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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

SEP 16 2019

INGHAM COUNTY CLERK'S OFFICE

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE  
COVER 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 From: _____ to <u>9-5-19</u>	
Committee I.D. Number <u>46544</u>  Committee Name <u>Friends of Patricia Spitzley</u>	4. Candidate Last Name <u>Spitzley</u> First Name <u>Patricia</u> M.I. <u>A.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Lansing City Council At Large</u> 4b. County of Residence <u>Ingham</u>
5. Committee's Mailing Address <u>2622 Victor Ave Lansing, MI</u>  Area Code and Phone <u>517-763-7773</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <u>Patricia Spitzley 2622 Victor Ave Lansing, MI</u>  Area Code & Phone <u>517-763-7773</u>
7. Treasurer's Business Address  <u>N/A</u>	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)  <u>N/A</u>

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>August 6, 2019</u>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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F2019-0568  
 9/16/19 9:09 AM Page 1 of 1  
 CAMP \$0.00  
 Barb Byrum, Ingham County Clerk

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <u>Patricia Spitzley</u> Type or Print Name	<u>Patricia Spitzley</u> Signature	<u>9.13.19</u> Date
Candidate <u>Patricia Spitzley</u> Type or Print Name	<u>Patricia Spitzley</u> Signature	<u>9-13-19</u> Date



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 426544

2. Committee Name Friends of Patricia Spitzley

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>32 1,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>      -      </u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,000.00</u>	(18.) \$ <u>3550.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>      -      </u>	(19.) \$ <u>      -      </u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1,000.00</u>	(20.) \$ <u>3550.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-1K, Column 7)</b>	(6.) \$ <u>100.00</u>	(21.) \$ <u>100.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-1K, Column 6)</b>	(7.) \$ <u>      -      </u>	(22.) \$ <u>      -      </u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3072.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>      -      </u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>      -      </u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>3072.44</u>	(23.) \$ <u>7304.51</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>      -      </u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>      -      </u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>      -      </u>	(24.) \$ <u>      0      </u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>      -      </u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>      -      </u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2692.20</u>	
<b>14. Amount received during reporting period</b> (Line 5: Total Contributions & Other Receipts)	(14.) + \$ <u>1000.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>3692.20</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>3072.44</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>619.76</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 46544  
2. Committee Name Friends of Patricia Spitz

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.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 6.15.19

Name & Address:  
Geoffrey B. Sargent  
3862 Tracy Drive, Sterling Heights,  
MI 48310

5. If over \$100.00 cumulative, please provide: \$ 1,000.00 \$ 1,000.00

Occupation Attorney Employer Self [Click Here for Memo Itemization](#)

Business Address 3185 Woodlarkham Drive Sterling heights, MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt 6/6/19

Name & Address:  
Michael Doherty  
738 E Kalamazoo St  
Lansing, MI 48910

5. If over \$100.00 cumulative, please provide: \$ 1,000.00 1,000.00

Occupation Business Owner Employer Self [Click Here for Memo Itemization](#)

Business Address 738 E Kalamazoo, Lansing, MI

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt 6/6/19

Name & Address:  
5021 Ferguson  
1223 Turner Street Suite 300  
Lansing, MI 48906

5. If over \$100.00 cumulative, please provide: \$ 250.00 \$ 250.00

Occupation Owner Employer Ferguson Development [Click Here for Memo Itemization](#)

Business Address 1223 Turner Street Lansing MI 48906

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:  
Patrick Gillespie  
330 Marshall Street Suite 100  
Lansing, MI 48912

5. If over \$100.00 cumulative, please provide: \$ 250.00 \$ 250.00

Occupation Owner Employer Gillespie Group [Click Here for Memo Itemization](#)

Business Address 330 Marshall Street Suite 100

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 2,500.00

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

2,500.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 416544

2. Committee Name Friends of Patricia Spitzley

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 8-19-2019

\$ 1,000 \$ 1,000

Name & Address:  
Realtors Political Action Committee  
720 N. Washington Ave  
Lansing, MI 48906

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

3. Contribution #2 PAC Receipt?  YES

4. Date of Receipt \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

3. Contribution #3 PAC Receipt?  YES

4. Date of Receipt \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

3. Contribution #4 PAC Receipt?  YES

4. Date of Receipt \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

Page Subtotal

1,000.00

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

3,500.00

Enter this total on  
line 3a of Summary  
Page.

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 46544  
2. Committee Name Friends of Patricia Spitzley

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>US Postal Service</u> Address <u>315 W. Allegan Lansing, MI 48933-1523</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27</u> Date	<u>\$ 30.80</u>
Expenditure #2 Name <u>City of Lansing</u> Address <u>124 W. Michigan Lansing, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Voter List</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/27/19</u> Date	<u>\$ 5.00</u>
Expenditure #3 Name <u>Fed Ex Printing</u> Address <u>7900 Legacy Drive Plano, TX 75024-4089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Note Cards Thank you cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/11/19</u> Date	<u>\$ 45.00</u>
Expenditure #4 Name <u>Bakes U. Cakes South</u> Address <u>6030 S. MLK Lansing, MI 48910</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food for parade</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-4-19</u> Date	<u>\$ 27.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____

Subtotal this page: \$ 107.80  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) \$ 107.80  
 Enter this total on line 8a of Summary Page

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 46541

2. Committee Name Friends of Patricia Spitzley

3 Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Keystone Millbrook</u> Address <u>3540 W. Safferson Hwy</u> <u>Grand Ledge, MI</u> <u>48837</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing matter</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-26-19</u> Date	<u>\$ 1,115.16</u>
Expenditure #2 Name <u>Keystone Millbrook</u> Address <u>3540 W. Safferson Hwy</u> <u>Grand Ledge, MI</u> <u>48837</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage for matter</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-12-19</u> Date	<u>\$ 1,649.38</u>
Expenditure #3 Name <u>The Chronicle News</u> Address <u>2843 E. Grand River</u> <u>East Lansing, MI</u> <u>48823</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Newspaper Ad</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-1-19</u> Date	<u>\$ 80.00</u>
Expenditure #4 Name <u>Lawson Printers</u> Address <u>645 West Columbia</u> <u>Battle Creek, MI</u> <u>49015</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Walking Cards</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-3-19</u> Date	<u>\$ 227.90</u>
Expenditure #5 Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____	\$ _____

Subtotal this page 3072.44

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 3180.24

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 416544  
2. Committee Name Friends of Patricia Spitzley

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. <small>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.</small>	4. Type of Obligation (Description) <small>a. Indicate when debt was incurred</small> b. 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 8 minus Item 7)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>Patricia Spitzley</u> <u>2622 Victor Ave</u> <u>LANSING, MI 48211</u>	<u>Purchase of</u> 4. Type: <u>Auto</u> 5. Date Debt Was Incurred: <u>7-3-15</u> 6. Original Amount of Debt: <u>\$ 1715.39</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	<u>1715.39</u> \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>Patricia Spitzley</u> <u>2622 Victor Ave</u> <u>LANSING, MI 48211</u>	<u>Reduction of AV</u> 4. Type: <u>Auto</u> 5. Date Debt Was Incurred: <u>7-13-15</u> 6. Original Amount of Debt: <u>\$ 599.41</u>	<u>11-23-15</u> \$ <u>149.50</u> \$ _____ \$ _____ \$ _____ \$ _____	<u>149.50</u>	<u>439.61</u> \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 2155.00

Grand Total of all Schedules 1E 2155.00  
(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 the Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee ID. Number 46544

2. Committee Name Friends of Patricia Spitzley

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. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</small>	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: <input type="checkbox"/> Corp? <input checked="" type="checkbox"/> Yes <u>PATRICIA SPITZLEY</u> <u>2622 Victor Ave</u> <u>LANSING, MI 48911</u>	4. Type <u>Personal</u> <u>Expense</u> 5. Date Debt Was Incurred: <u>10-15-15</u> 6. Original Amount of Debt: <u>\$ 250.00</u>	11-23-15 <u>250.00</u> \$ \$ \$ \$	\$ <u>250.00</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>PATRICIA SPITZLEY</u> <u>2622 Victor Ave</u> <u>LANSING, MI 48911</u>	4. Type <u>Personal</u> <u>Expense</u> 5. Date Debt Was Incurred: <u>6-25-15</u> 6. Original Amount of Debt: <u>\$ 255.96</u>	11-23-15 <u>255.96</u> \$ \$ \$ \$	\$ <u>255.96</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes <u>PATRICIA SPITZLEY</u> <u>2622 Victor Ave</u> <u>LANSING, MI 48911</u>	4. Type <u>Personal</u> <u>Expense</u> 5. Date Debt Was Incurred: <u>6-25-15</u> 6. Original Amount of Debt: <u>\$ 1,164.21</u>	11-23-15 <u>1,164.21</u> \$ \$ \$ \$	\$ <u>1,164.21</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

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 416544

2. Committee Name Friends of Patricia Spitzley

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

3. Date Event Was Held <u>1-12-19</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>Political</u>	6. Address and Name (if any) of the place where the activity was held <u>MP Social</u> <u>313 N. Cedar</u> <u>Lansing, MI</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$ 2,500.00

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) \$ 2,500.00

0. Total Cost of Event 0

Total Cost includes In-Kind Contributions and All Expenditures Made For the Event,

1.  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.

September 13, 2019

Ingham County Clerk  
PO Box 179  
Mason, MI 48854

RE: Committee 46544

Attached to this note is my post-primary reporting. I understand that I am late and penalty will be assessed. Once the accurate penalty amount is forwarded, I will remit immediately.

Patricia A. [Signature]  
2622 Victor Ave  
Lansing, MI 48911