

## RECEIVED

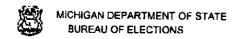
OCT 27 2017

## COVER PAGE

INGHAM COUNTY CLERK

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper) and continued in the treasurer (or designated record keeper).	l signed by andidate.	3. This Statement covers From	7/242017 10 8/28/2017	
1. Committee I.D. Number 46706		Candidate Last Name	First Name M.I.	
10100		J ACKSON	BRIAN T	
			strict # or Community Served (If applicable)	
2. Committee Name	. +	FOURTH WAY	RD city council, LANSING,	MI
COMMITTEE TO ELECT BRIA	N I. I ACKSON	4b. County of Residence	,	,
5. Committee's Mailing Address		6. Treasurer's Name & Reside		
soll worth camerine	3	M. CARLO IN	nc) ROTHHERN	
THE KINE WILLIAM	11	519 LEITA		
Area Code and Phone 517 - 245 133	2 4	(ANSING)	MI (18915	
If the address in this box is different from the comm mailing address on the Statement of Organization, r be sent to this address by the filing official.	ittee	Area Code & Phone 517	1 - 703 - 8937	
7. Treasurer's Business Address		Designated Record keeper'     Designated Record keeper)	's Name and Malling Address (If the committee has a	
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT	D. 1.101		9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election	is not on the	ILY if candidate ballot for the	By checking this item I/We certify any outstanding de	bt
	current year:		by the committee to the candidate or his or her spouse is by discharged and forgiven, and no longer collectible from	here
Pre-Election or Post-Election Statement relates to:	July Quart	erlv	the committee. The committee has no oustanding assets	,
<b>☑</b> Primary		<b>,</b>	owes no lates fees or has any oustanding debt.	
General	October Q	uarterly	Further, if the dissolution cannot be granted, that this be	
Convention			considered a request for the Reporting Waiver.	
Special Special	9c. Annua	l Statement ( )		
☐School		Coverage Year	Effective date of dissolution	
Caucus		dment to Campaign Statement plete Item 9a, 9b, 9c or 9e to		
		te which Statement is being	Note: The disposition of residual funds must be reported of Schedule 1B and the Summary Page.	ЯП
Date of Election, Convention or Caucus		<b>F2017-1394</b> 10/31/17 8:02 AM Pa		
11/7/2017		CAMP \$0.00 Barb Byrum, Ingham		
11/11/2013			STATOMY CONTINUES IN THE PROPERTY AND HE WAS REPORTED AS	
			1	
<ol> <li>Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a</li> </ol>	ence was used	in the preparation of this statement	ent and attached schedules (if any) and to the best of	
Current Treasurer or \\\ \A \\ \D_{\text{current}}	۰ - ۱	701 AU	1	
Designated Record keeper	POKN	/ /IC COTA	Date 9/5/17	
Type or Print Name	1 0	* Signature		
Candidate	Hackser	Bigan T	Jackson 9/5/17	
Odificiality	7	<u> </u>	Date	

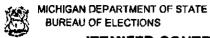


1. Committee I.D. Number 46706

**SUMMARY PAGE** 

2. Committee Name COMMITTEE TO ELECT BRIAN JACKSON

CANDIDATE COMMITTEE		DE LA COMPANIE DE LA
RECEIPTS  3. Contributions	Column I This Period	Column II Cumulative this election cycle
	990	,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,985	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 2,975	(18)\$ 8,3/9
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ N/A	(19.)\$ N/A
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 2,985	(19.) \$ N/A (20.) \$ 8,319
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 257.20	(21.)\$ 448.20
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	,	
8. Expenditures	_	
a. Itemized (Schedule 18, Column 6)	(Ba.) \$ 1,542.59	
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)	(0.) \$ 1,542.59	123.) \$ 6,601.06
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	,	
10. Disbursements a. itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	$N \setminus \Delta$	
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>\$</b>	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ .5/	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.)+8 2.985	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.)=\$ 2,985.51	
16. Amount expended during reporting period	Man a a lac al	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.)·s 2,685.06	
(Subtract line 16 from line 15)	(17.) s 300.45.	
		Í



#### **CANDIDATE COMMITTEE**

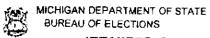
46706

enter last name, first name,	6. Amount	7. Cumulativ	e for	]
2. Committee Name COM	mi met	TO ELECT	BRYN	JACK
TO COMMITTEE THE TAXABLE PARTY	***************************************	* · · · · · · · · · · · · · · · · · · ·		

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/28/2017  Name & Address:  LUCAS DILLON  4304 Howe RD.  TSATH, MI 48808  5. If over \$100.00 cumulative, please provide:	\$ / <i>UU</i>	s / 00
Occupation ATTORNEY Employer DILLEN LAW GROWN  Business Address 105 W. HILLSBALE, LANSING, MI CIX933  Type of Contribution: X Direct Loan from a person Fund Raiser  3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/29/2017  Name & Address		. Wond Homzadon
CHRIS WICKMAN 36 CARRIAGE WAY BELLEVILLE, MI (1891)	s	· · · · · · · · · · · · · · · · · · ·
5. If over \$100.00 cumulative, please provide:  OccupationEmployer  Business Address  Type of Contribution:DirectLoan from a personFund Raiser	Click Here for	r Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/2/8/17  Name & Address:  HANICE JACKSON  534 T. MT. HOPE  LHNSING, MI (18910)  5. If over \$100.00 cumulative, please provide:	s 35 Click Here for	s 60 Memo Itemization
OccupationEmployer		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/28/17 Name & Address CHARLES MOURE 2745 HOPKINS LANSING, MI 48912 5. If over \$100.00 cumulative, please provide:	\$ 750	s 250
Occupation ACCOUNTALT Employer C. L. WORE LASSIC  Business Address 520 S. PINE, LANSING, M 18983  Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for	Memo Itemization
Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary	

Page \_\_\_\_of \_\_\_\_\_

Page.



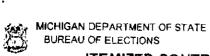
CANDIDATE COMMITTEE

1. Committee I.D. Number

46706

2. Committee Name (CMM TO ELECT EPIAN JACKSE

Enter communities name and address—if contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	8 Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/28/17 Name & Address:		,
3737 WARRY HILLS	v-")	7
5. If over \$190.00 cumulative, please provide:	<u> </u>	<u> </u>
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution   Direct   Loan from a person   Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/78/17  Name & Address		
JEFFREY BROWN 1805 C. SHOKE DR AL	s 20	<b>.</b>
[MGT LANSING, MI 48823	8	5 60
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo itemization
Occupation Employer		TOTAL MOTIFICATION
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/78/17 Name 5 Address:		
TOM HELMA 3418 CHRISTINE DR LANSING, MI 48911 5. If over \$100.00 cumulative, please provide:	s 50	\$ 50
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/78/17  Name & Address  LINDA KEEFE		
6215 SOMMERSET RD. LANSING, MI 48911	: 30	s 30
5. If over \$100.80 cumulative, please provide:	<b>-</b>	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	175	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page 2 or 1	line 3a of Summary Page	



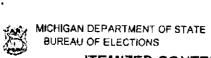
CANDIDATE COMMITTEE

1. Committee I.D. Number

46706

2. Committee Name	COMM	מל	Erica	PRIAN JAK

Enter contributor's name and address. If contribution is from an Individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	e, 8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3 Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/28/17 Name & Address: VINCE GREEN		100
SPOS TROS CIRCLE, OKENUS, MI 47864 5. If over \$100.00 cumulative, please provide:	: 70	: 20
OccupationEmployer	Click Here fo	or Memo Itemization
Business Address	<b></b>	
Type of Contribution: Direct Loan from a person Fund Raiser		
3 Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/28/17 Name & Address CHRIS JACKSON		
2521 LEON	s 25	s_ 25
5. If over \$100.00 cumulative, please provide:		
	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		1
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/28/17.  Name & Address: YES 4. Date of Receipt 7/28/17.  DERRELL SUPMENTER  500 U.), JOUY  LANSING, MI U89/0  5. If over \$100.00 cumulative, please provide:	s 70	§ 20 Memo Itemization
Occupation Employer Business Address		
Type of Contribution:   Direct   Loan from a person   Fund Raiser		
3 Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/28/17-Name & Address  OSCAR: STAN WOR'TH		
451 MCPHERSON AVE	<u>50</u>	, 50
しADSING MI 48915 5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for -	Memo Itemization
Business Address		
Type of Contribution Direct Loan from a person Fund Raiser		
Page Subto	tal 115	
Grand Total of All Schedules 1 (Complete on last page of Schedu	le)	
Page 3 of 7	Enter this total on line 3a of Summary Page.	

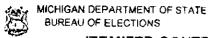


1. Committee I.D. Number 46706

С	A	N	D	H	٥	A	T	E	C	O	М	۱	1	17	П	٦	E	Ε

EE 2. Committee Name COMM. TO ELECT BRIAN JACKSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount.	6 Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/28/17 Name & Address:  DAN DOVLE 30(8 S. CATHERINE LANGING, MI US911 5. If over \$190.00 cumulative, please provide:	<u>s 60</u>	: 50
Occupation Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution. Direct Loan from a person Fund Raiser		
3 Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/28/2017 Name & Address KRISTEN SIMMONS		
3110 SCARBOROUGH RID LANSING, MI 48910	s_UO	s 40
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/28/17 Name & Address:  LEROY MCKNIGHT  3553 MERIDIAN  0 KEMOS, MI 48064	<u>s 20</u>	, 20
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/28/17		
GREG WARD 2810 N-CAMBRIDGE	s 200	, 200
LANSING MI (1891) 5. If over \$100.00 cumulative, please provide:		
Occupation MANAGER Employer CONSUMES ENERGY	Click Here for	Memo Itemization
Business Address   FNERGY PLAWA, JACKSON, M. 4920   Type of Contribution:   Direct   Loan from a person   X Fund Raiser		
Page Subtotal	310	
Grand Total of All Schedules 1A	210	
(Complete on last page of Schedule)	Enter this total on	
Page 4 of +	line 3a of Summary	



1. Committee I.D. Number

46706

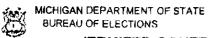
COMM TO ELECT BRIAN TAKE CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 8 Amount 7 Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: NYAMPUKUDZA TAKURA 2514 BARSTOW RD 100 100 LANGING , MI U/8906
5. If over \$180.00 cumulative, please provide: Employer CHARTIER & NYAMFUKUDZA PLGlick Here for Memo Itemization Occupation ASTORNEY BARSTOW ROAD, LINGING, MI 48906 Type of Contribution: Direct Loan from a parson Fund Raiser 3 Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address AHMAD ABUZNAID willow MIST CT #C OAKTON, VA 22/24
5. if over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_ Business Address Type of Contribution: Direct Fund Raiser 3 Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: COLANNE ALMAN 4512 11th AVE 200 201 BROOKLYN, NY 11219 Click Here for Memo Itemization 5. If over \$100.08 cumulative, please provide: Employer MAIMONIDES MED. CTK. Occupation PHYSICIAN Business Address 4802 10th AVE, BROOKLYN, NY 1/219 Type of Contribution: | Direct Loan from a person 4 Date of Receipt 8/5/17 Contribution # 4 YES Name & Address CHRISTOPHER MCCLAIN 323 E. POINTE LN #G-18 EAST LANGING, M 48823 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation **Business Address** Type of Contribution. Direct Loan from a person Fund Raiser

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

Page Subtotal

Enter this total on line 3a of Summary

Page 5 of 7



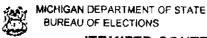
1. Committee 1.D. Number 46 70 6

CANDIDATE COMMITTEE 2. Committee Name CO.	MM. TO 1	LECT BRIAN JI
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	8 Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/5/17  Name & Address:  JULIA PETRY  IMIGNO GETAL SEE DR  LATISTNG MI U B915  5. If over \$100.00 cumulative, pisase provide:  Occupation Employer  Business Address  Type of Contribution X Direct Loan from a gerson Fund Balser	8 25 Click Here fi	t 75 or Memo Itemization
3 Contribution #2 PAC Receipt? YES 4. Date of Receipt \$\\\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		s / OTO  or Merno Itemization
Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/15/17  Home & Address:  Home Surred  4455 Connecticut Ave #215  WASHINGTON, MD 2008  Hover \$100,00 cumulative, please provide:	s 25 Click Here for	s 25 Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4 Date of Receipt 4/17/17  Iame & Address  CINGE BREWER  C217 ANNIS RD,  MISON, MI LIZZSU  If over \$100.08 cumulative, please provide:  Occupation	§ SO	3 50 Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	200	

Page O of 7

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

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number 46706

2 Committee Name COMM. TO ELLCT BRIAN JACKSH CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 8. Amount 7 Cumulative for middle Initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount Contributor (Through date of receipt) 3 Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: STOUT 50 Click Here for Memo Itemization Occupation Employer, Business Address Type of Contribution Direct Loan from a person Fund Raiser 3 Contribution #2 PAC Receipt? X YES 4. Date of Receipt Name & Address INT'L UNION LIAW, REGION 10 CAP 1940 W. ATHERTON FLINT, MI 48507 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_ Business Address Type of Contribution: X Direct Fund Raiser 3. Contribution # 3 PAC Receipt? 4. Date of Receipt Name & Address: INT'L BRUHTPHOOD ELECT. WORKERS 335 S PENNSYLVANIA Click Here for Memo Itemization Employer UNION Occupation LABUR PENNSYLVANIA, LANSING 48910 Business Address Type of Contribution: 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Name & Address SWERNOFF ARITEUE PARKWAY 60 ENSTERN 57) BROOKLYN NY 1/2/6 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer Business Address Type of Contribution: **Fund Raiser** Direct Loan from a person

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

Page Subtotal

Enter this total on line 3a of Summary Page.

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## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

ITEMIZED EXPENDITURES SCHEDULE 1B	1. Committee I. D. Number 46706	
CANDIDATE COMMITTEE	2. Committee Name Commun. TV (	WAL MISS TO
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name KEYSTONE MILLBROOK Address	- Desirional	8/1/17 \$1,542.59
3540 W. JEHERSON HWY	Purpose: FRINTING	ick Hore for Many Many and
GRAND LEDGE, MI C/8857	Check box if this expenditure is paymen	ick Here for Memo Itemization Type t of
Fund Raiser	debt or obligation reported on previous statement	
xpenditure #2		
Name '		
uddress //		Date \$
	Ci	ck Here for Memo Itemization Type
	Check box if this expenditure is payment	
Fund Raiser	debt or obligation reported on previous	OI .
expenditure #3	slatement	
ате		
dress	Purpose:	Date
	Clic	k Here for Memo Itemization Type
	Check box if this expenditure is payment	
Fund Raiser	debt or obligation reported on previous	Or .
penditure #4	statement	
me		
		•
dress	;∂ <sub>1,17</sub> γ <sub>1,17</sub> 5Δ·	Date
	Purouse:	
	Clic	k Here for Memo Itemization Type
¬	Check box if this expenditure is payment	
Fund Raiser	debt or obligation reported on previous statement	
penditure #5		
me		
de		
dress	Purpose:	Date
	Click	k Here for Memo Itemization Type
	Check box If this expenditure is payment of	of
Fund Raiser	debt or obligation reported on previous statement	
		total this page
		4242-27
	Grand Total of a	If Schedules 18
	(Complete on last pa	
		Enter this total on line 8a of

Summary Page

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



FUND RAISER SO CANDIDATE CO	CHEDULE 1F 1.0	1. Committee I.D. Number 46706				
OANDIDATE CC	2. C		<u> Ulci Brian Jacks</u> e			
	- USE A SEPARATE S	HEET FOR EACH EVENT				
3. Date Event Was Held	Number of individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	Address and Name (If any) of the place where the activity was held.			
7/28/2017	15	BARBEQUE	1532 PAMERIDGE R CANKING, MICHA Private Residence			
7. Total Contributions	\$ 9	35				
3. Other Receipts						
). Gross Receipts (Add lines 7 a	and 8) \$ 9 3	5				
0. Total Cost of Event Total Cost includes In-Kind Cor	s 25	7 , 20				
	int fund raiser and complete the					
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)			
		r samenen en est ado				
American Company (April 1997)	alluraturar allus reconfiggi in quigator all dans 19 - un disposition	ner minimite unique mentitus	The state of the s			
participar compagnications consequences. For the stabilishmon white	an annual and an					
econolitis, delicano successimini, <u>principalisticas,</u>		And the second s				
THE WITHOUT STREET AT 18 SECTION AND ADDRESS AS A RESIDENCE AS A R	· consistent of the contract o		the the court of the court of the constitution of the court of the cou			
a the state of the			with company of the state of th			
an allowed and all the second an		Amminum of America	Annual and \$4 th Annual are a training and the second second second second second second second			
Periods - New 18 period - separate and residence to the second and address of the second address of the second and address	Andrea and a second					

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

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



## ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

ITEMIZED IN-KIND CONT			
SCHEDULE 1-		m. A. C. Marketon, Anna and An	
CANDIDATE COM	MITTEE 2. Committee Name COMM to CIT	CI BRIAN	JACKS D
3. Name and Address from whom received it contribution is from an individual, enter last name first. Check box to Indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased.	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: ELATINE JACKSAIN 1532 CAMBRIDGE RD LA-VSING MI Y8911 If over \$100.00 cumulative, please provide: Occupation:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description STAMS FUR MAILING	257.20	397.20
Employer Name & Business Address:  RETIRED/UNEMPLOYED	6. Date Of Receipt: 7/15/2017 6. Vendor Name & Address:  US POST OFFICE Clic  315 W. AUCGAN ST	ok Here for Memo Ito	emization
Fund Raiser Contribution	CANYSING, MI 479783		
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$	
If over \$100.00 cumulative, please provide:	Description		
Occupation: Employer Name & Address;	5. Date Of Receipt:		
Employer Hullo a Fuditore,	6. Vendor Name & Address:		
	Clic	k Here for Memo Ite	mization
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Nume & Address;	Goods Donated or Loaned Services Donated \$	\$_	
	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
over \$100.00 cumulative, please provide:	Description		
Occupation:	5. Date Of Receipt:		
mployer Name & Address:	6. Vendor Name & Address;	k Here for Memo Ite	emization
Fund Raiser Contribution			,
	Page Subtotal	257.20	397.20
	Grand Total of all Schedules 1-lK (Complete on last page of Schedule)		
		Enter this total on line 8 of Summ	nary