fo	sor Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	M,	Fund Raiser		
2	Me Per Les Inches Per	55. 4 48112	ĎĀ	Fund Raiser	\$ Click Here fo	s こさ or Memo Itemization
	PAC Receipt?	YES 4. Date	of Receip	7-17-19	-	
22	ellory 5 m 6 Les WC NWW M ulative, please prov	5. 48912		,	\$ 20 Click Here fo	s 45 or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser	_	
12 16 Page & of 6				Page Subtotal nd Total of Ali Schedules 1A te on last page of Schedule)	Enter this total on line 3a of Summan Page.	<u> </u>

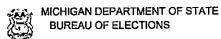


CANDIDATE COMMITTEE

1. Committee I.D. Number 46798

2. Committee Name Scott Hustes for Linsus CM Cornect

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 7-17-11 Name & Address: TIMOTHY BASOTE 33 16 Sheathern RD. Dans VIVE MI 48819 5. If over \$100.00 cumulative, please provide: Occupation Home Inspect Employer Basore Inspections Business Address 33 16 Sheathern RD Dans VIVE MI 48819 Type of Contribution: Direct Loan from a person Fund Raiser	\$ Soo Click Here fo	\$ 5 ≥ 0 r Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7-17-19 Name & Address	\$Click Here for	\$ 350 r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-17-19 Name & Address: MIKE HUGHES NUG WOODSNE DO HAS LEFT MI 48840 5. If over \$100.00 cumulative, please provide: Occupation Work Employer TV A MENCA Business Address IIUA Wood Side DO Has Left M 48840 Type of Contribution: Direct Loan from a person Fund Raiser	S L O O Click Here for	\$ 350 Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-17-19 Name & Address Joh Beard 212 Les We S \(\text{Name & Address} \) Lagran M1 489/2 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 2.5 Click Here for	\$Z_5 Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	72.5 ID [] Enter this total on line 3a of Summary Page.	

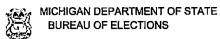


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

	6
of Hone	for Lanth 214 Co
6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
s しつい Click Here f	§ 3∪∪ for Memo Itemization
\$ 600 Click Here f	or Memo Itemization
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Name & Address:	
Nell Kuhnmuench 812 Applicate E. Lunsin M148823	\$ 100 \$ 300
5. If over \$100.00 cumulative, please provide:	
Occupation Pennel Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
2001 Hours person	
Name & Address	
ROBERT Baldori	, 600 , 800
2719 W MT. HOR O Kinds M1 48864	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation ATTWALT Employer Buildon't Assurates	Includes In-Kind
Business Address 2719 W MM Hupe, Okanus n1 48864	In-Kind
	OF \$ 200)
	_
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7~(v~/4) Name & Address:	
460 PIPER 2D.	s loo s loo
Haslett M1 48840	<u> </u>
「パンプログログログログログログログログログログログログログログログログログログログ	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Y Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7-11-19	-
Rennie Prontek 177 W. Lake S.T.	
177 W. Lake St.	. 50 . 50
EXCUISION, MN 55331	\$
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	
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Grand Total of All Schedules 1A	1 1 1 1
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Pageofof	line 3a of Summary Page.



1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	T Hurs for	Cansu City Corner
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 4-20-17 Name & Address: MAK Grebner 6 15 Glenmoof, 1-B E. Lins M M1 48823 5. If over \$100.00 cumulative, please provide:	\$ Click Here f	sor Memo Itemization
Occupation FULTINI CONSULTANT Employer FRANKL PN. TRAI CONSULTINI Business Address 920 M WASLANTA LASAN M) 48706 Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4-18-17 Name & Address VIC Loom/S G65 Pebble brok E- Cansini M1 48823 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s loo Click Here fo	s <u>LOo</u> or Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 3-23-19 If the Performance of the P	\$ 2.5 Click Here fo	s 25 sur Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3 -25 - 19 White Chellich han Tarkers Miles Packers M	S Click Here for	しつし *or Memo Itemization
Page Subtotal	325	_

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

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number	467	98

2. Committee Name	Scott	Hunus	for	Lungui	Cityco	rucil

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.	e, 6. Amount	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6-6-19 Name & Address: RYAN BUSK 6228 BNVKINE E. LUNSNA NI 48823 5. If over \$100.00 cumulative, please provide: Occupation Consulative, please provide: Business Address 1129 IV, Washinston Ave, Lunsnam Majer Type of Contribution: Direct Loan from a person Fund Raiser	_	s I , このの Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6-6-19 Name & Address Chr3 Silva 3 100 0'Bren RD, E. Langman ml 48823 5. If over \$100.00 cumulative, please provide: Occupation	s <u></u> 5し Click Here for	\$ 5 0 Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-5-19 Name & Address: DAVID MITTICMAN TOO OLD MITTICMAN E. LING, NI MI MISSUE 5. If over \$100.00 cumulative, please provide: Occupation ATTICMET Employer Church Wbic, Page Business Address 2827 E. Saginar Lansin MI M8912 Type of Contribution: Direct Loan from a person Fund Raiser		_{\$} こうの Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Z-5-1 Name & Address L12 SCh Wei TZer 1216 Tanager Ln. 6-Ln. 5.h n 48823 5. If over \$100.00 cumulative, please provide: Occupation Employer	<u>\$ 50</u>	\$SO
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Sub	ototal 450	
Grand Total of All Scheduler (Complete on last page of Scheduler) Page of	s 1A 10 175	

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

46798

SOIILBULL I-III	" SUIT H	tugues for Lan	SUGAN A
CANDIDATE COMM			
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: Robyt Balouri The Re Okumbs MI H8864 If over \$100.00 cumulative, please provide: Occupation: Afturney Employer Name & Business Address: Palour + Associates 2714 W., M., Hora Lean Okumbs MI 48864	SIEG MABL RD.	\$ 200	\$
Fund Raiser Contribution Contribution #2 PAC Receipt? Yes Name & Address SCOTT HORAG 278 LESINE STO Langary MI 48912	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-LOA Description Poster board		s 2.11
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	5. Date Of Receipt: 1-20-19 6. Vendor Name & Address: STAPLES 3003 E. MIZHARA TVZ, LANGMS MI 48512	Click Here for Memo	Itemization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4.	N	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	- Click Here for Memo	Itemization
Fund Raiser Contribution	·	r	
	Page Subt	otol 2225	

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

202-11

Enter this total on line 6 of Summary Page

Page ____ of ___



1. Committee I. D. Number 46798

SCOTT HULLES for Lunsus City council 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 1.50 Name AU Blue Fundrakin) PO BOX 441146 Purpose: Scrute Address SomerVALE MA 02144-0031 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #2 office SUPPlies STUPES Name Address Lansons no 48912 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Ryan Basure Seturn ut 7-20-19 100 CONTABULIUM Address Purpose: 6278 Brooklike Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 ACT BIVE
PO BOX 441146 FUNTAB. PUS 4-9-19 \$ 10.98 service Purpose: somerville MA 02/44-00} Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name ALT Blue PO. BOX 441146 Address Purpose: Somerville MA 02144-Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Subtotal this page

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

Enter this total on line 8a of **Summary Page**

Page \ of 3



1. Committee I. D. Number 46798

2. Committee Name Scott Heals for Language Complete

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name Keystune MAlbrouk Address 3540 Jefferson Hwy Grans Leshe MI 48937	Purpose:	Date \$\frac{327.17}{Date}
Expenditure #2	statement	-26-19
Name Kan'e Hobson Address 15857 Brook RD.	Purpose:	
_ Langer 1 48906	Click Her Check box if this expenditure is payment of debt or obligation reported on previous	re for Memo Itemization Type
Fund Raiser Expenditure #3	statement	
Name Keystune Millbrook Address 3540 Jefferson Hwy Gran Lune MI 48837	Purpose:	-14-19 \$ 1508,24
Grand Leven MI 48837	Click Her	re for Memo Itemization Type

Expenditure #4 Name Capital Area Pistrict Library
Address 401 S. Capital Address 401 S. Ca Pitul Printing Langer m1 48933

statement

Click Here for Memo Itemization Type

Check box if this expenditure is payment of debt or obligation reported on previous

debt or obligation reported on previous

Fund Raiser Web ScNius-Expenditure #5

Name, Com 414 14Th ST, #200 Purpose: Denver Co 80202

Click Here for Memo Itemization Type Check box if this expenditure is payment of

debt or obligation reported on previous Fund Raiser

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

Subtotal this page

8347,32

Enter this total on line 8a of Summary Page

Fund Raiser

Name

Address



Committee I. D. Number 4679

2. Committee Name	SwIT	Husky	ful	Largas	City	Corneil
	_					

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name ACT BIVE Address PO BOX 441146 Sonerville MA 02144-0031	Purpose:	G-11-19 \$ O.50 Date Here for Memo Itemization Type
Fund Raiser	statement	
Expenditure #2 Name Statles Address 3003 E, Michala	OHILE 6- Purpose: SVPPI(~)	10-19 \$ 6,36
Languay M1 48912	Click H	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name Capity Area DISTNU Library Address 401 S. CARTUL	Purpose:	5-10-19 s 16235
	,	Here for Memo Itemization Type
Unsms, MI 48533 ☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	tere for Michio Remization 1 ype
Expenditure #4 Name Capital Area DISTALLIBRAY Address 401 5 Capital	Purpose:	5-31-19 \$ 8.70
LANSINI MI 48933	Click H	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5 Name Keyspone MN 16100K Address 3540 Jefferson HVY. Grav Ledge M1 48837	Yurd Sians	6-24-19 \$ 1300.50
Address 3540 Jetterson 17%.	Purpose:	Date ————
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
<u></u>		otal this page 1332. 4
	Grand Total of all	Schedules 18

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

8347.32

Enter this total on line 8a of Summary Page

3 13



ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number 45798

CANDIDATE COMMINITIES 2. C.	ommittee Name Scott Hours For County Count.
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Name Arcadia Alest Smokehouse Address 2101 E-Moch. Than Ave.	Carparan event 4-29-11 \$ 138-93 Purpose:
langing m1 48912	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2 Name ACT BIVE Address PO BOX 441146	Fundraismy Scruces Surpose: Date 5-9-19 Date
Somervill MA 02144-0031	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name Nane-COM Address 414 14Th ST, #200	Web Services 4-26-17 8-99 Purpose:
Denver, CO 80202	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name Citt of Lansing-Clerk	Votv 1:35. 4-16-19 5
Address 124 W. M. Chisan Arc.	Purpose:
Lunsmi mi 48933	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	Petition 4-16-19
Name City of Lungmy-Clerk Address 124 W. Mrcham Ave. Lungmy M1 48933	Purpose: Copies 4-16-19 \$ 2,20
Langing m1 48233	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule) 8347.32

Enter this total on line 8a of Summary Page



SCHEDULE 1B

1. Committee I. D. Number 46798

CAMPIDATE COMMISSITEE	2. Committee Name Scott (fund) for Lunging Gy Co
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expendituré #1	
Name Habibi Dancers	Booklet Ad 3-29-19 \$ 45
Address 4860 Pize Hill DN	Purpose: Date
Portulle M1 48876	Click Here for Memo Itemization Type
_	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2	
Name STAPLES	Off.(c Purpose: 50891(e) Tate 5-27-19 Date
Address 300) E. M. Ch. w. Ave.	Purpose:
Lucia ni 48912	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #3	statement
	2 2 - 16
Name Staples	3-26-19 \$0.47
Address 3003 E, M/WZan AV.	Purpose: COPINS — Date \$ 0.97
cursing m1 43912	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	States Help
Name Levis OUTPUST	Fundraker 3-22-19
Address GOV S. Puntillumh	Purpose: \$ LOD
uning ~1 48912	Click Here for Memo Iternization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name Inst Prints	0ffic 3-21-19 50PPlicy = 3-21-19 Date \$6,35
Address 215 M WASHILITIN	ruipose
Address 215 M Washirinh Lunging MI 48912	Nunc fag Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 263,47
	Grand Total of all Schedules 1B 7747 27

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)



SCHEDULE 1B

1. Committee I. D. Number ___

46798

CANDIDATE COMMITTEE 2.0	Committee Name Scott Hunes for Legal City Council
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Gannet Media Address	Purpose:
Fund Raiser Perroin MI 48226	Click Here for Memo Iternization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Name Stephanic Deckert Address 3181 Mc Dowell waterford M1 48328	Purpose:
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name ACT BIVE Address PO BOX 441146	Fundfursh) Services — s 3-25 Purpose:
SomerNile MA 02144-003	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name U.S. POST MUSTUA Address 4800 COLLING RD.	Postasc- # 3-2-19 Purpose:
Langen MI 48901	Click Here for Memo Iternization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name Staples Address 3003 E. Mrh. Am Lnus M M 48612	Office Supplies 2-4-19 \$ 9-67
Lungan M 45612 Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 758, 42

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

Page 6 of 13



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46798

CANDIDATE COMMITTEE 2.0	Committee Name DOUTT HALL TVV CASAS GOT Covere
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	6 160 12
Name Aut Blue	Fundanting 3-11-19 \$ 0.50 Purpose:
Address Po Box 441146	
Someralle MA 02144-	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	27-19
Name STAPLES	Service 3-4-19 \$ 2.23 Purpose:
Address 3003 E. MILLIAL	Purpose:
Luns.ny m1 48912	IN WTA PUSHS Click Here for Memo Itemization Type Abel Types Trim Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #3 Name 5 TaPlus	Copies- fordruser 2219
Address 3003 E, Milhian KVC.	Purpose:
LALGON MI 48912	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	
Name Stuples	Computer 3-3-15 \$ 4.34
Address 2003 E. Michigan Are,	Purpose: Service Service
Lunsins MI 4892	FUNJTASCT 「んいすら」 Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	offre supplies
Name STAPLES Address 3003 E. MICHAGAN AND, LUNSAN MI 48912	Purpose: sala sala sala sala sala sala s
Luns My M1 48912	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 172-47
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



1. Committee I. D. Number 467 98

CANDIDATE COMMITTEE 2. C.	ommittee Name	Cans.21	city corner
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name Stuples	Fliers 4	-8 - 19- Date	\$ <u>48_37</u>
Address 3003 E, Mrchitich	Purpose:Click H		temization Type
Lungar MI 48912		SIG (O) HIGHIOT	Connection Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	. , <u> </u>	•••
Expenditure #2		1-6 10	
Name Aur Blue	Fundans, my services	Date	\$ <u>3,63</u>
Address Po Box 441146	Purpose:		
Somerville, MA 02144-0031	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name STAPICS 3	Fliers		s 56.45
Address 3003 E, Michael Me,	Purpose:		
Luning M 48212	Click Ho	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4	- Station retri		
Name Stapics	offic	3-28-19	\$14.15
Address 3003 E, MJChian AVe	Purpose: Supplies	Date	
consm m1 48912	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5	• ,		
Name StaPles	076(100)(0)	3-18-14 —Date	s 7,31
Address 3003 E, Milhihan AVE,	Purpose: SUP, W	Date	
Address 3003 E, Milhina AVC.	Click H Check box if this expenditure is payment of debt or obligation reported on previous	ere for Memo	Itemization Type
Fund Raiser	statement		
	Subtot	tal this page	127.21
	Grand Total of all S (Complete on last page		8347.32

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number

CANDIDATE COMMITTEE 2. Ca	ommittee Name SCOTT HUMAS for La-ENS C. Y LOVALIL
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Facebook Address Hacker way Menlo Park CA 94025	Purpose:
Expenditure #2 Name The Avenue Cafe Address 2021 E. Michiaan Ave. Lansiel M1 48912	Purpose: 7-17-17 \$ 240 Click Here for Memo Itemization Type Check box if this expenditure is payment of
Expenditure #3 Name Ketstonc Milbrook Address 3540 Jefferson Huy Gran Ledac Al 48937 Fund Raiser	Purpose:
Expenditure #4 Name Capital Arm District Library Address 401 S. Capital Langar MI 48912	Purpose:
Expenditure #5 Name City Pulse Address 1905 E. Michigan Av Langing MI 48912 Fund Raiser	Purpose:
	Subtotal this page 1292.51 Grand Total of all Schedules 1B 722.2.2
	Grand Total of all Schedules 18 \$347.32

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

 $\mathsf{Page} \, \underline{\hspace{1cm} Q} \, \mathsf{of} \, \underline{\hspace{1cm} 13}$



46798

1. Committee I. D. Number

. Committee Name	Scott	Hughes	for 1	lans.29	CITY	Counce
. Committee Name	Scott	HUNNS	tor	(A ~).*)	7,17	Coon

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address Hacker Way	Purpose: AdS	7-10-19 Date	\$ 125
Menlo Park, CA 94625 Fund Raiser		Here for Memo	Itemization Type
Expenditure #2 Name facebook Address Hacker way Menlo Park, CA 94025	Purpose: Fundralser Thurtes Click!	7-10-79 Date Here for Memo	\$ 50
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Face 600 K Address Hacker Why Menlo Park, CA 94025	Purpose: AJ5	7-3-19 Date Here for Memo	\$ 12.5
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Facebook Address Hacker Way	Purpose: Ad 5	6-29 - 19 Date	* <u>75</u>
Menlo Purk, CA 94025	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
Expenditure #5 Name Facebook Address Hacker Way Monlo Park, CA 94025	Purpose:A S S Click Check box if this expenditure is payment of		\$S
Fund Raiser	debt or obligation reported on previous statement	otal this page	425
	Grand Total of all (Complete on last pag	Schedules 1B	0247 2)

Enter this total on line 8a of Summary Page

Page $\frac{10}{2}$ of $\frac{13}{2}$



SCHEDULE 1B

46798

1. Committee I. D. Number

SCHEDULE 1B	
CANDIDATE COMMITTEE 2.0	committee Name Scott Hughes for Lans. 21 City Council
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Facebook Address 1.69 Hacker way	6-22-19 \$ 18.39 Purpose:
Menlo Park, CA 94025	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name Facebook	Acs = \frac{6-21-19}{Date} \\$ \frac{35}{}
Address Hacker Way	Purpose:AJS
Menlo Park, CA 94025	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #3	
Name Facebook	6-18-19 \$ 35
Address Hacker Why	Purpose: \$
munlo Purk, CA 94025	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	statement
Expenditure #4 Name Facebook Address Hacker Way	Purpose: Fundfalser 3-22-19 Thurte Slick Here for Mamo Hernization Type
Manlo Purk, CA 94025	いいた Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name Facebook Address Hacker why Menlo PNIK, CA 94025	5-mulh/ser 3-16-19 25
Address Hacker why	Purpose: invite Date \$ 25
Menlo PN/K, CA 94025	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page 143, 52
	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**

46798

1. Committee I. D. Number 2. Committee Name Scuff Hugues for Language city cornel CANDIDATE COMMITTEE 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 Name Facebook Address | Halker Why Menlo Park, CA 94025 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Facebook 1 Hacker Why menlo Park, CA 94025 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Name Facebook FUNDIA BED Purpose: INV, TC Address | Halker why Morlo Park, CA 94025 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Name Facebook Address I Halker why Monlo Park, CA 94075 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous Expenditure #5 Name U.S. Postal Service Address 315 W. Alleria 50 STE A Lungar M1 48933 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Subtotal this page 280

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

8347.32

Enter this total on line 8a of Summary Page



2. Committee Name	Scutt	Hurles	ful	Cunsins	city areal

Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount	
Expenditure #1	£ "A >	
Name ACT BIVE	FUND (an) 7-3-19 31.1	-
HEI DIOC	similes = 3 lol	5
Address PO BUX 441146	Purpose: Date	_
Somerville MA 02144-	Click Here for Memo Itemization Type	e
0031	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
Expenditure #2		
· _	Partial return of 6-26-19	
Name Ryan Basure	contributions so	
Address 6228 Brookine	Purpose:	-
E, Langmy M1 48823		
E, LANGIN 1 MI 7000)	Click Here for Memo Itemization Type	3
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
	statement	
Expenditure #3		
Name Keystone Millbrook	6-20-19	
Name (CO 12101CO //Li 1 torout	9702	۸
- nex filter Hill	Purpose: 6-28-19 s 970-2	<i>0</i>
Address 3540 Sefferson Hwy	Purpose: P γ λ Γ / η	
Gran Ledre M1 48837	Oliale Llava for Marca Marcinetian Ton-	_
0 2000	Click Here for Memo Itemization Type	,
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
<u> </u>	statement	
Expenditure #4		
Name US Postmaster	6-27-19	
02 (00).	55	
DIC W Allown ste A	574mps = 6-27-19 s 55	_
Address 315 W. Alleren STE. A	Purpose:	
LANSING M1 48933		
	Click Here for Memo Itemization Type)
	Check box if this expenditure is payment of	
Frank Reiser	debt or obligation reported on previous	
Fund Raiser	statement	
Expenditure #5		
Name City of Langing - Clerk	Vister Lives and in	
Name City of Lower	Voter 11555 6-17-19 30	
Address 124 W. Milhian AVC	Date \$	
	Purpose: Date	_
cunian m1 48933	Click Here for Memo Itemization Type)
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous	
Luiu Kaisei	statement	
	Subtotal this page 1136.3	'ک
	11-5-7	
	Grand Total of all Schedules 1B	ı

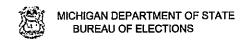
Enter this total on line 8a of Summary Page



EUND DAIGED COUEDINE 45

46798 1. Committee I.D. Number

	- USE A SEPARATE SH	EET FOR EACH EVENT		
Date Event Was Held 3-21-19	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. Leo's ONT POST, 500 & Kalanazof ST Lansing M(
Fotal Contributions Other Receipts Gross Receipts (Add lines 7	-	5 . 45	Private Residence	
	ntributions and All Expenditures	s Made For the Event)		
Co-Sponsor(s)	Contribution Split (%)		Expenditure Split (%)	
			ing event held during the	



Page 2 of 3

FUND RAISER SCHEDULE 1F

1. Committee I.D. Number 46798

2. Committee Name Scott House for Langua City Council

CANDIDATE	2. 0	ommittee Name 3001 11000	, 10 Cart 1
	- USE A SEPARATE S	HEET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held. 2719 W. M. H. Olkeros, M. Private Residence 4886
7. Total Contributions		5400	
8. Other Receipts			
9. Gross Receipts (Add lines 7	and 8)		
10. Total Cost of Event (Total Cost includes In-Kind C		res Made For the Event)	
11. Check if event was a j	oint fund raiser and complete t	the following:	
Co-Sponsor(s)	Contribution (%)	n Split	Expenditure Split (%)
	_		
·			
			
			
	-		
	_		
		nings Cahadula for anab fund rais	sing overtheld during the
period covered by the	Campaign Statement.	aiser Schedule for each fund rais	
		Schedule must also be reported of dule (1-IK), Itemized Expenditure	
	participated in a joint fund raise	er must file a Fund Raiser Sched	ule for the event.



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number ________

2. Committee Name	SCUTT	Hurhes	for	LAREAS	City Co

	- USE A SEPARATE SH	EET FOR EACH EVENT	•
3. Date Event Was Held 7-17-19	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held. The Avenue Confidence Confi
7. Total Contributions 3. Other Receipts	\$ 1,0	20	
9. Gross Receipts (Add lines 7	and 8)		
10. Total Cost of Event Total Cost includes In-Kind Co	ntributions and All Expenditures		
11. Check if event was a jo	int fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	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.

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