

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

**COVER PAGE** 

CANDIDATE COMMITTEE

F2015-0774
9/4/15 8:18 AM Page 1 of 1
CAMP \$0.00
Barb Byrum, Ingham County Clerk

<ul> <li>Report must be legible, typed or printed in ink and sig the treasurer (or designated record keeper) and cand</li> </ul>	ned by 3. This Statement covers From: 5-9-19	5_ to 7-19-15
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.
46544	名のfice Sought Including District # or Comm	POJECU A D unity Served (If applicable)
2. Committee Name	Lansing City Coun	
friends of Patricia		
5. Committee's Mailing Address	4b. County of Residence Transce 6. Treasurer's Name & Residential Address	<u> </u>
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address	
P.O. BOX 16117	POLTOZICIA SPITO	<b>1</b>
LANSING MI 48901-	<b>1</b>	· ·
Area Code and Phone 517 763.777	> lansing, MI	( call
If the address in this box is different from the committee mailing address on the Statement of Organization, mail		MMM 53 .
be sent to this address by the filling official.	Area Code & Phone	
7. Treasurer's Business Address	<ol> <li>Designated Record keeper's Name and Ma Designated Record keeper)</li> </ol>	lung Address (II the commutee has a
	Robinlewis	ł
NA	2530 Dun bar	DRIVE
	LANSing, MI	48906
~	Aron Code and Phone 517 28	5-7188
trea Code and Phone	Alea Code and Litotic	on of Candidate Committee
9. TYPE OF STATEMENT	equired ONLY if candidate	
9a. Pre-Election OR 9b. Post-Election is	not on the ballot for the By checking the by the committee by the committe	ig this item I/We certify any outstanding debt ee to the candidate or his or her spouse is here and forgiven, and no longer collectible from
Pre-Election or Post-Election Statement relates to:	the committee.	The committee has no oustanding assets, ees or has any oustanding debt.
⊠Primary		
General		issolution cannot be granted, that this be quest for the Reporting Waiver.
Convention		
Special 9c.	Annual Statement ( )  Coverage Year  Effec	live date of dissolution
∐Schoot □	Amendment to Campaign Statement	
Caucus 9d.	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is heing Note: The disp	sings of resident films must be reported on in the Summary Page.
Date of Election, Convention or Caucus	unichast.)	AUG 1 7 2015
Aug1 (1) 2015		O. F.D.K
<u>1744(45+ 4, 2015</u>	ı	NGHAM COUNTY CLERK
10. Verification: NWe certify that all reasonable diligence	was used in the preparation of this statement and attached	schedules (If any) and to the best of
Current Treasurer or  Designated Record keeper  Type or Print Name	Sp. to Rightune	pate 7-24-15
0.	- I de la	JU 2 811 - 15 -
Candidate MARICIA H	Tiley getting	Date
Type or Print Name  Authority granted under P.A. 388 of 1976	Signature	

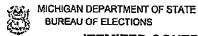


1. Committee J.D. Number 46544

SUMN	<b>IARY</b>	PAG	E
CANDIDATI	E COI	<b>UMIT</b>	TEE

2. Committee Name FRIENCIS OF Patricia Spitzlec

CANDIDATE COMMITTEE	2. Committee Name <u>FRIENCIS</u>	OL KOTERCIHZBUTS
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3, 0 65. 00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(30.) \$ <u>3,065.00</u>	(18.) S <u>§ 3065.06</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5) \$ 3,065.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) s 4581.61	(21.) 8 4581.61
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	·	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 240:62	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(Ba) \$ 35.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 275.102	(23.) 8 275.102
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	_	(24)\$ ()
DEBTS AND OBLIGATIONS 12. Debts and Obligations	37 <i>55.</i> 00	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	1
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> </ol>	(13.) S	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+ s_3065.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.)= \$ <u>3065,00</u>	
(Add lines 9 and 11)	(16.) - \$ <u>275.62</u>	•
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) 8 <u>7.789.38</u>	



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

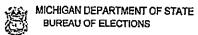
1. Committee I.D. Number 46544

CANDIDATE COMMITTEE
---------------------

2. Committee Name 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.	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6.29.15 Name & Address: NR. Brack Raccouski	-
MR. Chris Swore 1402 U. Genesee DRIVE LANSING, ME 18915. 6. If over \$100.00 cumulative, please provide: Occupation & CityClerk Employer City of Cansing	46 190 75 19
6. If over \$100.00 cumulative, please provide: LANSING, MD 118915.	\$ 10.00 \$ 15.00 1971
Occupation & Cityclerk Employer Cityoflansing	প্রৌck Here for Memo Itemization
Business Address 124 W. Michigan Cive, Lansing m	<u> </u>
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1. 29.15	
mr. Michael Bryanton	
523 Bainbridge DR. Apr 42 LANSING, MI USAII	\$ 150.00 \$ 150.00
5. If over \$100.00 cumulative, please provide:  Occupation Consultant Employer Seif-employed	Click Here for Memo Itemization
Business Address P.O. Box 10192 Lansing mt 18	301
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? VES 4 Data of Receipt	
Name & Address: 4. Date of Receipt 6. 29. 15	
Name & Address: Leclewa,	
Name & Address: Lectural 17656 Saint Joseph HWY	s 100.00 s 100.00
Name & Address: Leclewa,	s 100.00 s 100.00  Click Here for Memo Itemization
Name & Address: Dennis Sedewa 7656 saint Joseph Hwy 6 rund Ledge, MI 118837	
Name & Address: Dennis Sedewa 17656 saint Joseph Hwy 6 rund Ledge, MI L(8837) 5. If over \$100.00 cumulative, ploase provide: Occupation_Retired Employer Business Address	
Name & Address: Dennis Sedewa 7656 saint Joseph Nwy Crunch Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide: Occupation_Refueld Employer_ Business Address_ Type of Contribution: Direct Loan from a person X Fund Raiser	
Name & Address:  Denns Sedewa  1656 Saint Soseph Hwy  Crund Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide:  Occupation Refived Employer  Business Address  Type of Contribution:  Direct Loan from a person Fund Raiser  3. Contribution # 4  Name & Address  PAC Receipt?  YES 4. Date of Receipt 6. 29-15	
Name & Address:  Dennes Ledewa  1656 Saint Joseph Hwy  Crund Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide:  Occupation_Refived Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution#4 PAC Receipt? YES 4. Date of Receipt 6. 29-15	
Name & Address:  Dennes Ledewa  1656 Saint Soseph Hwy  Crund Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide:  Occupation Letwed Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6. 29-15  Curves Lancaster  P. (2. Box 120)	Click Here for Memo Itemization
Name & Address: Dennis Sedewa  7656 Saint Soseon Nwy 6 rand Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide: Occupation_Refived Employer_ Business Address_ Type of Contribution: Direct Loan from a person X Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6.29-15  Conves Lancaster  P. O. Bex 1006  Lansing, MI 118401	
Name & Address:  Dennis Sedewa  7656 Saint Soseph Nwy  6 rund Ledge, MI L(8837)  5. If over \$100.00 cumulative, please provide:  Occupation Ref Neck Employer  Business Address  Type of Contribution:  Direct Loan from a person Fund Raiser  3. Contribution#4 PAC Receipt?  YES 4. Date of Receipt 6. 29-15  Conves Lancaster  P.O. Box 1006  Lansing, MI 1990  5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization  s_100 s_100.00
Name & Address:  Dennis Ledewa  7656 Saint Soseph Hwy  6 rand Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide:  Occupation Letwed Employer  Business Address  Type of Contribution:  Direct Loan from a person Fund Raiser  3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt 6. 29-15  Cansulative, ploase provide:  Occupation Self employed Employer Language Associa	Click Here for Memo Itemization  s_100 s_100.00
Name & Address: Dennis Ledewa  7656 Saint Bosewh Nwy 6 rand Ledge, MI L(8837)  5. If over \$100.00 cumulative, ploase provide: Occupation Refused Employer  Business Address Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6. 29-15  Name & Address Sances Lancaster  P. D. Box 1006 Lansing, MI (1840)  5. If over \$100.00 cumulative, please provide: Occupation Self employed Employer Lancaster  Business Address P. O. Box 1006  Employer  Business Address P. D. Box 1006  Employer  Business Address P. D. Box 1006  Employer  Busin	Click Here for Memo Itemization  s_100 s_100.00
Name & Address:  Dennis Ledewa  The season Hwy  Crand Ledge, mt Lis 83 m  5. If over \$100.00 cumulative, please provide:  Occupation Refused Employer  Business Address  Type of Contribution:  Direct Loan from a person Frund Raiser  3. Contribution # 4 PAC Receipt?  YES 4. Date of Receipt C. 29 - 15  Canses Lancaster  P. D. Bex Loob  Lansing, Mt Lisson  Employer Lancaster  C. 29 - 15  Employer Lancaster  C. 29 - 15  Employer Lancaster  Coccupation Self employed Employer Lancaster  Business Address  P. O. Bex Loob, Lansing, Mt Lisson  Business Address  P. O. Bex Loob, Lansing, Mt Lisson  Business Address  P. O. Bex Loob, Lansing, Mt Lisson  Business Address  P. O. Bex Loob, Lansing, Mt Lisson  Business Address  P. O. Bex Loob, Lansing, Mt Lisson	Click Here for Memo Itemization  s_100 s_100.00

Enter this total on line 3a of Summary Page.



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

1. Committee I.D. Number 46544

	ittee I.D. Number
	ittee Name Forends of Parking Sportler
Enter contributor's name and address. If contribution is from an individual, enter last no middle initial. Check box to indicate if contribution is from a Political Committee or an In Committee (PAC) Report all contributions regardless of amount.	me first page 6 Amount 7.0
3. Contribution #1 PAC Receipt? NYES 4. Date of Receipt 5- Name & Address: Viris Bernero For Lansing 3000 N. Cambridge Rd	22-15
Lansing, My 118011	s 100.00 s 100.00
5. If over \$100.00 cumulative, please provide:  Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: X Direct Loan from a person Fund Rais	er er
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7- Name & Address Tending Beinero	- 15
Vingil Bernero 3000 N. Cambridge ld	\$ 150.00 \$ 150.00
Laursing, MI itsall 5. If over \$100.00 cumulative, please provide:	Click Horn for Adam - 15 1
Occupation Military Employer Critical F Lauren	Click Here for Memo Itemization
Business Address 124 w. Michigan Auclan	oing, m =
Type of Contribution: X Direct Loan from a person Y Fund Rai	er
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt & 2 Name & Address;	9.15
	<del></del>
Journes w. Ridgivacy P. E	200 0
Journes w. Ridgivacy P. E	s 200.00 s 200.00
	200 0
James w. Ridgivary P. E 1231 Buckingham GrossePointe Park, MI	\$ 200.00 \$ 200.00
James W. Ridgian P. E. 1231 Buckingham GrossePointe Park, MI  5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer ECT, Inc. Business Address 1155 Brewer Park Buld & Type of Contribution: Direct Loan from a person Y Fund Rais	S 200.00 s 200.00  Click Here for Memo Itemization  Le LIS Deteod, MT 118207
James w. Ridgian P.E.  1231 Buckingha W.  6 rosseronte lark, M.T.  5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer ECT, Inc.  Business Address 155 Brewer Park Byld S.  Type of Contribution: Direct Loan from a person V Fund Rais  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6.2	S 200.00 s 200.00  Click Here for Memo Itemization  Le LIS Deteod, MT 118207
James W. Ridgian P.E.  1231 Buckinghaw  6 rossePointe Park, MI  5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer ECT, Inc.  Business Address 155 Brewery Park Bay des  Type of Contribution: Direct Loan from a person V Fund Rais  3. Contribution #4 PAC Receipt? Types 4 Date of Receipt 1.	S 200.00 s 200.00  Click Here for Memo Itemization  Le 115 Det 201, MT 118207  er
Johnes W. Ridgicay P. E. 1231 Buckinghaw.  GrossePente Park, MI  5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer ECT, Inc.  Business Address 155 Brewery Park Bayld of Type of Contribution: Direct Loan from a person V Fund Rais  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6.2  Cynthia M. Ward III  5. If over \$100.00 cumulative, please provide:	\$ 200.00 \$ 200.00  Click Here for Memo Itemization  He 115 Detect, MT 48207  er  29-15  \$ 75.00 \$ 75.00
Johnes W. Ridgioay P. E.  1231 Buckingham  GrossePointe Park, MI  5. If over \$100.00 cumulative, ploase provide:  Occupation Engineer Employer ECT, Inc.  Business Address ISS Brewery Park Park Park Park Park Park Park Park	S 200.00 s 200.00  Click Here for Memo Itemization  Le LIS Detect, MT LL8207  er  29-15  Click Here for Memo Itemization  Click Here for Memo Itemization
James w. Ridgian P. E. 1231 Buckingham  6 rossePointe Park, MI  5. If over \$100.00 cumulative, ploase provide:  Occupation Engineer Employer ECT, Inc.  Business Address   155 Brewer Park Park Pund Style of Contribution: Direct Loan from a person Y Fund Rais  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-3  Cynthia M. Ward  6 regory L. Ward III  5. If over \$100.00 cumulative, please provide:	S 200.00 s 200.00  Click Here for Memo Itemization  Le LIS Detect, MT LL8207  er  29-15  Click Here for Memo Itemization  Click Here for Memo Itemization
James w. Ridgiacy P.E.  1231 Buckingha M  6 rosselointe Park, MJ  5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer ECT, Inc.  Business Address   155 Brewery Park Bayld Stype of Contribution: Direct Loan from a person V Fund Rais  3. Contribution #4 PAC Receipt? Tes 4. Date of Receipt 6.3  Cynthia M. Ward  6 regory L. Ward III  5. If over \$100.00 cumulative, please provide:  Occupation attorney Employer State of M.  Business Address Department on Munity He	S 200.00 s 200.00  Click Here for Memo Itemization  Le LIS Detect, MT LL8207  er  29-15  Click Here for Memo Itemization  Click Here for Memo Itemization
James w. Ridgiacy P.E.  1231 Buckingha M  6 rosselointe Park, MJ  5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer ECT, Inc.  Business Address   155 Brewery Park Bayld Stype of Contribution: Direct Loan from a person V Fund Rais  3. Contribution #4 PAC Receipt? Tes 4. Date of Receipt 6.3  Cynthia M. Ward  6 regory L. Ward III  5. If over \$100.00 cumulative, please provide:  Occupation attorney Employer State of M.  Business Address Department on Munity He	S 200.00  Click Here for Memo Itemization  Le LIS Detect, MT U8207  er  29-15  Click Here for Memo Itemization  Click Here for Memo Itemization  Calth  Page Subtotal Queen 525.00  Schedules 1A

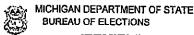


# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

SCHEDULE 1A 1. Com

Committee I.D. Number	<u>46344</u>
	_

	2. Committee Name + REVIOLS OF YOTRICIA Spitzle
Enter contributor's name and address. If contribution is from an individual, ent middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report all contributions regardless of amount.	e or an Independent  Election Cycle for Each Contributor (Through date of receipt)
3. Contribution#1 PAC Receipt? YES 4. Date of Receipt Name & Address:    YES 4. Date of Receipt	6.29.15
lansing, my 48933	\$ 250.00 \$ 260.00
5. If over \$100.00 cumulative, please provide:  Occupation Consultant Employer Military	LKISS Click Here for Memo Itemization
Business Address 216 U. Chest with LiAM	King mit ice 20
	Fund Ralser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Time of the Contribution #2	6.29.15
goz smill ADE Lansing, MI 48910	\$ 50.00 \$ 50.00
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 V	Fund Reiser
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:  Reversive Steeman  22 66 Stone heads Dece HJ  Castlansing, MI 16623  5. If over \$100.00 cumulative, please provide:  Occupation Employer	s 15.00 s 15.00  Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X F	Fund Raiser
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address L.C. Weence M. Jaram 110 3777 West Road	4.27.15
5. If over \$100.00 cumulative, please provide: MI 46826-	\$250.00 \$ 250.00
Occupation Businessoon Employer Lansing N	Click Here for Memo Itemization
	WELLICE COUNTY OF COUNTY
Business Address 311 Wast Coad, Bast	Lansing, 48826
Business Address 311 Wast Coad, Gast	lansing, 118826
Business Address 3 1 1 Wost Cock Gost  Type of Contribution: Direct Loan from a person Fun  Grand To	Lansing, 48826



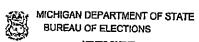
## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE	2. Committee Name _
name and address. If contribution is from an individu	ual, enter last name, first name

Enter contributor's r 6. 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) Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10.29.19 Name & Address: Hyle Guerrant East Lansing, mt 18901 100.00 5\_100.00 5. If over \$100.00 cumulative, please provide: Occupation Ochministrator Employer State of Michigan Click Here for Memo Itemization Business Address 608 W. allegan st. Lansing, Type of Contribution: X Fund Raiser 3. Contribution #2 PAC Receipt? 4. Date of Receipt .6.29.19 Name & Address raierie Jemerson 3344 Inveraryst 75.00 \$ 75.00 Lansing, m I Usall 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? 4. Date of Receipt la . 29 . 1 Name & Address: Hamesma Gant 19785 W. 12 mile Ste. 142 s 150.00 150.00 SouthField, MI 48076 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Octoon Employer\_Self-envolocied Business Address 19785 Socientield, mI 48070 Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Michael Ingram 50.00 \$ 50.00 Lansing, MI Ugar 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 Page Subtotal

Page 6 of 6

Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page.



#### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 16544

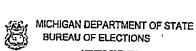
**CANDIDATE COMMITTEE** 

2. Committee Name	forends of Patercia Spitzles

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 - 1 - 15		
Stites, Robin DR. 2911 Stone leigh DR. LANGING, MI	<del>-</del>	
2911 Stone leigh DR.		
LAnsing, MI	s 75.00	\$ 75.00
5. If over \$100.00 cumulative, please provide:		<u> </u>
Occupation County Worker Employer Ingham Cranty	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt (0.30.15) Name & Address BUCICLEG, Augela		
59 99 Mantinus street Haslett, mī ussud	\$ 250.00	
	\$_200.00	<u> 250.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Wale Employer		
Business Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-17-15		
Boyd Eurobeth 3035 westchester Rd	s 100,00	
Louising, MI	\$ 100,00	\$_100-00
5. If over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization
Occupation Consultant Employer Self Employed		
Business Address 3035 Westchester W. (answer, M.)  Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7-8-15		
Trugger, Grant		
7397 Danburg Drive		
west Bloomfield in I	s <u>250.00</u>	s_2 <u>ණ</u> .නට
5. If over \$100.00 cumulative, please provide:		
Occupation Clean up Mgp Employer PACERTRUST	Click Here for M	lemo Itemization
Business Address 500 Woodward Aue, De foot, mi		{
Type of Contribution: Direct Loan from a person X Fund Raiser		}
Pege Subtotel	675.00	
Grand Total of All Schedules 1A	<u> </u>	
(Complete on last page of Schedule) L	Enter this total an	

Page of 6

enter this total on line 3a of Summary Page.



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 46941

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.  3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7 -6 -15 Name & Address:  CLUCS GCCC  12-1 CLUSS GCCC  12-1 CLUSS GCCC  12-1 CLUSS GCCC  13-1 CLUSS GCCC	6. Amount	7. Cumulative for Election Cycle for Each
Name & Address: 1-6-15  Date of Receipt 17-6-15		Contributor (Through
Davis Jack		date of receipt)
	,	
I		
lansing, m 5	<u>s 500.0</u>	6
5. If over \$100.00 cumulative, please provide:		
Occupation Consulart Employer Set-Employed	Click Here fo	or Memo Itemization
Business Address 12-1 West allegan, suite 200, Lansiv	m, mI	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address ———————————————————————————————————		
	\$	\$
5. If over \$100.00 cumulative, please provide;	or	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:		<del></del>
	s	
		\$
5. If over \$100.00 cumulative, please provide:	Click Here for N	Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
. Contribution # 4 PAC Receipt? YES 4. Date of Receipt	<del></del>	
	\$	s
. If over \$100.00 cumulative, please provide:	S	
If over \$100.00 cumulative, please provide:  Occupation Employer		
. If over \$100.00 cumulative, please provide:		·

6 Page (a) of 6 Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



### ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number \_\_\_46544

CANDIDATE COMMITTEE	2. Committee Name frenchs of	)_40	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name The 100 shop		עי וען שי	
Address 2321 W. Main Street	Purpose: Walking Cards	Date Date	015 <u>240.</u>
lansing, mī	Click H	iere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			<u>·</u>
Name			
Address	Purpose:	Date	\$ 
		ere for Memo II	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name			
Address	Purpose:	Date	\$
	Click Her	e for Memo Ita	emization Type
,	Check box if this expenditure is narment of	0 101 1112110 110	anization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	,		<del></del> -
Name			
Address	Purpose:	Date	\$
		e for Memo iter	_11
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	FIOT METRO (18)	пихапол Туре
xpenditure #5	statement		
lame		1	
ddress	Purpose:	Date	<b>\$</b>
Fund Raiser	Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement	for Memo Item	ਪੋzation Type
	Subtotal th	is page 7	240.62
	Grand Total of all Sche (Complete on last page of S	dules 1B	40.62
		En	nter this total
			mmary Page

SCHEDULE 1-IK

1. Committee I. D. Number <u>LLOSUU</u>

CANDIDATE COMM	AITTEE 2. Committee Name <u>FRIENCES O</u>	- Vatricia Spitzlei
Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee as an independent.	Type of In-Kind Contribution (Check applicable box)     Date of Receipt	7. Amount or 8. Cumulative Fair Market for Election Cycle (Through
is from a Political Committee or an Independent Committee (Both are commonly called PACs).  Report all in-kind contributions.	Name & Address of Vendor from whom goods or services we purchased	date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan	-
Spitzley Paterin	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$ 49.21 \$49.21
(Ansing, mt	Goods or Services Purchased by Candidate or Others- LOA	N
If over \$100.00 cumulative, please provide:	Description Food for fundamen	_
Occupation: LPICITY I ed el VI Ment MGR Bimployed Name & Business Address:	5. Date Of Receipt: 10-29-15	
RACERTRUST 600 Woodward Aulster Def Roit, M I		Click Here for Memo Itemization
ſ <u></u>	uze N.Cedarst	
Fund Raiser Contribution	Oldverial, 1109	
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Sptzley, Potor Aug	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	5 14.03 \$ 63.24
LAnsing, mt	Goods or Services Purchased by Candidate or Others- LOA	
over \$100.00 cumulative, please provide:	Description Food for fanctioning	C
Scupation: Wedevelopment may Employer Name & Address:	25. Date Of Receipt: <u>6 - 29 - 15</u>	
RACER TRUST.	6. Vendor Name & Address:	· <del>~</del> /
soo woodward hul	The Peanut Shop	Click Here for Memo Itemization
Defroat, My	117 Washington Square	
Fund Raiser Contribution		
Contribution #3 PAC Recelpt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan	25
Spitzley Patorica 2622 Victor AR	Goods Donated or Loaned Services Donated  Services Donated  Services Donated  Services Donated	25.45 s 88.69
LANSING MJ	Goods or Services Purchased by Candidate or Others- LOAI	u l
If over \$100.00 cumulative, please provide:	Description Food for franchise (	1
Occupation: Tenuty Redevelops Employer Name & Address: mgl	5. Date Of Receipt: 6 -29 - 15	
RACERTRUST	6. Vendor Name & Address:	Click Here for Memo Itemization
500 Woodward be	cravings izzoturner street	CHOIC FOI INCLID HEHIZALION
Detrod, MI	cansing, mI	
Fund Raiser Contribution		
_	Page Subto	S8.69
	Grand Total of all Schedules (Complete on last page of Schedules)	1 I
	₽ <del>*</del>	Enter this total on line 6 of Summary Page
Page of 6		· -·u-



SCHEDULE 1-IK

CANDIDATE COMM		s of Patricia Spitzle
Name and Address from whom received If 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 purchased	7. Amount or Fair Market for Election Cycle (Through date in item 5)
Contribution #1 PAC Receipt? Yes Name & Address: Spitzley Patricia 2622 Victor Rue	4. Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others	s 8,37 s 97.06
Lonsing, MI  If over \$100.00 cumulative, please provide: Occupation Rede velopment Employer Name & Business Address: WYR RACERI Rust TOO Wood war of 1500 Detroit, MI	6. Vendor Namo & Address:  ORUCLICY DILLYCU-  1412 W. MOUNT HOPE	
Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes  Name & Address  Spatistery Partician  Z622ULCON Bul  LANSING, MI  over \$100.00 cumulative, please provide:	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-  Description Curcles Curcl	\$ 23.99 \$ 121.05
Scupation: Ly Lecleve Opmer September Name & Address: Wy R  The Control of the Co	•	Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address:  SPITZLE POTRICIA  ZOZZUICTON DUL  LANSING, MI USQU  If over \$100.00 cumulative, please provide:	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-L	
Occupation: Deputy Redevelopment	Description_gift cand for fanels  5. Dale Of Recelpt: 7-5-15  6. Vendor Name & Address:  1Croger  921 West Holmas  LDMSing, MJ	Click Here for Memo Itemization
Fund Raiser Contribution	Page S	72.36
1	Grand Total of all Schedu (Complete on last page of Sci	

Enter this total on line 6 of Summary Page



	ITEMIZED IN-KIND CONTI	VIDOLICIAS		di-cont		
$\frown$	SCHEDULE 1-II	≺	1. Committee I. D. Number	<u>46544</u>	<u> </u>	
	CANDIDATE COMM	<b>NITTEE</b>	2. Committee Name + Ru	ends at	- Kay-Ricia	Sodele
name is from Comm	e and Address from whom received ribution is from an individual, enter last lirst. Check box to indicate if contribution a Political Committee or an Independent littee (Both are commonly called PACs).	5. Date of Receip	d Contribution (Check applicable left	•	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Name S P 1 2 16 1f over Occup. Emplo	ution #1 PAC Receipt? Yes & Address:  1-21-24, Patricia  1-22 VILLOT RUL  1-3100.00 cumulative, please provide: ation:  1-22 VILLOT RUL  1-22 VILLOT RUL  1-24	Goods Donat Goods or Ser Goods or Ser Description  5. Date Of Recei 6. Vendor Namo	vices Purchased by Candidate or vices Purchased by Candidate or	Others \$_Others-LOAN	217.29	
Contrib Name Pat 2 (2)	ution #2 PAC Receipt? Yes & Address RLCLA Sput-Zley 22 VICTOR MED LEGII \$100.00 cumulative, please provide:	Goods or Se	rent or Guarantee of Bank Loan ted or Loaned Services Don rvices Purchased by Candidate or rvices Purchased by Candidate or	r Others \$ r Others- LOAN	25:03	· 41337
13500 500	ation: ReducedopmentingRever Name & Address: ProventingRever Name & Address: ProventingRever Name & Address: Proventing Revenue Court Name & Address: Proventing Name & Address & Ad	5. Date Of Rece 6. Vendor Nam GORD 454 LA-N		oce on	ck Here for Memo I	temization
Contrib Name & SOU 21 2 LVAV If over Occupa- Employ SOO SI e	PAC Receipt? Yes Address:  They fat Rici A  They fat Rici	Goods Donate Goods or Sen Goods or Sen Description  5. Date Of Receip 6. Vendor Name	& Address:	others Others-LOAN Official (OP)	LL.CLZ \$	
[[X]Fun	d Raiser Contribution			<del>,</del>		
				Page Subtotal	259.24	
$\overline{}$				ill Schedules 1-IK		
			(Complete on last p	age of Schedule)		

Enter this total on line 6 of Summary Page

Page 3 of 6

**SCHEDULE 1-IK** 

1. Committee I. D. Number 46544

CANDIDATE COM	NITTEE 2. Committee Name + 12(e)(15 0 )	TOURICIA Spitzley
Name and Address from whom received if 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.	Type of In-Kind Contribution (Check applicable box)     Date of Receipt     Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market for Election Cycle (Through date In Item 5)
Contribution #1 PAC Receipt? Yes Name & Address:  Cleming, Douglas  4406 Carmine Ct  Dewith ME 114820  If over \$100.00 cumulative, please provide:  Occupation: Self. employed  Employer Name & Business Address:  Valer mark mg mt.  4406 Carmine Court  Dewith, ME 118720  Fund Raiser Contribution	Scoods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description Can Cough T-Shirts  5. Date Of Receipt: 6-9-15  6. Vendor Name & Address:  The Carnows Corner  501 5 6 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Click Here for Memo Itemization
Contribution #2 Name & Address  The ming, way as HUOL Curmine Ct Tolerouth, Mt 48870 over \$100.00 cumulative, please provide; Jocupation: Self-employed	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  Description Gampagn Voultons  5. Date Of Receipt: 4-4-15	95.31 \$ 26294
Employer Name & Address:  Water mark mgm +  Utob Carmine Ct.  Dewith MI (1882)  Fund Raiser Contribution	6. Vendor Name & Address: 24 Nowwords towns towns	Click Here for Memo Itemization
Contribution #3 Name & Address:  Port & Contribution #3 Special Contribution #3  Contribution #3 PAC Receipt?  Yes  Yes  Yes  Yes  To the Contribution #3  To the Contribution #3  To the Contribution #3  To the Contribution #3  Contribution #3  PAC Receipt?  Yes  Yes  Yes  Contribution #3  PAC Receipt?  Yes  Yes  Contribution #3  PAC Receipt?  Yes  Yes  Contribution #3  Occupation: #4  Occupation	4. Description Gold Cart for Uttof Solution  5. Date Of Receipt: 1-2-15  6. Vendor Name & Address:  Chef Cart  5. USG17  Chef Cart  5. USG17  Chef Cart  6. Vendor Name & Address:  Chef Cart  6. Vendor Name & Maddress:  Chef Cart  6. Vendor Name & Maddress & Maddres	Click Here for Memo Itemization
	Page Subtote  Grand Total of all Schedules 1- (Complete on last page of Schedule	34-1.99 IK

Enter this total on line 6 of Summary Page

Page L of 6

,	$\widehat{}$	SCHEDULE 1-IF	1. Committee I. D. Number. USUU.	. a. dit
′.		ANDIDATE COMV		Spitzler
		lo Indicate if contribution mittee or an Independent ommonly called PACs).	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)
	ZOZZULA LIANSING If over \$100.00 cumuli Occupation: Employer Name & Busi CMCERT	ative, please provide:  Puelopment M  Iness Address:	6. Vendor Name & Address:	
	500 WOOd, Deteod, X Fund Raiser Contri	-	Handy's food market Click Here for Memo II 424 W. WILLOW Street Lansing, MI	emization
	Name & Address  Spitzles  2622011  Lansing,  Yover \$100.00 cumule	かじ ative, please provide:	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 Description Postage for AV Mouve	1727.9/
	RACERIA	nt iso	6. Vendor Name & Address:  NEUSTONE MILL BROOK  Click Here for Memo III	emizatión
	Contribution #3 Name & Address:  Spitzley  21e 22 Victor  LAVSING, N  If over \$100.00 cumulat  Occupation:	Podericia V Aue No No live, pleaso provide:	4. Endorsement or Guarantee of Bank Loan  Scruices Donated \$ 5 89.01 \$  Goods Donated or Loaned Services Donated \$ 5 89.01 \$  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description Coduction of AU postcard,	2317.32 <del>1.753</del> .65
	Occupation: Definite led Employer Name & Addre 500 Woodle bettord, M  Fund Raiser Contribut	Dave He ist	5) Date Of Receipt: 7-13-15 6. Vendor Name & Address: Wecystone Millowook Click Here for Memo Ite 35 200 Co- Jefferson Howy Charge in Concurelledge, Mt. 48837	A
			Page Subtotal    180 2.03  Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	

Enter this total on line 6 of Summary Page

Page 5 of 6

SCHEDULE 1-IK 1. Committee 1. D. Number. 46544

CANDIDATE CON	MMITTEE 2. Committee Name Folends of	- Patricia Spitz
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.	purchased	7. Amount or Fair Market For Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Ye Name & Address: Spitzle, Patozicia Zio ZZULLO Aul LANSING, ME USQU  If over \$100.00 cumulative, please provide: Occupation: Deduction Ment Employer Name & Business Address: Mage	4. Endorsement or Guarantee of Bank Loan  X Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others  Cools or Services Purchased by Candidate or Others-LOAN  Description	285.96 \$ 2603,28
SOO Wood Ward aug Ste  Detroit, MI  Fund Raiser Contribution  Contribution #2 PAC Receipt? Tyes	6. Vendor Name & Address:	ick Here for Memo Itemization ONE LINE BU INST USE
Name & Address Spitzley Patricia. Zle ZZ Victor Acel LANSING, ME USGUI Usor \$100,00 cumulative, please provide:	Goods Donated or Loaned Services Donated	4318.67 1715.39 \$ <del>1951-3</del> 5
Coupalion: Deflute  Red Well Mineral Mark  Employer Name & Adfress: ent Mark  CALER TRUST  500 Woodward Due Ste  Detro of, MD  Fund Raiser Contribution	5. Date Of Receipt: 7-3-15  6. Vendor Name & Address: 1500 Mechical Political	ck Here for Memo Itemization
Contribution #3 PAC Receipt? Yes	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: Occupation: Employer Name & Address:	Description  5. Date Of Receipt:  6. Vendor Name & Address:	ck Here for Memo Itemization
Fund Raiser Contribution		
	Page Subtotal  Grand Total of all Schedules 1-IK  (Complete on last page of Schedule)	20013
		Enter this total on line 6 of Summary

Page 6 of 6



DEBTS AND OBLIGATIONS 1	Committee I.D. Number _	140644		
SCHEDUI F 1F	<del></del>	46544		<del></del>
CANDIDATE COMMITTEE 2.4	Committee Name <u>Free</u>	ds of Pato.	0.10 Ca.	1-1
This Schedule itemizes:			CLH Spi	rever
a Debts and obligations owed by or forgiven the con	nmittee OR b. Debi	ts and obligations owed <u>to</u> ( proose checked )	or forgiven <u>by</u> the c	ommittee.
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was Incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Owed to or by:  Pataleia S Spit 21-ea Potalciat 2622 Victor Ace Liansing, MI  If bank loan, name of endorser or guarantor:	4. Type-it Audicuser  5. Date Debt Was Incurred:  6. Original Amount of Debt:  201. 38	\$\$	ş <u>D</u>	s 261.38
Debt #2 Corp? Yes Owed to or by:	hurchase of 4. Type: parterials Cephine thet 3. Date Deb Was Incorred:	Arno	unt Endorsed: \$	
Zozzvictor Aug Lansing, mI	6. Original Amount of Debt:	\$ \$ \$	\$ <u> </u>	\$ 217.29 X FORGIVEN
If bank loan, name of endorser or guarantor:	<u> </u>	<del></del>		-
Spitzley, Poetsucia	A. Type: Clark Cart  5. Date Debt Was Incurred:  1-2-15  6. Original Amount of Debt:  \$ 85.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	unt Endorsed: \$s	\$_85,00 VI FORGIVEN
If bank loan, name of endorser or guarantor:			ınt Endorsed: \$	
(Comp	olete on last page of Schedule show	Page Subtotal (Or	utstanding debt)	0
A debt or obligation must be shown on this Schedule if this Campaign Statement or it was forgiven during the	_		o b ng date of	inter this total in line 12a "owed y" or line 12b owed to" of the fummary Page



DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number	465	4	
SCHEDULE 1E				
CANDIDATE COMMITTEE 2.0	Committee Name	ar Folen	els of Pay	RICIA Spot
This Schedule itemizes:			<del></del>	
a Debts and obligations owed by or forgiven the com	mittee OR b. Debt ck either a or b. Use only for the po	is and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	Purchese of	\$		
2622 Victor Que	5. Date Debt Was Incurred:	S \$		s 285. 96
Lansing, mI	6. Original Amount of Debt:	\$	\$ <u>D</u>	FORGIVEN
If bank loan, name of endorser or guarantor:		\$Amo	ount Endorsed: \$ —	<u></u>
Debt #2 Corp? Yes Owed to or by:	Purchase of	\$	-	
Spitzliey, Patricia	5. Date Debt Was Incurred;	\$		
	7-3-15 6. Original Amount of Debt:	s	s O	\$ <u>1715.39</u>
	<u> 1715 · 39</u>		· • <u> </u>	FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: Inculne Postage 5. Date Debt Was Incurred:	\$	1	
Spit chery, Patreccia	5. Date Debt Was Incurred:	<del></del>		
	6. Original Amount of Debt:	<u> </u>	s D	\$ 1.164.24
	s 1,164.24	\$	<u> </u>	FORGIVEN
If bank loan, name of endorser or guarantor:		\$		
To dank today filation of choolest of guarantot.		An	ount Endorsed: \$	
		Page Subtotal (	(Outstanding debt)	3,165.59
(Co	mplete on last page of Schedule s	Grand Total o howing amounts owed by or	of all Schedules 1E	

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Pege



CANDIDATE COMMITTEE  This Schedule Itemizes:  a Debts and obligations owed by or forgiven the  3. Name and Maling Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, plea	4. Type of Obligation (Description) 5. Indicate date debt was	encls of Patr	or forgiven by the co	<del>`</del> \
This Schedule Itemizes:  a  Debts and obligations owed by or forgiven the  3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to see	committee OR b. De (Check either a or b. Use only for the 4. Type of Obligation (Description) 5. Indicate date debt was	bts and obligations owed to purpose checked.)  7. Date and amount of	or forgiven <u>by</u> the co	<del>`</del> \
Debts and obligations owed by or forgiven the     Name and Maling Address of person, vendor of financial institution to whom debt is owed.  Check box to indicate whether debt is owed to see	committee OR b. De (Check either a or b. Use only for the 4. Type of Obligation (Description) 5. Indicate date debt was	bts and obligations owed to purpose checked.)  7. Date and amount of	or forgiven <u>by</u> the co	<del>`</del> \
Name and Mailing Address of person, vendor of financial institution to whom debt is owed.  Check box to indicate whether debt is owed to see	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of		mmittee.
financial institution to whom debt is owed.  Check box to indicate whether debt is owed to see	Type of Obligation     (Description)     Indicate date debt was	7. Date and amount of		
I IIICUI PUI diCU DUSINESS. It deht is a hank loop place	an   0   10   10   10   10   10   10   10	Sami bayment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus
provide information regarding the endorsers or guarantors, if any.	of debt			item 8)
Debt #1 Corp? Yes Owed to or by:	Procluction of	s s		
Spitzley, Batercin 2022 Victor Here	5. Date Debt Was Incurred:	s		
LANSing, MI	6. Original Amount of Debt:	\$\$	s D	\$ <u>.589.4</u>
	\$ 589-41	<u> </u>		FORGIVE
If bank loan, name of endorser or guarantor.		<u>\$</u>		
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$	unt Endorsed: \$	
1	5. Date Deht Was Incurred:	s		
	6. Original Amount of Debt:	s	s	s
	\$	s	[	FORGIVEN
If bank loan, name of endorser or guarantor:				
Debt #3 Corp? Yes Owed to or by:	1 4 50	Amo	unt Endorsed: \$	
Cowed to or by:	4. Type:			
	5. <u>Date Debt Was Incurred</u> :	<u>\$</u>		
	6. Original Amount of Debt:			
	S	\$	\$ <u> </u>	<u>}</u>
bank loan, name of endorser or guarantor:	<b>v</b>	\$		FORGIVEN
Dain loan, hante of endorser or guarantor:		Алго	unt Endorsed: \$	
		Page Subtotal (O		589,4/
(C	omplete on last page of Schedule sho	Grand Total of a owing amounts owed by or to	E	nter this total
debt or obligation must be shown on this Scheduls Campaign Statement or it was forgiven during age 3 of 3	ile if there was an outstanding emo the period covered by this Campai	ount owed on it at the closi gn Statement.	or by ng date of "o	n line 12a "owed y" or line 12b wed to" of the ummary Page



### **FUND RAISER SCHEDULE 1F**

FUND RAISER SCH	EDULE 1F	1. Committee I.D. Nun	nber _ 465	44
CANDIDATE COM				of Patricia Sputz
	USE A SEPARA	TE SHEET FOR	EACH EVENT -	
0.	. Number of Individuals At r Participating (whichever i reater)	tending 5. Type of Fu	ind Raising Activity	6. Address and Name (If any) of place where the activity was held
6.29.15	<u>3</u> ට	Politic	a)	1516 Moores Ri
7. Total Contributions	300	5 3065.	<u>20</u>	•
8. Other Receipts	<del></del>	0		
9. Gross Receipts (Add lines 7 and	8) _ 306	<u>6.00</u>		
10. Total Cost of Event (Total Cost includes In-Kind Contrib	Outions and All Exper	, 38	<del></del>	
11. Check if event was a joint f			e CAG(II)	
Co-Sponsor(s)	Contrib	ution Split %)		Expenditure Split (%)
<del></del>		<del></del>		<del></del> _
· ———	<del></del> -			
	<del></del>			
		<del></del> _		
		<del></del>		<u> </u>
		<del></del>		
The committee is required to period covered by the Camp	file a separate Fund	Raiser Schedule for	each fund raising	event held during the
<ul> <li>Receipts and expenditures li Schedule (1A), Itemized In-k Summary Page.</li> </ul>	sted on a Fund Daice	er Schedule must als hedule (1-IK), Itemiz	o be reported on the	ne Itemized Contributions Chedule (1B) and the
Each committee that particip				
1 1				