CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| OUTER PAGE | | | | | |
|---|------------------------------|--|---|--|--|
| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | | 3. This Statement covers F | rom: (1 11 10 | | |
| 1. Committee I.D. Number | | Candidate Last Name | 4-11-19 to 7-21-19 | | |
| 146800 | | Sheikh Cmar | First Name M.I. | | |
| | | 4a. Office Sought Including District # or Community Served (If applicable) | | | |
| 2. Committee Name | | 1st Ward Lansing City Cuncil | | | |
| Friends of farham Cheixh com | | 4 | | | |
| 5. Committee's Mailing Address | | 1 ngham | | | |
| | | 6. Treasurer's Name & Residential Address | | | |
| 3120 Turner st APT - lansing, MI 48906 | | Farhan Sheikh cman | | | |
| Jansins, N12 70906 | | | | | |
| | | 3/20 larner st APT | | | |
| Area Code and Phone If the address in this box is different from the committee | | S120 Turner st APT C | | | |
| I Halling appress on the Statement of Organization | | Area Code & Phone (5/7) 505-8660 | | | |
| 7. Treasurer's Business Address | <u>-</u> - | | | | |
| | | Designated Record Keeper) | | | |
| | | | RECEIVED | | |
| | | | • • • • • • • • • • • • • • • • • • • | | |
| | | | JUL 24 2019 | | |
| | | | INCHAM COUNTY OF EDITO OFFICE | | |
| Area Code and Phone | | Area Code and Phone | INGHAM COUNTY CLERK'S OFFICE | | |
| 9. TYPE OF STATEMENT | 1 | | 9e. Dissolution of Candidate Committee | | |
| 9a. Pre-Election OR 9b. Post-Election | Required ONL is not on the b | Y if candidate | l | | |
| re-Election or Post-Election Statement relates to: | | by the committee to the candidate or his or has an arms in he | | | |
| Primary | July Quarter | | the committee. The committee has no oustanding senate | | |
| <u>_</u> ` | October Our | and and . | owes no lates fees or has any oustanding debt. | | |
| General | October Quarterly | | Further, if the dissolution cannot be granted, that this be | | |
| Convention | | | considered a request for the Reporting Waiver. | | |
| Special | 9c. Annual S | Statement () | | | |
| _ School | | Coverage Year | Effective date of dissolution | | |
| Caucus | 9d. Amendn | nent to Campaign Statement te Item 9a, 9b, 9c or 9e to | | | |
| | indicate amended | which Statement is being | Note: The disposition of residual funds must be reported on | | |
| Date of Election, Convention or Caucus | anendec | i. <i>)</i> | Schedule 1B and the Summary Page. | | |
| of 2 f 1 G | | F2019-0397 7/24/19 3:36 PM Page 1 | of 1 | | |
| 70-4-19 | | CAMP \$0.00 Barb Byrum, Ingham Cou | | | |
| | | | | | |
|). Verification: I/We certify that all reasonable dilige | nce was used in t | he preparation of this stateme | nt and attached schedules (if any) and to the best of | | |
| | ccurate and comp | liete. | and to the best of | | |
| urrent Treasurer or esignated Record keepertarhan \he | ilch - and | A la Chi | Kh- ca 7 24.10 | | |
| Type or Print Name | | Signature | Date 7-24-19 | | |
| The chill | ć. | $\mathcal{L}_{\mathcal{L}}$ | 1 | | |
| Type or Print Name Type or Print Name Type or Print Name | | | | | |
| Type or Print Name / Signature | | | | | |

(Subtract line 16 from line 15)

(Add lines 9 and 11) 17. ENDING BALANCE

| | 1. Committee I.D. Number U(800 | ' 1 |
|--|---------------------------------|--|
| SUMMARY PAGE | 0 | 0 0 / |
| CANDIDATE COMMITTEE | 2. Committee Name nends 07 | furhan Sheilch as |
| 3. Contributions | Column I This Period | Column II Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ | |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (18.)\$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | (19.) \$(20.) \$ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ 1,508.24 | 1 - KI 5/2 7/1 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (21.) \$ \$ 1,508.24 |
| EXPENDITURES | ., - | (22.) \$ |
| 8. Expenditures | | |
| 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. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | (00.16 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | (23.)\$ |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.)\$ | |
| b. Uniternized (less than \$50.01 each - no Schedule) | | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (10b.)\$ | |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ | (24.) \$ |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | |
| b. Owed to the Committee (Schedule 1E) | | |
| | (12b.) \$BALANCE STATEMENT | |
| 3. Ending Balance of last report filed | \wedge | |
| (Enter zero if no previous reports have been filed) | (13.) \$ | |
| 4. Amount received during reporting period | (14.) + \$ | |
| (Line 5, Total Contributions & Other Receipts) 5. SUBTOTAL Add lines 13 and 14 | | |
| 6. Amount expended during reporting period | (15.) = \$ | |



ITEMIZED IN-KIND CONTRIBUTIONS

1. Committee I. D. Number **SCHEDULE 1-IK** 2. Committee Name **CANDIDATE COMMITTEE** 3. Name and Address from whom received If contribution is from an individual, enter last 4. Type of In-Kind Contribution (Check applicable box) 7. Amount or 8. Cumulative Fair Market for Election 5. Date of Receipt name first. Check box to indicate if contribution Value Cycle (Through is from a Political Committee or an Independent 6. Name & Address of Vendor from whom goods or services were date in Item 5) Committee (Both are commonly called PACs). purchased Reportall in-kind contributions. Contribution # 1 Endorsement or Guarantee of Bank Loan PAC Receipt? Name & Address: Services Donated Goods Donated or Loaned Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Occupation: √5. Date Of Receipt: 05-14-2019 Employer Name & Business Address: 6. Vendor Name & Address: Click Here for Memo Itemization We Print Everything **Fund Raiser Contribution** Contribution # 2 PAC Receipt? Endorsement or Guarantee of Bank Loan Name & Address Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Single Sided Vard Signs If over \$100.00 cumulative, please provide: Occupation: 5. Date Of Receipt: APril Employer Name & Address: 6. Vendor Name & Address: Signs on the Cheap. com Click Here for Memo Itemization **Fund Raiser Contribution** PAC Receipt? Yes Endorsement or Guarantee of Bank Loan Contribution #3 Name & Address: Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN If over \$100.00 cumulative, please provide: Description Occupation: 5. Date Of Receipt: Employer Name & Address: 6. Vendor Name & Address: Click Here for Memo Itemization

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

Page Subtotal

Enter this total on line 6 of Summary Page

| Page | of | |
|------|----|--|
| | | |

Fund Raiser Contribution