CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and sign the treasurer (or designated record keeper) and candi	ned by lidate.	3. This Statement covers From	7-21-15 to 10-20-15	
1. Committee I.D. Number	***	4. Candidate Last Name	First Name M.I.	
4-717		Bernena	o vig P	
45727		4a. Office Sought Including Dis	strict # or Community Served (If applicable)	
2. Committee Name		1		
Virgherners ter Lansing			ing Mayor Insham	
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address		
		_		
3000 Cambridge		Jee Mc Donay		
Lans: m MI 48911	,	<u> </u>		
	'	902 SM: th		
Area Code and Phone		1 ancm MT 48910		
If the address in this box is different from the committee mailing address on the Statement of Organization, mail		Lans: m MI 48910		
be sent to this address by the filing official.	Пау	Area Code & Phone		
7. Treasurer's Business Address		8. Designated Record Designated	Name and Mailing Address (If the committee has a	
		Designated Record keeper)	Hame and Mailing Address (If the committee has a	
		OCT 26 2015		
NA				
		INGHAM C	OUNTY CLERK	
	İ			
Area Code and Phone	_	Area Code and Phone		
9. TYPE OF STATEMENT			1 9e.	
	Annuiro d ONI	I V if and did to	1 °°°	
9a. Pre-Election OR 9b. Post-Election is	Required ON s not on the l surrent year:	LY 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	
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SUMMA	ARY F	'AG	
CANDIDATE	COM	MIT	TE

1. Committee I.D. Number 45727

2. Committee Name Mrg Bernero For Land

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	0	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ <u>83,650.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 33,650.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
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.) \$ /,200,00	(23.)\$ 64,176.01
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		•
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40L) #	
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	
13. Ending Balance of last report filed	(13.) \$ 65,555.33	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	· , · ·	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$_ \(\sigma \), \(\s	
(Add lines 9 and 11)	(16.) - \$ <u>/ 2.00 . 0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 64, 355.33	



SCHEDULE 1B

1. Committee I. D. Number

CANDIDATE COMMITTEE 2. C	ommittee Name Virg Bernes	Kr L.	uns->
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Terry Redman Address 215 N. Canal Lans: ymt 48917 [Fund Raiser]	Purpose: Parade Costs Click H Check box if this expenditure is payment of debt or obligation reported on previous	Date ere for Memo	\$ <u>/o o ~ (</u> O) temization Type
Expenditure #2	statement		
Name A77 Address P. o. Box 9001310	Purpose: Nove	Date	\$ // 0<0.00
Louisville KY 40290 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ere loi iviello i	етиганоп туре
Name Friends to Elect Alynne Address Poles	Purpose: Don A on	<u>€-31-15</u> Date	\$ 100.N
2515 Victor Lansing MI 48911 Fund Raiser	Click Householder Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo i	ernization Type
Expenditure #4 Name Address	Purpose:Click H	Date Date ore for Memo #	\$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name Address	Purpose:	Date	\$
Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo I	temization Type
	Subtot	al this page	1,200.00
	Grand Total of all S (Complete on last page		1,200.00 1,200.00

Enter this total on line 8a of Summary Page

Page ____ of ___