

F2015-0756

MICHIGAN DEPARTI

BUREAU OF ELE

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BATE Byrum, Ingham County Clerk

AUG 28 2015

## CANDIDATE Comm.

. ... OFFICIAL USE ONLY COUNTY CLERK

COVER PAGE			•	
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers From	1-1-15 to 112-15	
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.	
45727		Recners かいての 41. Ca. 4a. Office Sought Including District # or Community Gerved (If applicable)		
2. Committee Name				
virg Barnars for Lansing		4b. County of Residence Insham		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address		
3000 Canbeldge		Poe Madonaly		
Lans > MI 48911		GOZ SMith Lansing MI 48910		
Area Code and Phone		Lansing MI 48410		
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.		Area Code & Phone517. 485-5205		
7. Treasurer's Business Address		8. Designated Record keeper's Name and Mailing Address (If the committee has a		
		Designated Record keeper)		
,NA		NA		
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT	<u> </u>	Alea Code and Frione	9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	ILY if candidate 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:		erly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Primary	October Quarterly			
General				
Convention				
Special	9c. Annua	Statement () Coverage Year	Effective date of dissolution	
L_ School	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)			
Caucus			Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus				
<del></del>				
10. Verification: I\We certify that all reasonable diligonyour knowledge and belief the contents are true, it	ence was used i accurate and co	n the preparation of this statement	ent and attached schedules (if any) and to the best of	
Current Treasurer or Designated Record keeper	4-1) + 4.8	, grap med	3/2 Pale 8-28-15	
Type or Print Name		Signature	Daily	
Candidate Viry Barners		1	Date 8-28-15  Date 8-28-15	
Type or Print Name		Signature		



Page \_\_ \ of \

## **FUND RAISER SCHEDULE 1F**

place where the activity was interest greater)  7. Total Contributions  8. Other Receipts  9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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 (%)	FUND RAISER S	CHEDULE 1F 1. Con	mmittee I.D. Number <u>45727</u>	
3. Date Event Was Held  1 - 21 - 15  200  5. Type of Fund Raising Activity place where the activity was: 337 6. Address and Name (if any place where the activity was: 337 6. Aloress and	CANDIDATE C	OMMITTEE 2. Con	nmittee Name Vog Brone	rd ho Lansing
place where the activity was signater)  7. Total Contributions  8. Other Receipts  9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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 (%)		- USE A SEPARATE SH	EET FOR EACH EVENT -	
337 £. Mic Canning The Private Residence  7. Total Contributions  8. Other Receipts  9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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 (%)	3. Date Event Was Held	or Participating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
7. Total Contributions  8. Other Receipts 9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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 (%)	1-29-15	1		337 E. Mig ling of
8. Other Receipts 9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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 (%)  (%)  (%)	7 Total Combinations	71.0		· Wate Addition
9. Gross Receipts (Add lines 7 and 8)  10. Total Cost of Event (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 (%)	7. Total Contributions		<u> 71 · 00                                  </u>	
10. Total Cost of Event (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 (%)	B. Other Receipts		<del></del>	
11. Check if event was a joint fund raiser and complete the following:  Co-Sponsor(s)  Contribution Split (%)  (%)  Expenditure Split (%)	9. Gross Receipts (Add lines 7	and 8)		
11. Check if event was a joint fund raiser and complete the following:  Co-Sponsor(s)  Contribution Split (%)  (%)  Expenditure Split (%)	10. Total Cost of Event	10:24	R. 58	
Co-Sponsor(s)  Contribution Split (%)  Expenditure Split (%)	Total Cost includes In-Kind Co	ontributions and All Expenditures	Made For the Event)	
	11. Check if event was a jo	oint fund raiser and complete the	e following:	
	Co-Sponsor(s)	Contribution S	2mlit	Europelitura Calit
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The committee is considered to Element Fuel Dir. On the Contract of the Contra				•
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The committee is required to the a separate rand Maiser Concadic for each fully raising event field duffing the	The committee is requi	ired to file a separate Fund Rais	er Schedule for each fund raisinç	g 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 Contribution			nedule 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.	Schedule (1A), Itemize	ed In-Kind Contributions Schedul	e (1-IK), Itemized Expenditures	Schedule (1B) and the

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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