



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 06/24/19 to 07/25/19

1. Committee I.D. Number  
**46804**

2. Committee Name  
Dan Ross For City Council: Breaking Bread & Building Bridges Committee

4. Candidate Last Name First Name M.I.  
**Ross Dan A**

4a. Office Sought Including District # or Community Served (If applicable)  
**Board Member - Local**

4b. County of Residence **INGHAM**

5. Committee's Mailing Address  
**835 Louisa St. Ste. 205A  
Lansing, MI 48911**

Area Code and Phone (517) 528-3487  
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.

6. Treasurer's Name & Residential Address  
**Elizabeth Ross  
523 E. Edgewood Blvd. Apt. 804  
Lansing, MI 48911**

Area Code & Phone (517) 619-9259

**RECEIVED**  
**JUL 26 2019**  
INGHAM COUNTY CLERK'S OFFICE

7. Treasurer's Business Address  
**Not Applicable**

Area Code and Phone \_\_\_\_\_

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)  
**Rahila Kato  
2065 Hamilton St.  
Holt, MI 48842**

Area Code and Phone (517) 918-3113

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus  
08/06/19

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (2019) Coverage Year  
 Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

**F2019-0439**  
7/26/19 2:51 PM Page 1 of 1  
CAMP \$0.00  
Barb Byrum, Ingham County Clerk

9e. 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  
07/25/19

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 Rahila Kato Signature [Signature] Date 7/25/2019

Candidate Dan Ross Signature [Signature] Date 07/25/2019



1. Committee I.D. Number 46804

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,594.44</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,654.81</u>	(18.) \$ <u>1,654.81</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,654.81</u>	(20.) \$ <u>1,654.81</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$25.00</u>	(21.) \$ <u>\$25.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,594.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$60.37</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1,654.81</u>	(23.) \$ <u>1,654.81</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,654.81</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1,654.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,654.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/29/19</u> Name & Address: <b>Steve Monti</b> 1712 Stanley Ct. Lansing, MI 48912	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: <a href="#">Click Here for Memo Itemization</a> Occupation <u>Caregiver</u> Employer <u>Self</u> Business Address <u>1712 Stanley Ct. Lansing, MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/24/19</u> Name & Address: <b>Shunkea Brown</b> 3941 Hunters Ridge #2 Lansing, MI 48911	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: <a href="#">Click Here for Memo Itemization</a> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>06/28/19</u> Name & Address: <b>Kemal Maley</b> 1025 Gould Rd. Lansing, MI 48917	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: <a href="#">Click Here for Memo Itemization</a> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/19</u> Name & Address: <b>Otia Jenkins</b> <b>(Via CashApp)</b>	\$ <u>1.00</u>	\$ <u>1.00</u>
5. If over \$100.00 cumulative, please provide: <a href="#">Click Here for Memo Itemization</a> Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$321.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/19</u> Name & Address: <b>Alicia Glasscoe</b> (via CashApp)	\$ <u>2.00</u>	\$ <u>2.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/01/19</u> Name & Address: <b>Eddie Mallet</b> 5635 Schafer Rd. Lansing, MI 48911	\$ <u>2.00</u>	\$ <u>2.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/02/19</u> Name & Address: <b>Jack Hamma (Profile Name)</b> (via CashApp)	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/02/19</u> Name & Address: <b>Teyon Harmon</b> 603 W. Main St. Fruitland, MD 21826	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CDL-A O/O</u> Employer <u>Self- TM Harmon LLC</u> Business Address <u>603 W. Main St. Fruitland, MD</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
<a href="#">Click Here for Memo Itemization</a>		

Page Subtotal **\$159.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/08/19</u> Name & Address: <b>Granisha Adams</b> <b>(via Cash App)</b>	\$ <u>5.00</u>	\$ <u>5.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/08/19</u> Name & Address: <b>Angela Austin</b> <b>4221 Delta River Dr.</b> <b>Lansing, MI 48906</b>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/10/19</u> Name & Address: <b>Andrew Brewer</b> <b>3121 Lucie St.</b> <b>Lansing, MI 48911</b>	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/03/19</u> Name & Address: <b>Ranjean Larkins</b> <b>1127 Durango</b> <b>Lansing, MI 48917</b>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>

Page Subtotal **\$230.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/19</u> Name & Address: <b>James Pyle</b> 1900 Wood St. Lansing, MI 48912		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/22/19</u> Name & Address: <b>Dephanie Young</b> (via CashApp)		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/19</u> Name & Address: <b>Arianna Anderson</b> 4880 Waverly Rd. Lansing, MI 48911		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/17/19</u> Name & Address: <b>Larry Kirchoff</b> 300 W. Jennison Ave. Lansing, MI 48915		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$135.00**

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/19</u> Name & Address: <b>Mary Ann Moore</b> (via CashApp)		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/19</u> Name & Address: <b>Vashti Hale</b> 206 Orile Rd. Matteson, IL 60443		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/19</u> Name & Address: <b>Eddie &amp; Rozetta Mallet</b> 5635 Schaffer Rd. Lansing, MI 48911		\$ <u>45.00</u>	\$ <u>47.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/18/19</u> Name & Address: <b>Random Contribution</b>		\$ <u>85.00</u>	\$ <u>85.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$255.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/19</u> Name & Address: PTs Kustom Kreations 4880 Waverly Rd. Lansing, MI 48911		\$ <u>168.00</u>	\$ <u>168.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Auto Body Technician</u> Employer <u>Self- PTs Kustom Kreations</u> Business Address <u>4880 Waverly Rd. Lansing, MI 48911</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/20/19</u> Name & Address: Dan A Ross (Self)		\$ <u>386.81</u>	\$ <u>386.81</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>1099</u> Employer <u>Butler &amp; The Maid Lifestyle Services LLC</u> Business Address <u>835 Louisa St, Lansing, MI 48911</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$554.81**

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

**\$1,654.81**

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804

2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____ Click for Memo Itemization Type

Page Subtotal

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

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number 46804

**CANDIDATE COMMITTEE**

2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> 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)
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Contribution # 1 PAC Receipt?  Yes

Name & Address:  
**Lashawn Curtiss**  
**ladykfashions@gmail.com**

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

Fund Raiser Contribution

4.  Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned  Services Donated

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- LOAN

Description Exhibition Booth

5. Date Of Receipt: 07/27/19

6. Vendor Name & Address:

Lady K Fashions  
Quality Inn Suites  
3121 E Grand River  
Lansing, MI 48912

\$ 25 \$ 25

[Click Here for Memo Itemization](#)

Contribution # 2 PAC Receipt?  Yes

Name & Address

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

Fund Raiser Contribution

4.  Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned  Services Donated

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Contribution #3 PAC Receipt?  Yes

Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

Fund Raiser Contribution

4.  Endorsement or Guarantee of Bank Loan

Goods Donated or Loaned  Services Donated

Goods or Services Purchased by Candidate or Others

Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Page Subtotal **\$25.00** **\$25.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$25.00**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Urban Diversity</b>  Address <b>1025 Gould Rd. Lansing, MI 48917</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional Flyer / Literature</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/19</u> Date	<u>\$ 150.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <b>Coding Kaveman</b>  Address   <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional Website Creation + Hosting + Domain</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/19</u> Date	<u>\$ 197.88</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <b>Best Of Signs</b>  Address <b>(Website) www.bestofsigns.com</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional Materials</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/05/19</u> Date	<u>\$ 87.28</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <b>Tequila Roby</b>  Address <b>3720 Blue River Dr. Lansing, MI 48911</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional T-Shirt Print</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/19</u> Date	<u>\$ 58.50</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <b>Sprint</b>  Address <b>(Website) www.sprint.com</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Phone</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/19</u> Date	<u>\$ 67.33</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page **\$560.99**

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

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Blessed Seven</b>  Address <b>835 Louisa St. Lansing, MI 48911</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional Design &amp; Print • T-Shirts (T-Shirt &amp; Flyers)</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/19</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <b>Gregory's Bar &amp; Grill</b>  Address <b>2510 N. Martin Luther King Blvd. Lansing, MI 48906</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fund raiser Dinner</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/19</u> Date	<u>\$ 150.00</u>
Expenditure #3 Name <b>Melissa Robinson</b>  Address <b>5200 Mall Dr. W Lansing, MI 48917</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Promotional T-Shirt Print • T-Shirts (Hobby Lobby/ Office)</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/19</u> Date	<u>\$ 221.89</u>
Expenditure #4 Name <b>PT's Kustom Kreations</b>  Address <b>4880 Waverly Rd. Lansing, MI 48911</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fund raiser / Voter's Registration Gala</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/19</u> Date	<u>\$ 500.00</u>
Expenditure #5 Name <b>Committee Volunteers</b>  Address <b>Miscellaneous</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Fuel (7/2, 7/3, 7/4, 7/20)</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/19</u> Date	<u>\$ 62.00</u>

Subtotal this page **\$1,033.89**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$1,594.88**

Enter this total  
on line 8a of  
Summary Page



ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK  
CANDIDATE COMMITTEE

46804

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	_____ \$
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	_____ \$
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	_____ \$
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	_____ \$
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date	_____ \$

Page Subtotal

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

Enter this total  
on line 7 of  
the Summary  
Page



**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES  
SCHEDULE 1 B - G**

1. Committee I.D. Number 46804

**CANDIDATE COMMITTEE**

2. Committee Name Den Ross For City Council, Breaking Bread & Building Bridges Committee

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:     For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____
Expenditure #2 Name & Address:     For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____
Expenditure #3 Name & Address:     For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____

Subtotal this page

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

Enter total on Line 8b  
Summary Page



**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**  
(For use by officeholders only)

1. Committee I. D. Number 46804

2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ _____ Click for Memo Itemization Type	\$ _____ _____
Disbursement # 2 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ _____ Click for Memo Itemization Type	\$ _____ _____
Disbursement # 3 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ _____ Click for Memo Itemization Type	\$ _____ _____
Disbursement # 4 Name & Address:  <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Purpose _____ _____ Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Date _____ _____ Click for Memo Itemization Type	\$ _____ _____

Subtotal this page

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

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



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

1. Committee I.D. Number 46804

2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

This Schedule Itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes  If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes  If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes  If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

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

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

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





**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>07/18/19</u>	4. Number of Individuals Attending or Participating (whichever is greater)  14	5. Type of Fund Raising Activity  Dinner	6. Address and Name (If any) of the place where the activity was held.  Gregory's 2510 N Mik Blvd Lansing, MI 48906 <input type="checkbox"/> Private Residence
---	--	--	--

7. Total Contributions \$250.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$250.00  
10. Total Cost of Event \$150.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 46804  
2. Committee Name Dan Ross For City Council: Breaking Bread & Building Bridges Committee

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>07/20/19</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>21</u>	5. Type of Fund Raising Activity  <u>Voter Registration/ Fund Raiser Gala</u>	6. Address and Name (If any) of the place where the activity was held.  <u>PT's Kustom Kreations 4880 Waverly Rd Lansing, MI 48911</u> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$168.00

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \$168.00

10. Total Cost of Event \$500.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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