# F2017-1368 10/27/17 3:22 PM Page 1 of 1 CAMP \$0 00 Barb Byrum, Ingham County Clerk

## RECEIVED



MICHIGAL **BUREAU OF ELECTIONS** 

OCT 27 2017

#### **CANDIDATE COMMITTEE** COVER PAGE

FOR OFFICIANGHAMPOOUNTY CLERK'S OFFICE

| Report must be legible, typed or printed in ink a the treasurer (or designated record keeper) and  | and signed by dicandidate. | 3. This Statement covers Fi  | om: 08/29/17         | to 10/22/17                                      |                         |
|--|----------------------------|--|----------------------|--|-------------------------|
| 1. Committee I.D. Number   |                            | 4 Candidate Last Name  |                      | to 10/22/17                                      | M.I.                    |
| 46714  |                            | Garza  | Jerem                |  | <b>69</b> 1.4.          |
| 2. Committee Name  |                            | 4a. Office Sought Including Lansing City Counc   | District # or Commu  | •  | ole)                    |
| Jeremy Garza for Lansing C   | Council                    | 4b. County of Residence  |                      |  | <u> </u>                |
| 5. Committee's Mailing Address<br>5616 Ellendale Drive<br>Lansing, MI 48911  | <u> </u>                   | 6. Treasurer's Name & Res<br>Jeremy Garza<br>5616 Ellendale Driv<br>Lansing, MI 48911  | dential Address      |  |                         |
| Area Code and Phone (517) 881-9278 If the address in this box is different from the commailing address on the Statement of Organization be sent to this address by the filing official | mittee<br>, mail may       | Area Code & Phone (517)  | 881-9278             |  |                         |
| 7. Treasurer's Business Address  |                            | 8. Designated Record keeps   | er's Name and Mailir | ng Address (If the com                           | ımittee has a           |
| 5405 S MLK Blvd  |                            | Designated Record keeper) Thomas P. Morgan   |                      |  |                         |
| Lansing, MI 49811  |                            | 1432 Wickham Driv  |                      |  |                         |
|  |                            | Lansing, MI 48906  |                      |  |                         |
|  |                            |  |                      |  |                         |
| Area Code and Phone (517) 881-9278   |                            | Area Code and Phone (51  | 7) 927-4487          |  |                         |
| 9. TYPE OF STATEMENT   | T                          |  | 9e. Dissolution      | of Candidate Comm                                | ittee                   |
| 9a. X Pre-Election OR 9b. Post-Election  | Required ON is not on the  | LY if candidate  | By checking          | this item I/We certify a                         |                         |
| re-Election or Post-Election Statement relates to:   | current year:              | salietie, ale  | by the committee     | to the candidate or his                          | s or her spouse is here |
| Primary  | July Quarte                | rly  | Trie committee. T    | he committee has no is<br>s or has any oustandir | oustanding assets       |
| <br><b>_</b>   | October Qu                 | steriv   |                      | our neo any bustantin                            | ig deor.                |
| ∬General<br>–  |                            | arterly  | Further, if the diss | olution cannot be gran                           | nted, that this be      |
| Convention   |                            |  | considered a requ    | est for the Reporting \                          | Vaiver                  |
| Special  | 9c. Annual                 | Statement ( )  |                      |  |                         |
| School   | _                          | Coverage Year  | Effective            | e date of dissolution                            |                         |
| ]Caucus  | (Comple                    | ment to Campaign Statement<br>ble Item 9a, 9b, 9c or 9e to<br>which Statement is being | Note: The disposi    | tion of residual funds i                         | must be reported on     |
| Date of Election, Convention or Caucus   |                            | ·.,  | ]                    |  |                         |
| 11/07/17   |                            |  | }                    |  |                         |
| 11/0///  |                            |  |                      |  |                         |
| Verification: I/We certify that all reasonable dilige  | nce was used in            | the preparation of this statem   | ent and attached so  | thedules (if any) and to                         | o the best of           |
|  | ccurate and com            | plete.   | _                    |  |                         |
| rent Treasurer or Thomas P Mo  | rgan 🦙                     |  | <b></b>              | 10/  | 27/17                   |
| Type or Print Name   | 7                          | Signature  | 1                    | -  |                         |
| Jeremy Garza   |                            | -17  | 8                    | Date10/  | 27/17                   |
| Type or Print Name   |                            | Signature  |                      |  |                         |
| thority granted under P.A. 388 of 1976   | -                          | -  |                      |  |                         |

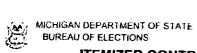
1. Committee I.D. Number 46714

## SUMMARY PAGE CANDIDATE COMMITTEE

#### 2 Committee Name Jeremy Garza for Lansing Council

| CANDIDATE COMMITTEE   |                            |  |
|---|----------------------------|--|
| RECEIPTS  | Column I<br>This Period    | Column II Cumulative this election cycle |
| 3. Contributions  | 12 575 00                  |  |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ 12,575.00         |  |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ NOT APPLICABLE    | -   0.00.00                              |
| c. Subtotal of "Contributions"  | (3c.) \$ \$12,575.00       | (18.) \$ \$42,880.00                     |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ \$0.00             | (19.)\$ \$0.00                           |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)                                  | (5.) \$ \$12,575.00        | (20.) \$ \$42,880.00                     |
| IN-KIND CONTRIBUTIONS & EXPENDITURES  |                            |  |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ \$0.00             | (21.) \$ \$793.00                        |
| 7. In-Kind Expenditures (Schedule 18-IK, Column 6)  | (7.) \$ \$0.00             | (22.)\$ \$0.00                           |
| EXPENDITURES  |                            |  |
| 8. Expenditures   |                            | ļ  |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ \$10,198.76       | _  |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ \$0.00            | -  |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ \$0.00            | _  |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.) \$ \$10,198.76        | (23.) \$ \$38,644.64                     |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)   |                            |  |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6)   | (10a.)\$ \$0.00            | **                                       |
| b. Uniternized (less than \$50.01 each - no Schedule)   | (10b.)\$ \$0.00            |  |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)                              | (11.) \$ \$0.00            | - \$0.00                                 |
| DEBTS AND OBLIGATIONS   | (11.) \$                   | (24.) \$ \$0.00                          |
| Debts and Obligations     a. Owed by the Committee (Schedule 1E)                                  | (12a.) \$ \$0.00           | _  |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ \$0.00           |  |
|   | BALANCE STATEMENT          |  |
| 13. Ending Balance of last report filed   | (13.) <b>\$</b> \$1,859.12 |  |
| (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period | (14.)+ \$ \$12,575.00      |  |
| (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14                   | (15.) = \$ \$14,434.12     | -  |
| 16. Amount expended during reporting period (Add lines 9 and 11)                                  | (16.) - \$ \$10,198.76     | <del></del>                              |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | \$4,235.36                 | •  |



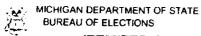


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 46714

| Committee (PAC) R  | k box to indicate if<br>eport <u>all</u> contributi | contril<br>ons re | oution is from a Political Co<br>gardless of amount. | mmi           | <u> </u>  | 6. Amount                 | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|---|-------------------|--|---------------|---|---------------------------|--|
| 3. Contribution # 1 Name & Address: IBEW PAC Vo 900 Seventh S Washington, D          | luntary Fund<br>It NW                               |                   | YES 4. Date of R                                     | ecei          | pt <u>09/26/17</u>  | <sub>s</sub> 2500.00      | <sub>\$</sub> 3500.00  |
| 5. If over \$100.00 cu   | mulative, please                                    | provi             | đe:  |               |   | Office Have 6             |  |
| Occupation   |   |                   | Employer   |               |   | Click Here to             | or Memo Itemization  |
| Business Address   |   | <u></u>           |  |               |   |                           |  |
| Type of Contribution:  | Direct  |                   | Loan from a person                                   |               | Fund Raiser   |                           |  |
| Contribution #2     Name & Address   | PAC Receipt   | ? 🔽               | YES 4. Date of Re                                    | ceip          | 09/27/17  |                           |  |
| Asbestos Work<br>9602 MLK Hwy<br>Lanham, MD 20                                       |   |                   |  |               |   | \$ 3000.00                | s 3000.00  |
| 5. If over \$100.00 cum  | ulative, please p                                   | provid            | e:   |               |   | Click Here fo             | or Memo Itemization  |
| Occupation   |   | E                 | nployer  |               |   |                           | •  |
| Business Address   |   | _                 |  |               |   |                           |  |
| Type of Contribution.  | Direct  | $\Box$            | Loan from a person                                   | $\overline{}$ | Fund Raiser   |                           |  |
| <sup>ame &amp;</sup> Address:<br>Road Sprinkler F<br>050 Oakland M<br>Columbia, MD 2 | ills Rd. Ste.                                       |                   | )  |               |   | <sub>\$</sub> 475.00      | <sub>\$</sub> 475.00   |
| f over \$100.00 cumu   |   | ovide             | :  |               |   | Click Here fo             | or Memo Itemization  |
| ccupation  |   | E                 | mployer  |               |   |                           |  |
| isiness Address  |   |                   |  |               |   |                           |  |
| ype of Contribution:   | Direct  |                   | oan from a person                                    |               | Fund Raiser   |                           |  |
| Contribution # 4 me & Address  | •   | V                 | YES 4. Date of Re                                    | ecei          | ot 09/14/17   |                           |  |
| pefitters Local 6<br>100 Northweste<br>armington Hills,                              | ern Hwy   |                   |  |               |   | <sub>\$</sub> 2500.00     | \$ 5000.00   |
| lf over \$100.00 cumui   | ative, please pro                                   | ovide:            |  |               |   | <b></b>                   |  |
| cupation   |   | <del></del>       | Employer   |               |   | Click Here to             | or Memo Itemization  |
| iness Address  |   |                   |  |               |   |                           |  |
| rpe of Contribution:   | Direct  |                   | oan from a person                                    |               | Fund Raiser   |                           |  |
|  |   |                   |  |               | Page Subtotal   | \$8,475.00                |  |
|  |   |                   | · · · · · · · · · · · · · · · · · · ·                |               | d Total of All Schedules 1A<br>te on last page of Schedule) | Enter this total on       |  |
| 1 .7   |   |                   |  |               |   | line 3a of Summa<br>Page. |  |

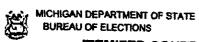


#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 46714

| Committee (PAC) Report   | t to indicate if co<br>L <u>all</u> contribution                               | intribution is from a Politic<br>s regardless of amount. | cal Com          | l, enter last name, first name,<br>mittee or an Independent                | 6. Amount  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|--|--|--|------------------|--|--|--|
| 3. Contribution # 1<br>Name & Address:<br>Robert Reid<br>110 W. Michigan /<br>Lansing, MI 4893 |  | _  | e of Rec         | еірі <u>09/20/17</u>   | ,250.00  | <sub>\$</sub> 350.00   |
| 5. If over \$100.00 cumula   |  | onvide:  |                  |  | \$   | \$   |
| Occupation Broker  | aure, piease pi  | Employer Reid 1  | Real (           | Estate   | Click Here fo                                      | or Memo Itemization 🕶  |
| Business Address   | 110  | _  | e. Ste           | . 750 Lansing, MI 48   | 933  |  |
| Type of Contribution:  |  | Loan from a person                                       |                  | Fund Raiser  |  |  |
| Contribution #2  Name & Address  | PAC Receipt?   |  | ················ | ори <u>09/27/17</u>  |  |  |
| Daniel Farhat<br>5503 Delta River D<br>Lansing, MI 48906                                       |  |  |                  |  | s 100.00   | <sub>s</sub> 100.00  |
| 5. If over \$100.00 cumulat  | tive, please pro   | ovide:   |                  |  | Click Here fo                                      | r Memo Itemization ▼   |
| Occupation   |  | _ Employer   |                  | - · · · · · · · · · · · · · · · · · · ·                                    |  |  |
| Business Address   |  |  |                  |  |  |  |
| Type of Contribution: [  | Direct   | Loan from a person                                       | Г                | Fund Raiser  |  |  |
| 1118 Centenniał Way,<br>.ansing, MI 48917<br>. If over \$100.00 cumulati<br>Occupation         |  | vide:<br>Employer  |                  |  | \$ 250.00<br>Click Here for                        | § 250.00  Memo Itemization ▼   |
| usiness Address  |  |  |                  |  |  |  |
| Type of Contribution: D  | irect  | Loan from a person                                       |                  | Fund Raiser  |  |  |
| Contribution # 4 Pame & Address  | PAC Receipt?   | YES 4. Date  | of Rec           | eipt 09/14/17  |  |  |
| lumbers Local 98<br>55 Horace Brown I<br>ladison Heights, M                                    |  |  |                  |  | <sub>\$</sub> 1000.00                              | , 1000.00  |
| If over \$100.00 cumulativ   | /e, please prov  | ride:  |                  |  |  |  |
| Occupation   | - · · · · · · · · · · · · · · · · · · ·  | Employer   | dhe ne assentis  |  | Click Here for                                     | Memo Itemization   |
| usiness Address  | PROCESSOR III. II SOMI LINIS SECRETA NELLE I I I I I I I I I I I I I I I I I I |  |                  |  |  |  |
| ype of Contribution: 🗾 🖸   | Direct   | Loan from a person                                       |                  | Fund Raiser  | ,  |  |
| 2 7  |  |  | (Comp            | Page Subtotal and Total of All Schedules 1A lete on last page of Schedule) | \$1,600.00  Enter this total on line 3a of Summary |  |
| ge_Zof   |  |  |                  | و هنديك المؤتمرين الم  | Page.  |  |

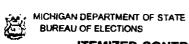


#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 46714

| Enter contributor's name and address. If c<br>middle initial. Check box to Indicate if cont<br>Committee (PAC) Report all contributions | tribution is from a Political | vidual<br>Comn    | , enter last name, first name,<br>nittee or an Independent | 6. Amount                   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|-------------------------------|-------------------|--|-----------------------------|--|
| 3. Contribution # 1 PAC Receipt? Name & Address: Mark Melio   | YES 4. Date of                | Rece              | 10/18/17   |                             |  |
| 1910 Hadley Rd<br>Lapeer, MI 48446  |                               |                   |  | ,500.00                     | 1000.00  |
|   |                               |                   |  | ,000.00                     | £  |
| 5. If over \$100,00 cumulative, please pro-<br>Occupation Organizer   |                               | fatal             | Morkom Local 7   | Click Here fo               | or Memo Itemization 🔻  |
|   |                               |                   | Workers Local 7  |                             | <b>—</b>   |
| Business Address 700 Tower Dr. S  | te. 300 Troy, MI 4            | 308               | 98   |                             |  |
| Type of Contribution: Direct  | Loan from a person            |                   | Fund Raiser  |                             | ·····  |
| 3. Contribution #2 PAC Receipt? Name & Address  | <del></del>                   | Recei             | pt 10/13/17  |                             |  |
| Plumbers and Pipe Fitters Loc   | cal 5500                      |                   |  | 4000.00                     | 4000 00  |
| 5500 W. Pierson Rd<br>Flushing, MI 48433  |                               |                   |  | <u>\$ 1000.00</u>           | <sub>s</sub> 1000.00   |
| rriusilling, ivii 40433   |                               |                   |  |                             |  |
| 5. If over \$100.00 cumulative, please prov   | ide:                          |                   |  | Click Here for              | Memo Itemization   |
| Occupation  | Employer                      |                   |  |                             |  |
| Business Address  |                               |                   | <u></u>  |                             |  |
| Type of Contribution: Direct  | Loan from a person            |                   | Fund Raiser  |                             |  |
| Contribution # 3 PAC Receipt?      Name & Address:  | YES 4. Date of                | Recei             | F1191101 x   | -                           |  |
| Matt Miner  |                               |                   |  | <sub>s</sub> 250.00         | 050.00   |
| 1008 E Geneva Dr<br>Dewitt, MI 48820  |                               |                   |  | Y <del></del>               | ,250.00  |
| 5. If over \$100.00 cumulative, please provi  | de:                           |                   |  | Click Here for I            | Memo Itemization   |
| Occupation Govnt Affairs  | Employer Capitol St           | rate              | gies Group   |                             | j  |
| Business Address 110 W Michigan Ave,  | #600 Lansing, MI 48           | 933               |  |                             |  |
| Type of Contribution: Direct  | Loan from a person            |                   | Fund Raiser  |                             |  |
| lame & Address  | YES 4. Date of                | Receip            | ot 10/17/17  |                             |  |
| UPAT  |                               |                   |  |                             |  |
| 7234 Parkway Dr   |                               |                   |  | ,500.00                     | , 500.00   |
| Hanover, MD   |                               |                   |  | <del></del>                 |  |
| i. If over \$100.00 cumulative, please provid   | lė:                           |                   |  | Click Here for N            | lemo Itemization   ✓   |
| Occupation  | Employer                      |                   |  |                             |  |
| Business Address  |                               |                   |  |                             | ļ  |
| Type of Contribution: Direct  | Loan from a person            | $\overline{\Box}$ | Fund Raiser  |                             |  |
|   |                               |                   | Page Subtotal  | \$2,250.00                  |  |
|   |                               | Gran              | d Total of All Schedules 1A                                |                             |  |
|   | (Co                           |                   | e on last page of Schedule)                                | Enter this total on         |  |
| 7000 3 of <b>7</b>  |                               |                   |  | line 3a of Summary<br>Page. |  |
| -V  |                               |                   |  |                             |  |



#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number 46714

#### **CANDIDATE COMMITTEE**

| Enter contributor's name and address. I middle initial. Check box to indicate if or Committee (PAC) Report all contribution | intribution is from a Political (<br>is regardless of amount, | fdual, enter last name, first name,<br>Committee or an Independent | 6. Amount                             | 7. Curnulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
|---|---|--|---------------------------------------|---|
| 3. Contribution #1 PAC Receipt<br>Name & Address:<br>Monica Wierzbicki Miner<br>1008 E Geneva<br>Dewitt, MI 48820           | YES 4. Date of  | Receipt 10/19/17   | ,250.00                               | , 250.00  |
| 5. If over \$100,00 cumulative, please pr   | mvida:  |  | \$                                    | ·   |
| Occupation Instructor   | Employer WMU No   | ursina   | Click Here fo                         | or Memo Itemization -   |
| Business Address 1903 W Michig  |   |  |                                       | _   |
| Type of Contribution: Direct  | r=1   | <del>-</del> 1   |                                       |   |
| 3. Contribution #2 PAC Receipt? Name & Address  | Loan from a person  YES 4. Date of i                          | Fund Raiser  | · · · · · · · · · · · · · · · · · · · |   |
|   |   |  | \$                                    | \$  |
| 5. If over \$100.00 cumulative, please pro  | udda.   |  | Oral III. C                           |   |
| •   |   |  | Click Here to                         | r Memo Itemization  |
| Occupation  | Employer  | -  |                                       |   |
| Business Address  |   |  |                                       |   |
| Type of Contribution: Direct  | Loan from a person  | Fund Raiser  |                                       |   |
| If over \$100.00 cumulative, please prov  | ride:   |  | Click Here fo                         | r Memo Itemization  |
| ccupation   | Employer  |  |                                       |   |
| isiness Address   |   |  |                                       |   |
| ype of Contribution: Direct   | Loan from a person  | Fund Raiser  |                                       |   |
| Contribution # 4 PAC Receipt?<br>me & Address   | YES 4. Date of  | Receipt  |                                       |   |
|   |   |  | <b>\$</b>                             |   |
| If over \$100.00 cumulative, please provi   | lde:  |  | <b></b>                               |   |
| cupation  | Employer  |  | Click Here fo                         | r Memo Itemization  |
| siness Address  |   |  |                                       |   |
| pe of Contribution: Direct  | Loan from a person  | Fund Raiser  |                                       |   |
|   |   | Page Subtot  | al \$250.00                           |   |
|   |   | Grand Total of All Schedules 1/                                    | \$12,575.00                           | _   |
| _   | (Ce   | omplete on last page of Scheduit                                   | Enter this total on                   | _   |
| A 7   |   |  | line 3a of Summar                     | у   |

Page \_\_\_\_\_ of \_\_\_\_

Page.



## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 4671

2. Committee Name Jeremy Garza for Lansing Council

| ONADIDATE COMMITTEE                                  | 2. Committee Name Jerelly Galza IOI Lalish  | ig Council                |
|--|---|---------------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date   | e 6. Amount               |
| Expenditure #1                                       |   |                           |
| Name paypal  | 10/20/  | \$ 7.55                   |
| Address  | Purpose: Credit Card Processing Date  |                           |
| 2211 N First St                                      | Click Hara for I  | viemo Itemization Type    |
| San Jose, CA 95131                                   |   |                           |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |                           |
| Expenditure #2                                       |   |                           |
| Name Dave Trumpie                                    | 09/22/  | \$ 303.72                 |
| Address  | Purpose: Photography Date   | •                         |
| 11613 Upton Rd                                       |   | fama Massimilia Toma      |
| Grand Ledge, MI 48837                                | Click Here for N  | temo Itemization Type     |
| <b>-</b>   | Check box if this expenditure is payment of   |                           |
| Fund Raiser  | debt or obligation reported on previous statement   | <u> </u>                  |
| Expenditure #3                                       |   |                           |
| Name Morgan Communications LLC                       | 09/26   | <del>1/17</del> \$2067,10 |
| Address  | Purpose: Mail Piece #1 Da   |                           |
| 1432 Wickham Drive                                   |   |                           |
| Lansing, MI 48906                                    | · —   | femo Itemization Type     |
| <b>7</b>   | Check box if this expenditure is payment of debt or obligation reported on previous           |                           |
| Fund Raiser  | statement of previous   |                           |
| Expenditure #4                                       |   |                           |
| lame Morgan Communications LLC                       | 10/04/-   | 17                        |
| ddress   |   | — <b>\$ 2067.10</b>       |
| 432 Wickham Dr                                       | Purpose: Mail Piece #2  |                           |
| ansing, MI 48906                                     | Click Hann 6-1  | fomo Homination Tomo      |
|  | l <del></del> -   | femo Itemization Type     |
| 7  | Check box if this expenditure is payment of debt or obligation reported on previous           |                           |
| Fund Raiser  | statement   |                           |
| penditure #5   |   |                           |
| <sup>ame</sup> Morgan Communications LLC             | 10/15/  | 17                        |
| ddress   | Purpose: Mail Piece #3  | — <b>\$21</b> 99 97       |
| 432 Wickham Drive                                    | Furpose:  |                           |
| ansing, MI 48906                                     | Click Here for M  | Aemo Itemization Type     |
| Fund Raiser  | Check box if this expenditure is payment of debt or obligation reported on previous statement |                           |
|  | Subtotal this p   | *9e \$6,725.44            |
|  | Grand Total of all Schedule   | s 1B                      |
|  | (Complete on last page of Sche  | dule)                     |
|  |   |                           |

Enter this total on line 8a of Summary Page



#### **ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 46714

| nci |
|-----|
|     |

| Name and address of person or vendor to whom paid | 4. Purpose (Required Information)   | 5. Date          | 6. Amount         |
|---|---|------------------|-------------------|
| Expenditure #1                                    |   | <del></del>      | <del></del>       |
| Name Zabik Consulting                             | Purpose: CFR Reporting  | 10/16/17<br>Date | <u>\$ 104.00</u>  |
| 6517 Buckshore Dr<br>Whitmore Lake, MI 48189      |   | dere for Memo t  | ternization Type  |
| Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |                  |                   |
| Expenditure #2                                    |   |                  |                   |
| Name Morgan Communications LLC                    |   | 10/20/17         | s 2618.66         |
| Address   | Purpose: Mail Piece #4  | Date             |                   |
| 1432 Wickham Drive<br>Lansing, MI 48906           | Click I   | tere for Memo    | temization Type   |
| Fund Reiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous           |                  | lead              |
| Expenditure #3                                    | statement   |                  |                   |
| Name Cellular and More                            |   | 09/26/17         | <b>\$53.96</b>    |
| Address<br>440 E Edgewood Blvd.                   | Purpose: Cell Phone Service   | Date             |                   |
| Lansing, MI 48911                                 | Click I   | tere for Memo I  | ternization Type  |
| Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |                  | <del></del>       |
| Expenditure #4                                    |   |                  |                   |
| <sup>lame.</sup> Cellular and More                |   | 08/28/17         | s 53.96           |
| ddress  | Purpose: Cell Phone Service   | Date             | ¥ <u>55.56</u>    |
| 40 E Edgewood Blvd.                               |   |                  |                   |
| ansing, Mi 48911                                  | <b> </b>  |                  | temization Type 🔻 |
| Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |                  |                   |
| penditure #5                                      |   |                  |                   |
| Morgan Communications                             |   | 08/28/17         | ***               |
| <sup>Idress</sup><br>I32 Wickham Drive            | Purpose: walkcards  | Date             | \$ <u>588.78</u>  |
| insing, MI 48906                                  | Click   | Here for Memo    | Itemization Type  |
| Fund Raiser                                       | Check box if this expenditure is payment of debt or obligation reported on previous statement |                  |                   |
|   | Subt  | otal this page   | \$3,419.36        |
|   | Grand Total of all<br>(Complete on last pag   |                  |                   |

Enter this total on line 8a of Summary Page

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#### ITEMIZED EXPENDITURES SCHEDULE 1B **CANDIDATE COMMITTEE**

1. Committee I. D. Number 46714

2. Committee Name Jeremy Garza for Lansing Council

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information)  | 5. Date                               | 6. Amount        |
|--|--|---------------------------------------|------------------|
| Expenditure #1                                       |  |                                       |                  |
| Name Cellular and More                               | {  | 10/17/17                              | <b>\$</b> 53.96  |
| Address  | Purpose: Cell Phone Service  | Date                                  | 3 33.80          |
| 440 E Edgewood Drive                                 | Furpose:   | <del>-</del>                          | <del></del>      |
| Lansing, MI 48911                                    | j  | lick Here for Memo                    | ttemization Type |
| Fund Raiser  | Check box if this expenditure is paymed debt or obligation reported on previous statement  | nt of                                 |                  |
| Expenditure #2                                       |  |                                       |                  |
| Name   |  |                                       |                  |
| Address  | Purpose:   | Date                                  | \$               |
|  | c  | lick Here for Memo                    | Itemization Type |
| Fund Reiser  | Check box if this expenditure is payment debt or obligation reported on previous statement | nt of                                 | <del></del>      |
| Expenditure #3                                       |  | · · · · · · · · · · · · · · · · · · · |                  |
| Name   |  |                                       |                  |
|  |  |                                       | \$               |
| ddrese   | Purpose:   | Date<br>                              |                  |
|  |  | fick Here for Mamo                    | Itemization Type |
| Fund Raiser  | Check box if this expenditure is payment debt or ob#gation reported on previous            |                                       | itemization Type |
| xpenditure #4  | statement  |                                       | <del></del>      |
| ame  |  |                                       |                  |
| dress  | Purpose:   | Date                                  | \$               |
|  |  | <b></b>                               | ,                |
|  | <u> </u>   | lick Here for Memo                    | itemization Type |
| Fund Raiser  | Check box if this expenditure is paymendebt or obligation reported on previous statement   | nt of                                 |                  |
| penditure #5   |  |                                       |                  |
| me   |  |                                       |                  |
| dreas  |  | P - 1 .                               | \$               |
| U( 000   | Purpose:   | Date                                  |                  |
|  | c  | lick Here for Memo                    | temization Type  |
|  | Check box if this expenditure is paymen  |                                       | .,,,,,           |
| Fund Raiser  | debt or obligation reported on previous statement  |                                       |                  |
|  |  | Subtotal this page                    | \$53.96          |

Grand Total of all Schedules 18 (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

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