



JUL 25 2017

MICHIGAN DEPARTMENT (
BUREAU OF ELECTION 7/25/17 3.51 PM Page 1 of 1
CANDIDATE COM

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CANDIDATE

CAN **COVER PAGE**

FICIAL USE ONLY
INGHAM COUNTY CLERK

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:	10-21-16 to 7-30-17	
1. Committee I.D. Number		4. Candidate Last Name First Name M.I.		
45727		Berner Virg P. 4a. Office Sought Including District # or Community Served (If applicable)		
2. Committee Name		-		
VirgiBernero for Lan	s.nz		ansing Magor	
5. Committee's Mailing Address	-0	4b. County of Residence Ingham 6. Treasurer's Name & Residential Address		
3000 Sambridge		Joe McDonay		
Lansing MI 489	tc	90	2 SMith	
Area Code and Phone 517 485-120	<u> </u>	La	01884 IM C 30	
If the address in this box is different from the commi- mailing address on the Statement of Organization, r be sent to this address by the filing official.		Area Code & Phone 517		
7. Treasurer's Business Address			Name and Mailing Address (If the committee has a	
NA				
Assa Code and Dhone		Area Code and Phone		
Area Code and Phone		Alea Code and Filone	9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election		NLY 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:	July Quart	teriv	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,	
Primary			owes no lates fees or has any oustanding debt.	
General	October C	•	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Convention			one and a contract of the cont	
Special Special	9c. Annua	al Statement ()	Effective date of dissolution	
School	Amer	Coverage Year Idment to Campaign Statement		
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to Ite which Statement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus				
11-7-17				
10. Verification: I\We certify that all reasonable diligr	ence was used	in the preparation of this statement	ent and attached schedules (if any) and to the best of	
		. 0		
Current Treasurer or Designated Record keeper Type or Print Name	c 1) One l	Signature X	2 Date 7-28-17	
Type of Finitivatile		Gigilatule	40	
Candidate Ving Berner		Signature	Date 7-27-17	
- Type of Fillst Nathe		Cignature		

1. Committee I.D. Number

4	5	7	27	

SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name Vrg Berne	no for Landing
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	inis Period	CONTINUENTA BIRG DISCIPLI GAOIS
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>15,975</u>	(18.)\$ 197,450
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$ 6,075</u>	(20.)\$ (97,550
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	11 a - 4 a	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 49, 869,77	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 49 B69.77	(23.) \$ 133, 500.(1
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a,) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 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.) \$ 142,726.06	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 16 075.00	-
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 158, 801.06	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 49 869.77	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>108, 931.83</u>	* -

1. Committee I.D. Number _	GOMATO-R-	45727
	BERNERO FOR	MAYOR Lansing
2. Committee Name		

inter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or nore, 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 from committees regardless of	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
mount. Contribution # 1 PAC Receipt? X YES 4. Date of Receipt 01/16/2017	1000.00	1000.00
Name: Foster Pac Address:313 S Washington Sq		
Lansing MI 48933 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		1
Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser 3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 01/30/2017	100.00	100.00
Name: Hiram Fitzgerald		
Address: 220 Trowbridge East Lansing MI 48824		
If over \$100.00 cumulative, please provide: OccupationEmployer Employer Employer		
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser 3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 01/30/2017	250.00	450.00
Name: Harry Hepler		
Address: Po Box 12147		
Lansing MI 48901 5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer H Inc		
Business Address Lansing Mi 48906 D Sund Paiser		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser 3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 01/30/2017	50.00	50.00
Name: Casey Kandow		
Address: 401 W Greenlawn		-
Lansing MI 48910 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	1400.00	<u>)</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
(OSIII,PISIC SIX AND I	Enter this total on line 3a of Summary Page	

1. Committee I.D. Number _	COMAYOUR			_
2. Committee Name VIRG	BERNERO FO	OR MASSER	Lansing	

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or nore, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Amount. 3. Contribution # 5 PAC Receipt? □ YES 4. Date of Receipt 01/30/2017	150.00	650.00
Name: Patricia A Baines-lake Address:1303 Tavistock Pl		
East Lansing MI 48823 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Lansing Housing Commission		
Business 310 Seymour Ave		
Type of Contribution: Direct Loan from a person	10.00	10.00
Name: Kenneth Harrow Address: 1147 Daisy Ln		
East Lansing MI 48823 5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address The confrom a person Fund Raiser		
Type of Contribution: Direct Loan from a person Lift Fund Raiser 3. Contribution # 7 PAC Receipt? Lift YES 4. Date of Receipt 01/31/2017	125.00	1125.00
Name: Noel Laporte Address: 101 S Washington Sq 200		
Lansing MI 48933 5. If over \$100.00 cumulative, please provide: Occupation Lobbyist Employer Capitol Advocacy		
Business 101 S Washington Sq 200 Address Lansing Mi 48933		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Full Naiser 3. Contribution # 8 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 01/31/2017	125.00	275.00
Name: James Smalligan Address:8735 Olive Shore Ave		
West Olive MI 49460 5. If over \$100.00 cumulative, please provide: Occupation Principal Employer Ftc&h		
Business 5913 Executive Dr Address Lansing Mi 48911	-	
Type of Contribution: Direct Loan from a person	440.0	
Page Subtotal Grand Total of All Schedules 1A	410.0	-
(Complete on last page of Schedule)		

1. Committee I.D. Nur	nber 00MM	45727	
	VIRG BERNERO FOR	RIMAXOR	Lanjint
2. Committee Name _	711(0.32)		0

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
amount. 3. Contribution # 9 PAC Receipt? □ YES 4. Date of Receipt 01/31/2017	1000.00	2000.00
Name: April Clobes Address: 3777 West Rd East Lansing MI 48823 5. If over \$100.00 cumulative, please provide:		
Occupation Ceo Employer Msufcu		
Business 3777 West Rd Address Fast Lansing Mi 48823		
Type of Contribution: Direct	75.00	200.00
Name: John M Patterson Address:11817 Barnes Rd Eaton Rapids MI 48827 5. If over \$100.00 cumulative, please provide: Occupation Employer Mclaren		
Business 401 W Greenlwan Address Lansing Mi 48910 Type of Contribution: Direct Loan from a person Fund Raiser		
Name: David White Address: 300 S Washington Lansing MI 48933 5. If over \$100.00 cumulative, please provide: Occupation Sales Manager Employer Everstream	1000.00	1000.00
Business 300 S Washington Address Lansing Mi 48933 Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: PAC Receipt 02/02/2017		2000.00
Name: Ronnie J Boji Address:5334 Trillium Ct W. Bloomfield MI 48323 5. If over \$100.00 cumulative, please provide: Occupation President Employer Boji Group Business	1000.00	2000.00
Address Lansing Mi 48915 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	3075.00	<u>)</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

1. Committee I.D. Number	061464464	45727	
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2. Committee Name VIRG BERNERO FOR WHOR Lans!

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 13 PAC Receipt? D YES 4. Date of Receipt 02/03/2017	125.00	125.00
Name: Julie Pingston Address:500 E Michigan Ave		
Lansing MI 48912 5. If over \$100.00 cumulative, please provide:		
Occupation Coo Employer Glcvb		
Business 500 E Michigan Ave Address Lansing Mi 48912		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 14 PAC Receipt? ☐ YES 4. Date of Receipt 02/03/2017	100.00	400.00
Name: Jack Schripsema Address:8188 Golfside Dr		
Jenison MI 49428 5. If over \$100.00 cumulative, please provide:	!	
Occupation Ceo Employer Glcvb		
Business 500 E Michigan Ave Address Lansing Mi 48912		
Type of Contribution: Direct	- 	
3. Contribution # 15 PAC Necespt: Li Tizo 3. Salo stribution #	1000.00	1000.00
Name: Michael Doherty		
Address:1982 Grand River		
Okemos MI 48864 5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Defve		
Business 1982 Grand River Address Okemos Mi 48864		
Type of Contribution: Direct Loan from a person Fund Raiser	- 	
3. Contribution # 16 PAC Receipt? YES 4. Date of Receipt 02/04/2017	125.00	275.00
Name: Van Martin		
Address:6241 Island Lake Dr		
East Lansing MI 48823 5. If over \$100.00 cumulative, please provide:		
Occupation President Employer Martin Commercial Properties		
Business 1111 Michigan Ave 201 Address Fast Lansing Mi 48823		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1350.00	
Grand Total of All Schedules 1A		-
(Complete on last page of Schedule)		_

1. Committee I.D. Number	GENERAL STATE	45727	

2. Committee Name VIRG BERNERO FOR MANON LONSING

		
Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 17 PAC Receipt? PES 4. Date of Receipt 02/08/2017	1000.00	1000.00
Name: Thomas Dickson Address:505 E Michigan Ave Lansing MI 48912		,
5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Lansing Lugnuts		
Business 505 E Michigan Ave Address Lansing Mi 48912		
Type of Contribution: Direct Loan from a person Pund Raiser O2/08/2017		475.00
3. Contribution # 18 PAC Receipt? YES 4. Date of Receipt 02/08/2017	125.00	475.00
Name: Larry L Meyer Address: 16938 Broadview Dr		
East Lansing MI 48823		
5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Larry Meyer		
Occupation		
Business		
Address Lansing Mi 48933 Type of Contribution: Direct Loan from a person Fund Raiser Loan from a person		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Folio Raises 3. Contribution # 19 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/09/2017	125.00	475.00
Name: Gerald Ambrose		
Address:1693 Tuttle Rd		
Mason MI 48854 5. If over \$100.00 cumulative, please provide:		
Occupation Retired Employer	•	
Business 1101 S Saginaw St Address Flint Mi 48502	_	
□ Loan from a person □ Fund Raiser		
Type of Contribution: We Direct Search of Receipt 02/09/2017 3. Contribution # 20 PAC Receipt? □ YES 4. Date of Receipt 02/09/2017	125.00	125.00
Name: Jason Schreiber		
Address: 230 N Washington		
Lansing MI 48933		
5. If over \$100.00 cumulative, please provide:		
Occupation Pres. Employer Arialink	-	
Business 230 N Washington		
Address Lacian Ni 49023	-	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	1375.0	0
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

1. Committee I.D. Number	COMAVIEW	42727	

2. Committee Name VIRG BERNERO FOR MAYOR (...)

amount. 3. Contribution # 21 PAC Receipt? □ YES 4. Date of Receipt 02/09/2017 Name: Stephen Nichols Address:1515 Arboretum Grand Rapids MI 49546 5. If over \$100.00 cumulative, please provide: Occupation President Employer Fishbeck Thompson Business Address 915 Centennial Way Ansing MI 48917 Type of Contribution: ☑ Direct □ Loan from a person □ Fund Raiser 3. Contribution # 22 PAC Receipt? □ YES 4. Date of Receipt 02/13/2017 Name: Dale Thompson Address: 401 W Greenlawn Lansing MI 48910 5. If over \$100.00 cumulative, please provide: Occupation □ Employer Business Address Type of Contribution: ☑ Direct □ Loan from a person □ Fund Raiser 7. Type of Contribution: ☑ Direct □ Loan from a person □ Fund Raiser 8. From a person □ Fund Raiser 9. Fund Ra	100.00	1000.00
Address: 1515 Arboretum Grand Rapids MI 49546 5. If over \$100.00 cumulative, please provide: Occupation President Employer Fishbeck Thompson Business 915 Centennial Way Address Lansing Mi 48917 Type of Contribution: Direct Loan from a person Fund Raiser 7 Yes of Contribution PAC Receipt? YES 4. Date of Receipt 02/13/2017 Name: Dale Thompson Address: 401 W Greenlawn Lansing MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution PAC Receipt? YES 4. Date of Receipt 02/14/2017 Name: George Snyder Address: 912 E Michigan Ave Lansing MI 48912 5. If over \$100.00 cumulative, please provide:		
5. If over \$100.00 cumulative, please provide: Occupation President Employer Fishbeck Thompson Business 915 Centennial Way Address Lansing Mi 48917 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 22 PAC Receipt? YES 4. Date of Receipt 02/13/2017 Name: Dale Thompson Address: 401 W Greenlawn Lansing MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 23 PAC Receipt? YES 4. Date of Receipt 02/14/2017 Name: George Snyder Address: 912 E Michigan Ave Lansing MI 48912 5. If over \$100.00 cumulative, please provide:		
Business Address Lansing Mi 48917 Type of Contribution: Direct Loan from a person		
Type of Contribution: Direct		
Lansing MI 48910 5. If over \$100.00 cumulative, please provide: OccupationEmployer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser Type of Contribution # 23 PAC Receipt? ☐ YES 4. Date of Receipt		4000.00
5. If over \$100.00 cumulative, please provide: OccupationEmployer		4000.00
Business Address Type of Contribution: Direct		4000.00
Name: George Snyder Address: 912 E Michigan Ave Lansing MI 48912 5. If over \$100.00 cumulative, please provide:		4000.00
Name: George Snyder Address:912 E Michigan Ave Lansing MI 48912 5. If over \$100.00 cumulative, please provide:	1000.00	111111111111
5. If over \$100.00 cumulates, process Employer Dbi	1000.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Business Address Lansing Mi 48912 Type of Contribution: Direct Loan from a person Fund Raiser Type of Contribution: PAC Receipt? Type M. Date of Receipt 02/16/2017		15.00
3. Contribution # 24 PAC Receipt? □ YES 4. Date of Receipt 02/16/2017 Name: Teresa Vicary Address: 401 W Greenlawn	15.00	15.00
Lansing MI 48912 5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address Fund Raiser		
Type of Contribution: 🔯 Direct 🗀 Loan north a person	0.445.00	
Page Subtotal Grand Total of All Schedules 1A	2115.00	

1. Committee I.D. Nur	nber _	OOMAN CO-R	45727	
2. Committee Name	VIRC	BERNERO F	OR MAYOR	Lans: 11
2. 00.,				o

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or nore, 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 from committees regardless of	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
mount. 3. Contribution # 25 PAC Receipt? □ YES 4. Date of Receipt 02/18/2017	125.00	1425.00
Name: Teresa A Szymanski Address:5200 W Clark Rd	120.00	
Lansing Mi 48906 5. If over \$100.00 cumulative, please provide:		
Occupation Operations Director Employer Lansing School District		
Business 518 W Kalamazoo Ave Address Lansing Mi 48933		
Type of Contribution: Direct		
3. Contribution # 26 PAC Receipt? Li 120 4. 55.5 51.1555.	75.00	75.00
Name: Michael Livendale Address:28175 Haggerty Rd		
Novi MI 48377 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address The property of the person		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser 3. Contribution # 27 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 02/22/2017	125.00	775.00
Name: Scott Keith Address:3171 Old Hickory Tr		
Dewitt MI 48820 5. If over \$100.00 cumulative, please provide:		
Occupation Ceo Employer Lepfa		
Business 313 E Michigan Ave Address Lansing Mi 48933	:	
Type of Contribution: Direct Loan from a person Linux Raiser		
3. Contribution # 28 PAC Receipt? YES 4. Date of Receipt 02/20/2017	1000.00	2000.00
Name: Brian Holland Address: 2502 Lake Lansing Rd C		
Lansing MI 48912 5. If over \$100.00 cumulative, please provide:		
Occupation Manager Employer Dtn Management		
Business 2502 Lake Lansing Rd C		
Address Lansing Mi 48912 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	1325.00	,

Enter this total on line 3a of Summary Page

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

1. Committee I.D. Nur	mber COMSTOR	45727	
** * * * * * * * * * * * * * * * * * * *			
2. Committee Name _	VIRG BERNERO FO	OR MANOR (-451-41

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 29 PAC Receipt? YES 4. Date of Receipt 02/27/2017	375.00	375.00
Name: Timothy Fox Address: 32600 Telegraph	373.00	0,0.00
Beverly Hills MI 48025 5. If over \$100.00 cumulative, please provide:	į.	
Occupation Cfo Employer Continental Management		
Business 32600 Telegraph Address Beverly Hills Mi 48025		
Type of Contribution: Direct Loan from a person Li Fund Raiser		
3. Contribution # 30 PAC Receipt? D YES 4. Date of Receipt US/02/2017	250.00	250.00
Name: Steve Green Address: 3001 S Washington		
Lansing MI 48910 5. If over \$100.00 cumulative, please provide:		
Occupation Consultant Employer The Green Room		
Business 3001 S Washington Address Lansing Mi 48910		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser		1

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

Enter this total on line 3a of Summary Page

625.00

Page Subtotal



1. Committee I.D. Nur	nber _	GOTTO SOLUTION	4572	-7	
2. Committee Name	VIRG	BERNERO F	OR MAKE	& Luns	h2
Z. COMMISSION NUMBER	h				0

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
amount. 3. Contribution # 1 PAC Receipt? D YES 4. Date of Receipt 10/25/2016	200.00	200.00
Name: Edger L Harden Address:1901 Belwood Dr		
Okemos Mi 48864 5. If over \$100.00 cumulative, please provide: Occupation Performance Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser 3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 10/25/2016	500.00	500.00
Name: Thomas F Kuschinski Address:3817 Viceroy Dr		
Okemos MI 48864 5. If over \$100.00 cumulative, please provide: Occupation Partner Employer Dover's Crossing		
Business Address Lansing Mi 48912 The of Contribution: M. Direct		
Type of Contribution: Direct	500.00	500.00
Name: Iqbal S Uppal Address: Lansing MI 48912		
If over \$100.00 cumulative, please provide: Occupation Partner Employer Dover's Crossing		
Business Address Lansing Mi 48912 Type of Contribution: Direct Loan from a person		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1072372010	1000.00	2000.00
Name: Gary Jones Address: 10960 Wilshire Blvd #19000		
Los Angeles CA 90024		
Occupation Owner Employer Jones Development Company		
Business Address Kansa City Mo. 64111		
Type of Contribution: 28 Direct Li Coan Horn a person		
Page Subtotal Grand Total of All Schedules 1A	2200.00	<u>'</u>
(Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page

9-10 Page _=====

Authority granted under P.A. 388 of 1976

CFR 7/1999c-1a



1. Committee I.D. Nur	nber 48000000 45727
a a little blome	VIRG BERNERO FOR MANOR LANJUS

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
amount. 3. Contribution # 5 PAC Receipt? □ YES 4. Date of Receipt 11/30/2016	100.00	100.00
Name: Anthony Cox Address:3809 S Waverly		
Lansing Mi 48911 5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address D Loan from a person Fund Raiser		
Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser 3. Contribution # 6 PAC Receipt? ☐ YES 4. Date of Receipt ☐ 11/30/2016	1000.00	1300.00
Name: Kevin Pybus Address:2279 Sundance Ridge		
Howell MI 48843 5. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer The Green Area Llc		
Business 2279 Sundance Ridge Address Howell Mi 48843		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser 3. Contribution # 7 PAC Receipt? ☐ YES 4. Date of Receipt 11/30/2016	1000.00	1400.00
Name: Cheryl Berry Address:2121 Wamplers Heights Drive		
Brooklyn Mi 49230 5 if over \$100.00 cumulative, please provide:		
Occupation Homemaker Employer_		
Business Address		
Type of Contribution: Direct Loan from a person Li Fund Raiser	ı	•
Page Subtotal	2100.00	

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

Enter this total on line 3a of Summary Page

15,975,00

10 00 10

Page _

Authority granted under P.A. 388 of 1976

CFR 7/1999c-1a

ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1 CANDIDATE COMMITTEE

1. Committee I.D. Number OMAXOR 45727

2. Committee Name VIRG BERNERO FOR MAYOR WAYS

3. Name &	Address From Whom Received	4. Date of Receipt	5.Type of Receipt	6. Amount
Receipt # 1 Name:	Friends Of Derrick Quinney For	Date of Receipt 01/01/2017 Register	☐ Loan from a Lending Institution☐ Interest	100.00
Address:	2010 Wellesley		☑ Refund \ Rebate	
	Lansing MI 48911	☐ Fund Raiser	Other (Specify) Refund	
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			Page Subtotal	100.00
			Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)	100.00

1. Committee I.D. Number #5127

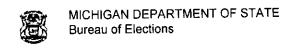
2. Committee Name VIRG BERNERO FOR

may assign an Expenditure Code) Expenditure # 1 Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 2 Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 2 Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure Code CN Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 3	<u> </u>		A Durance (Describe anacific numbers and use	5. Date	6. Amount
Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	Name and address of person or vendor to whom paid		Purpose (Describe specific purpose and you may assign an Expenditure Code)	o, Date	v. Amount
Address: 8650 Denn Dr Brighton Mi 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous	Expenditure # 1			01/04/2017	3400.00
Expenditure Code _CN	Name:	Vitale Strategies	Purpose: Consulting		
Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement	Address:	8650 Denn Dr	Expenditure Code CN		
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement		Brighton MI 48114	_	!	
Fund Raiser Statement			l .		
Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Consulting	☐ Fund R	aiser			
Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser	Expenditu	re # 2		01/13/2017	1700.00
Expenditure Code _CN Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Consulting	Name:	Vitale Strategies	Purpose: Consulting		
Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 3	Address:	8650 Denn Dr	Evnenditure Code CN		
Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of object or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser		Brighton MI 48114			
Expenditure # 3 Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 4 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure Code PA Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous		-			
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Expenditure Code CN Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 4 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure Code PA Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous	Name:	Vitale Strategies	Purpose: consulting		
Brighton MI 48114 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 4	Address:	8650 Denn Dr	Evnenditure Code CN		ļ
Check box if this expenditure is payment of debt or obligation reported on previous statement Superior of debt or obligation reported on previous statement		Brighton MI 48114			
Expenditure # 4 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Fund Raiser Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous		·			
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Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 5	Name:	Brd Printing	Purpose: SOC Mugs		
Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous	Address:	912 W St. Joe	Expenditure Code PA		1
□ Fund Raiser Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 □ Check box if this expenditure is payment of debt or obligation reported on previous statement 01/13/2017 2500.00 Expenditure Code PA □ Check box if this expenditure is payment of debt or obligation reported on previous		Lansing MI 48915	<u>-</u> -		
Expenditure # 5 Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous		-			
Name: Brd Printing Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous	☐ Fund F	Raiser			
Address: 912 W St. Joe Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous	Expenditu	ure # 5		01/13/2017	2500.00
Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous	Name:	Brd Printing	Purpose: SOC Mugs		
Lansing MI 48915 Check box if this expenditure is payment of debt or obligation reported on previous	Address:	912 W St. Joe	Expenditure Code PA		
Check box if this expenditure is payment of debt or obligation reported on previous		Lansing MI 48915			
		_			
	☐ Fund	Raiser			
Subtotal this page 12927.16			Subtotal this	s page	12927.16
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Grand Total of all Schedu	les 1B edule)	

1. Committee I.D. Number 06MAYOR 45727

2. Committee Name VIRG BERNERO FOR MAYOR Lansing

	CANDIDATE COMMITTEE			<u> </u>
3. Name a	nd address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditu	re # 6		03/02/2017	450.00
Name:	Glen Erin Pipe Band	Purpose: Charitable Community Organiz- ation		:
Address:	514 Fulton Pl	Expenditure Code <u>CC</u>		
	Lansing MI 48915	☐ Check box if this expenditure is payment		
☐ Fund F	Raiser	of debt or obligation reported on previous statement		
Expenditu	re # 7		03/13/2017	200.00
Name:	Urban Beat	Purpose: Rental of Facilities		
Address:	1213 Turner St	Expenditure CodeRE		i
	Lansing MI 48906			
n		of debt or obligation reported on previous		
Fund		statement		
Expenditu		Purpose: Consulting	02/14/2017	1700.00
Name:	Vitale Strategies	Purpose: Consulting		
Address:	8650 Denn Dr	Expenditure CodeCN		
	Brighton MI 48114	☐ Check box if this expenditure is payment		
☐ Fund	Raiser	of debt or obligation reported on previous statement		
Expendit	ure # 9		02/27/2017	1700.00
Name:	Vitale Strategies	Purpose: Consulting		
Address:	8650 Denn Dr	Expenditure CodeCN		
	Brighton MI 48114	Check box if this expenditure is payment		
☐ Fund	Paicar	of debt or obligation reported on previous statement		
		Stationic	 	4070.00
	ture # 10	Purpose:Food Expense	03/14/2017	1979.80
Name:	Soup Spoon	1 4190001.		
Address	: 1419 E Michigan	Expenditure CodeFE		
	Lansing MI 48912	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund	Raiser	statement		
		Subtotal thi	s page	6029.80
		Grand Total of all Schedu (Complete on last page of Sch	iles 1B nedule)	



1. Committee I.D. Number 694490 45727

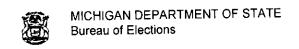
2. Committee Name VIRG BERNERO FOR MOSO Lansing

3 Name a	nd address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you	5. Date	6. Amount
		may assign an Expenditure Code)		
Expenditu			03/14/2017	100.00
Name:	Whitmer For Governor	Purpose: Ticket Purchase		
Address:	Po Box 15282	Expenditure Code <u>TC</u>		
	Lansing MI 48901			
		Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund F	Raiser	statement		
Expenditu	re # 12		03/16/2017	500.00
Name:	The Connection	Purpose: Community Event		
Address:	706 W Lenawee	TD	3	
	Lansing MI 49015	Expenditure CodeTP		
	Lansing MI 48915	Check box if this expenditure is payment		
☐ Fund f	Raiser	of debt or obligation reported on previous statement		
Expenditu	ле # 13		03/21/2017	300.00
Name:	Community In Schools	Purpose: Charitable Donation		
Address:	714 N Cedar			
Addiess.		Expenditure CodeCC		
	Lansing MI 48906	☐ Check box if this expenditure is payment		
☐ Fund	Raiser	of debt or obligation reported on previous statement		
Expendit			03/27/2017	3400.00
·	Vitale Strategies	Purpose: Consulting	03/2/12017	0400.00
Name:	B			
Address:	8650 Denn Dr	Expenditure Code <u>CN</u>		
	Brighton MI 48114	Check box if this expenditure is payment		
☐ Fund	Painor	of debt or obligation reported on previous statement		
		Section		1000.00
	ture # 15	Purpose: Charitable donation	04/12/2017	1000.00
Name:	Care Free Medical Clinic	Tulpost. Stratistics design		
Address	: 5135 S Pennsylvania	Expenditure CodeCC		
	Lansing MI 48910	Check box if this expenditure is payment		
		of debt or obligation reported on previous		
Fund	Raiser	statement		
		Subtotal thi		5300.00
		Grand Total of all Schedu (Complete on last page of Sch	iles 1B redule)	

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES
Page 3 of 4 Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



1. Committee I.D. Number 0 NAYOR 45727

2. Committee Name VIRG BERNERO FOR MAKER Landing

	CANDIDATE COMMITTEE			<u></u>
3. Name a	nd address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditu	re # 16		04/17/2017	100.00
Name:	Comm To Elect Tina Houghton	Purpose: Ticket Purchase		İ
Address:	6231 Coulson	Expenditure CodeTC		
_	Lansing MI 48911	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund F		statement		
Expenditu	re # 17 People For Kathie Dunbar	Purpose: Ticket Purchase	04/27/2017	100.00
Name:	1334 Boston Blvd			
Address:		Expenditure CodeTC		
	Lansing MI 48910	☐ Check box if this expenditure is payment		
☐ Fund I	Raiser	of debt or obligation reported on previous statement		
Expendit	ure # 18		05/15/2017	100.00
Name:	Elect Kara Hope	Purpose: Ticket Purchase		
Address:	1891 Maple	Expenditure CodeTC		
	Holt MI 48842	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund	Raiser	statement		
Expendit	ure # 19		05/15/2017	500.00
Name:	Cristo Rey Community Center	Purpose Charitable donation	Ì	
Address	: 1717 N High	Expenditure CodeCC	1	
	Lansing MI 48906	Check box if this expenditure is payment		
☐ Fund	Raiser	of debt or obligation reported on previous statement		
Expendi	ture # 20		05/23/2017	600.00
Name:	C & S Development	Purpose: Rental of Facilities		
Address	2420 E Michigan Ave	Expenditure Code RE		
	Lansing MI 48912	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund	d Raiser	statement		
		Subtotal th		1400.00
		Grand Total of all Sched	ules 1B	

1. Committee 1.D. Number OPMAYOR 45727

Expenditure # 21	Purpose (Describe specific purpose and you may assign an Expenditure Code) Purpose: Consulting CN	5. Date 05/23/2017	6. Amount 6801.50
1	Purpose: Consulting	05/23/2017	6801.50
Name: Dickinson Wright Pllc		ļ	
	To allow Codo CN		
Address: 215 S Washington	Expenditure CodeCN		
Lansing MI 48933	 Check box if this expenditure is payment of debt or obligation reported on previous 		
☐ Fund Raiser	statement		
Expenditure # 22	Committee Franct	05/15/2017	1000.00
Name: Off Sheet Music Llc	Purpose: Community Event		
Address: Po 13264	Expenditure CodeTP		
Lansing MI 48901	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser	statement		618.75
Expenditure # 23	Purpose: Web Design	06/09/2017	618.73
Name: Traction	Purpose. Web Boorg.		
Address: 617 E Michigan Ave	Expenditure CodeCO		
Lansing MI 48933	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund Raiser	statement		
Expenditure # 24	<u>_</u>	06/30/2017	114.16
Name: Gordon Food Service	Purpose: Food Expense		
Address: 5912 W Saginaw	Expenditure CodeFE		
Lansing MI 48917	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund Raiser	statement		454.00
Expenditure # 25	- Food Evpense	06/30/201	7 154.89
Name: Blimpie	Purpose: Food Expense		
Address: 2323 E Michigan Ave	Expenditure CodeFE		
Lansing MI 48912 ☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		

Enter this total on line 8a of Summary Page

8689.30

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

Subtotal this page

1. Committee I.D. Number 200420 R 45727

2. Committee Name VIRG BERNERO FOR NEW LCM3: 10

	CANDIDATE COMMITTEE	4. Purpose (Describe specific purpose and you	5. Date	6. Amount
3. Name a	and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)		<u> </u>
Expenditu	re # 26		06/30/2017	10000.00
Name:	Capital Area United Way	Purpose: Charitable Donation		
Address:	330 Marshall St	Expenditure CodeCC		
☐ Fund I	Lansing MI 48912	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expendit		COCCO TO	07/05/2017	100.00
Name:	Terrance B Redman	Purpose: Parade Costs	07/03/2017	
Address:	215 N Canal	Expenditure Code PC		
	Lansing MI 48917	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund	Raiser	statement		
				1

Subtotal this page

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

10100.00

Enter this total



1. Committee I.D. Number 9848568 45727

2. Committee Name VIRG BERNERO FORCEMENT LANSIN

3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date 0 6.	Amount
Expenditure # 1		10/25/2016	500.00
Name: Traction	Purpose: Computer Costs		
Address: 617 E Michigan Ave	Expenditure Code <u>CO</u>		
Lansing MI 48933	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund Raiser	statement		
Expenditure # 2		10/26/2016	100.00
Name: Friends For Angela Matthews	Purpose: Donation		
Address: 706 Lenawee	Expenditure Code <u>TC</u>		
Lansing MI 48915	Check box if this expenditure is payment of debt or obligation reported on previous statement		
☐ Fund Raiser			723.09
Expenditure # 3 Name: Keystone	Purpose: Mailers	11/27/2016	725.00
Address: 15400 N. Us 27	Expenditure Code PA		
Lansing MI 48906	Check box if this expenditure is payment of debt or obligation reported on previous		
☑ Fund Raiser Ball Park 10-13-16	statement		
Expenditure # 4		11/28/2016	898.42
Name: Lansing Brewing Company	Purpose: Food Expense		
Address: 518 E Shiawassee St	Expenditure CodeFE		
Lansing MI 48912	Check box if this expenditure is payment of debt or obligation reported on previous		
M Fund Raiser Ball Park 10-13-16	statement		
Expenditure # 5		11/28/2016	1000.00
Name: Vitale Strategies	Purpose: Consulting		
Address: 8650 Denn Dr	Expenditure CodeCN		
Brighton MI 48114	 Check box if this expenditure is payment of debt or obligation reported on previous 	,	
☐ Fund Raiser	statement		
	Subtotal ti		3221.51
	Grand Total of all Sche (Complete on last page of S	Jules 1B chedule)	

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES
Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I.D. Number 600000 45727

2. Committee Name VIRG BERNERO FOR WARE L-NS. H

	- AND ATE COMMITTEE	2. Committee Name		
Name a	CANDIDATE COMMITTEE nd address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
cpenditu	e # 6	Consulting	12/20/2016	2000.00
ame:	Vitale Strategies	Purpose: Consulting		
idress:	8650 Denn Dr	Expenditure Code <u>CN</u>		
	Brighton MI 48114	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund F	Raiser	statement	<u> </u>	
penditu	ıre#7		12/07/2016	100.00
ame:	Saginaw Oakland Commercial Associati	Purpose: Donation		
dress:	2010 W Saginaw St	Expenditure CodeTP		
	Lansing MI 48915	Check box if this expenditure is payment of debt or obligation reported on previous		
] Fund	Raiser	statement		102.00
xpendi	ture # 8	Purpose: PO Box	12/09/2016	102.00
lame:	Us Postmaster	Purpose.1_O Box		
Address	3600 Colins Road	Expenditure CodeRE		
	Lansing MI	Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund	d Raiser	statement		
		Subtotal	this page	2202.0

Subtotal this page

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

2202.00 49,969:77

Enter this total on line 8s of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES
Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

8 908