MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

RECEIVED

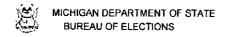
nsg 0 0 2015

CANDIDATE COMMITTEE COVER PAGE

INGHAM COUNTY CLERK

FOR OFFICIAL USE ONLY

OOVENTAGE	INGMAIN COOK I	
Report must be legible, typed or printed in ink and signed be the treasurer (or designated record keeper) and candidate.		10.18.19 to 11.23.19
1. Committee I.D. Number	4. Candidate Last Name	First Name M.I.
46544	Spitzleu	1 Patricia A
		District # or Community Served (If applicable)
PRIENCES OF POLICIUS	Lansing	city council At-Large
spitzley	4b. County of Residence 6. Treasurer's Name & Residence	Inaham
5. Committee's Mailing Address	6. Treasurer's Name & Resid	iential Address
P.O. Box 16117	POSELCIA	Spitzley
Lansing, mI 48901-	2622 Vic	
Area Code and Phone 517.763.7773	LANSING	MI USULL
If the address in this box is different from the committee	~	
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 51	7.763.7773
7. Treasurer's Business Address	Designated Record keeper Designated Record keeper)	r's Name and Mailing Address (If the committee has a
N/A.	Robin Lec	
	52,20 Dan	Local DRIVE
	LANSING, ,	NI 489CE
Area Code and Phone	Area Code and Phone	517.285.7188
9. TYPE OF STATEMENT		9e. Dissolution of Candidate Committee
Require	d ONLY if candidate n the ballot for the vear:	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	Ruarterly	by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,
Primary	edantes ly	owes no lates fees or has any oustanding debt.
General	per Quarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
Convention		considered a request for the reporting visives.
Special 9c. A	nnual Statement ()	Effective date of dissolution
School	Coverage Year	- Trotal Gale of dissistants
Cin	mendment to Campaign Statement Complete Item 9a, 9b, 9c or 9e to dicate which Statement is being nended.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus	F2015-1089 12/7/15 9:07 AM Page CAMP \$0.00	: 1 of 1
November 3, 2015	Barb Byrum, Ingham Cou	inty Clerk
10. Verification: I/We certify that all reasonable diligence was u	sed in the preparation of this statem	
my\our knowledge and belief the contents are true, accurate ar	Joens	- Fater
Current Treasurer or Designated Record keeper Type or Print Name	Spytzlec Signature	Date
Candidate PARICIA SONT 21-CC Type or Print Name	1 Patricia	Spate 11.28.15
(VDE DI PUNI Name) Signature	1 / 1 / 1

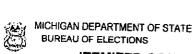


1. Committee I.D. Number <u>1165以</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name FRIENCES of Patricia Spitzle

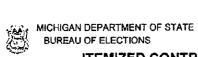
CANDIDATE COMMITTEE	2. Committee Marie 11111 11113 1111	CCHCICHA SPIRE
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	Prod. or other control of the contro	Samadara and albaton dyde
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 7250.00	(18.) \$ 24715.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>7.50.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 4862,6/
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 16864.70	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 16864.70	(23)\$ 24, 465,00
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)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.)	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2155.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 9864,70	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14)+\$ 7250.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 17114,70	
16. Amount expended during reporting period (Add lines 9 and 11)	(16)-5_1686470_	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17) \$ <u>250.00</u> -	
•		



CANDIDATE COMMITTEE

1. Committee I.D. Number	
2. Committee Name File	nds of Patricia Spitzle

Enter contributor's name and address. If contribution is formation in financial		TICKLIN SPI
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Chack 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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10 - 10 . 15		date of receipt)
Bruce Rasher Drive	<u>. </u>	
6. If over \$100.00 cumulative, please provide:	: 200 x	\$ 400.00
Occupation Recherch proposer PACER TRUST	Click Here fo	or Memo Itemization
Business Address 500 wood would our be 100,1 m	-	
Type of Contribution: Direct Loan from a person Fund Raiser	· 	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 · 22 · 15	-	
Sidney Lyon		
3839 Hunsaker	: 250.00	\$ 250.00
East Lansing, MT 118823 5. If over \$100.00 cumulative, please provide:		<u> </u>
	Click Here for	Memo Itemization
Occupation Westers Employer How Hollan Golfe	airse	
Business Address 15101 Charalter Rd. Bath, WIL 488	08	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 · 22 · 15	_	
bauld & Esse 6		
204 24 Cartystest	\$ <u>250.00</u>	\$ 250.00
5. If over \$100.00 cumulative, please provide:	Click Here for I	Memo Itemization
Occupation Self Employed Employer 204 21 Carlyste st. D	pearborn in	17
Business Address 2001211 Cartasie St. Dearboin, mr	3,1,1	67
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-22-15	. I	
Tucker friez		
1213 Hay Ford DR.	- 3 6 0 00	
Lansing, mit usal Z 5. If over \$100.00 cumulative, please provide:	<u> 250.00</u>	s 250.00
Occupation ast Manager Employer Wholesale Hydrope	Click Here for N	Memo Itemization
Business Address 10010 S. MIK Stell, Lansing MI U	(8911	
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	95000	
Grand Total of Ail Schedules 1A	950,00	
(Complete on last page of Schedule)	Enter this total on	
Page	line 3a of Summary Page.	

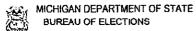


CANDIDATE COMMITTEE 2. Committee Name Forescience of Policia Spitzle

1. Committee I.D. Number	46544	· • · · · · · · · · · · · · · · · · · ·
	1 601-	. C.U. V.

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 10.22.15 Name & Address: Barnuel Sanflippo II 1198 Sheercker Receipt Flushing MI 118433	: 250.CO	: 250.00
5. If over \$100.00 cumulative, please provide: Occupation Oconev Employer: 3200 Worth LLC		or Memo Itemization
Business Address 3200 N. East Street (ansure, M. Type of Contribution: X Direct Loan from a person Fund Raiser	NI 48906	7
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10.22.15 Name & Address Melisson work concilc.		
335 Ridgement Rd. 60000 Point, MI 18236-3133	\$ 250.00	\$ 250.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Self. employed Employer Business Address 335 Pulgemont Rd., Grosse Roint Type of Contribution: Direct Loan from a person Fund Raiser	, MI U8	52%-3133
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10.22.15		
heun M. Pybus 2279 Sundance Ridge Howell, MT 48845 5. If over \$100.00 cumulative, please provide:		\$ 250.00 Memo Itemization
Occupation Owner Employer 3200 North LLC Business Address 3200 N. East Street Journs und Type of Contribution: Direct Loan from a person Fund Raiser	ડ ાપણ ૦ 6	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10. 22.15 Name & Address Mathrew 5. Vale 62.10 7433 U. Silvery Ln. Dearbeinteignis, MI 48127, 1736 5. If over \$100.00 cumulative, clease provide:	<u>: 250.00</u>	: 250.00
	Click Here for	Memo Itemization
Occupation Self-employed Employer Business Address 7433 N-S, Wev In Decarborn He Type of Contribution: Direct Loan from a person Fund Raiser	ights, mī	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	

Page 2_ of **£ 5**



1. Committee I.D. Number	46544
_	^

	SCHEDULE	:1A	1. Committee I.D. Number		
CAN	IDIDATE CO	MMITTEE	2. Committee Name	iends of P	atexia Spilz
Enter contributor's name ar middle initial. Check box to Committee (PAC) Report <u>al</u>	indicate if contribu	tion is from a Political Com	il, enter last name, first name, mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address:	PAC Receipt?] "	peipt 10.22.15	•	
Danielle		_			
Cant Sohv 5. If over \$100.00 cumulati	S,MI (18879		<u> </u>	s 250.00
Occupation Self. PM		Employer		Click Here fo	r Memo Itemization
Business Address 479	I US HU	UYZZ Apt3	Saint Sohns,	MI 4887	7
Type of Contribution: X	1	Loan from a person	Fund Raiser		
Name & Address			eint 10.22.15		
Valeane A 7198 shear Flushing	dan R	d	.0	<u> 250.00</u>	\$ 250.00
5. If over \$100.00 cumulati	ve. please provide	: :		Click Here fo	r Memo Itemization
Occupation Registe	red Nurs	Reloyer GM Y	popertrain		
Business Address	029, W	z Sasina W) saginages	MI 4860	2
Type of Contribution: D	1 1	Loan from a person	Fund Raiser		
3. Contribution #3 P Name & Address:	AC Receipt?	YES 4. Date of Red	celpt 10-22 - 15	-	
andrew u	verst	Reet		s 250.00	<u> </u>
Gacylord, V 5. If over \$100,00 cumulati	NT 49 ve, please provide	735		Click Here for	Memo Itemization
Occupation Self. en Business Address 911 Type of Contribution: X	6 Carpe	imployer	t, Gacylord, r	NŢ	
3. Contribution #4 F Name & Address	PAC Receipt?	YES 4. Date of Re	ceipt 10. 22.15		
Michael &	uno ex	Laxe.		\$ 250.00	s 250.00
Sount Ca	ect Sh	ores, MI	118080 - 1411	0	\$ 650.00
Occupation <u>Selfen</u>			8 Harpertate	Click Here for	Memo Itemization
Business Address 227	08 Har	per lake S	aum Clair Sh	DIPS, MI	18080-1416
Type of Contribution:		Loan from a person	Fund Raiser		
			Page Subtotal	1,000.00	

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

Enter this total on tine 3a of Summary Page.



CANDIDATE COMMITTEE

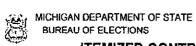
1. Committee I.D. Number 46544

2. Committee Name FRIENCLS of Patrick ASpitzles

Enter contributor's name and address. If contribution is from an in middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount.	dividual, enter last name, first name, al Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date Name & Address:	of Receipt 10. 22. 15	·	date of receipt)
heun J. Bryant-maniz			
413 henwai Drive	 ·		
LCENSING, NIT LISTIT			<u>\$ 250.06</u>
Occupation & Scales Rep Employer W Business Address 16070 S. MLK Scate C	hole sale hydrop	Click Here fo	r Memo Itemization
Business Address 16070 S. MLK Scute C	Lansing, mI i	1890	
Type of Contribution: Direct Loan from a person	1 1		
Contribution #2 PAC Receipt? YES 4, Date Name & Address	of Receipt 10-22-15		
Zachara Frasier			
13048 apple Tree Lane		\$ 250.00	\$ 250,00
Dewitt, MI			
6. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Seif-employed Employer			
Business Address 13048 apple Tree La	nestewith MI		
Type of Contribution: Direct Loan from a person	Fund Raiser		
Name & Address:	of Receipt 10.22.15		
Name & Address: Viet Quoc Vu	of Receipt 10.22.15		
Name & Address: Viet Quoc Vu 2612 Dier Street	of Receipt 10.22.15	<u>s 750.00</u>	\$
Name & Address: Viet Quoc Vu 2612 Dier street Lansing, MI 48910	of Receipt 10.22.15		\$
Name & Address: Viet Quoc Vu 2612 Dier Street Lansing, MI 48910 5. If over \$100.00 cumulative, please provide:	of Receipt 10.22.15		\$ Memo Itemization
Name & Address: Viet Qucc Vu ZLOIZ Dier Street Lavising, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMINGEREMPloyer	<u> </u>		\$ Memo Itemization
Name & Address: Viet Qucc Vu Z612 Dier Street Lansing, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-cmy loged Employer	<u> </u>		\$ Memo Itemization
Name & Address: Viet Qucc Vu 2612 Dier Street 1 Censing, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUNG Employer Business Address 2612 Dier Street La Type of Contribution: Direct Loan from a person 1. Contribution #4 PAC Receipt? YES 4. Date	unsing M2 U891) Fund Raiser		\$ Memo Itemization
Name & Address: Viet Qucc Vu Z(012 Dier Street LOWS: NG, WI 46910 5. If over \$100.00 cumulative, please provide: Occupation Self-CWin VoledEmployer Business Address 2612 Dier Street Lo Type of Contribution: Direct Loan from a person 3. Contribution # 4 Vame & Address Viet Qucc Vu Loan from a person PAC Receipt? YES 4. Date	LNSing M2 (1891) Fund Raiser of Receipt 10.22.15		\$ Memo Itemization
Name & Address: Viet Qucc Vu 2612 Dier Street 1 Censing, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-Civup of Comployer Business Address Zolz Dier Street Lo Type of Contribution: Direct Loan from a person Contribution #4 Name & Address PAC Receipt? YES 4. Date Name & Address PAC Receipt? Ore School Contribution	Fund Raiser of Receipt 10.22.15	Click Here for f	\$ Memo Itemization
Name & Address: Viet Qucc Vu Z612 Dier Street Lansing, MI 46910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUNOfEdEmployer Business Address 2612 Dier Street La Type of Contribution: Direct Loan from a person B. Contribution #4 PAC Receipt? TYES 4. Date Name & Address Linch Bear Cherch B War Bear Cherch B Contribution #4 PAC Receipt? TYES 4. Date Name & Address Name & Address Man Bear Cherch B Contribution #4 PAC Receipt? TYES 4. Date	Fund Raiser of Receipt 10.22.15	Click Here for t	s 250.00
Name & Address: Viet Qucc Vu Z612 Dier Street Lansing, MI 46910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUNOfEdEmployer Business Address 2612 Dier Street La Type of Contribution: Direct Loan from a person B. Contribution #4 PAC Receipt? TYES 4. Date Name & Address Linch Bear Cherch B War Bear Cherch B Contribution #4 PAC Receipt? TYES 4. Date Name & Address Name & Address Man Bear Cherch B Contribution #4 PAC Receipt? TYES 4. Date	Fund Raiser of Receipt 10.22.15	Click Here for t	s 250.00
Name & Address: VIET QUCC VU ZLO 1 Z DIET STREET LOWS: NG, NT USGIO 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUNOGEDEMPloyer Business Address ZLO 1 Z DIET STREET LO Type of Contribution: Direct Loan from a person 1. Contribution #4 PAC Receipt? YES 4. Date Vane & Address R. Mank Ben y Cherch Ben 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Fund Raiser of Receipt 10.22.15	Click Here for t	s 250.00
Name & Address: Viet Qucc Vu Zlo 1 Z Dier street Levising, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUN bedemployer Business Address Zlo 1 Z Dier Street Lo Type of Contribution: Direct Loan from a person Contribution #4 PAC Receipt? YES 4. Date	Fund Raiser of Receipt 10.22.15 erry Dave	Click Here for I	s 250.00
Name & Address: Viet Qucc Vu Z(012 Dier Street 1 Cevising, MI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUNGEDEmployer Business Address Z(12 Dier Street Lo Type of Contribution: Direct Loan from a person 3. Contribution # 4 Name & Address PAC Receipt? YES 4. Date Name & Address R. Mark Berry Cherch 2121 Warnolers Height Drook by Miller Height Solution MI 49230 5. If over \$100.00 cumulative, please provide: Mid QW Occupation Opposition	Fund Raiser of Receipt 10.22.15 erry Dave	Click Here for I	s 250.00
Name & Address: VIET QUCC VU ZLO 1 Z DIET STREET LOWN 5: NG, NT U8910 5. If over \$100.00 cumulative, please provide: Occupation Self-CMUNOSEEmployer Business Address Loan from a person Contribution #4 PAC Receipt? YES 4. Date Name & Address Loan from a person Contribution #4 PAC Receipt? YES 4. Date Name & Address Loan from a person Contribution #4 PAC Receipt? YES 4. Date Name & Address Loan from a person Contribution #4 PAC Receipt? YES 4. Date Contribution #4 PAC Rec	Fund Raiser Of Receipt 10.22.15 OCCUPATION MACHINE Brook Lyn, M. Fund Raiser	Click Here for I	s 250.00
Name & Address: Viet Qucc Vu Z(012 Dier street 2012 Dier street 1000 Sing, WI 48910 5. If over \$100.00 cumulative, please provide: Occupation Self-CW 100 CCC Employer Business Address Z(12 Dier Street Lo Type of Contribution: Direct Di	Fund Raiser Of Receipt 10.22.15 OCCUPATION MACHINE Brook Lyn, M. Fund Raiser	Click Here for I	s 250.00

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Enter this total on line 3a of Summary Page.



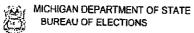
CANDIDATE COMMITTEE

1. Committee I.D. Number	46544	
2 Committee Name FO 165	Lat AFRIOL	1050.12/

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 10 · 22 - 15		
Joseph Josien Zolnai	_	
675 Proebe Loine Ecist Lansing, MI 48823 5. If over \$100.00 cumulative, please provide:	<u>\$ 250.00</u>	s 250.80
[Click Here f	or Memo Itemization
Occupation Self employer_		
Business Address 675 Phoebe lane, Fast lansing	, mI 4885	23
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10.22.15	-	
Name & Address Lawrence Sohn 201		
4942 HOLT ROad	. Z 50-00	\$ 290.00
HOLY, MT 48842-1034	<u> </u>	* 270 00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Self-employed Employer_		
Business Address 4942 Holf Road, Holf, MI (188-11	~	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? X YES 4. Date of Receipt 10. 29. 15	_	
1. pare di vareibi.		
Name & Address: CAP PAC P.O. Box 14030	\$ <u>2,500 00</u>) <u>\$ 5,000.00</u>
Name & Address: CAP PAC		s 5,000.00
Name & Address: 10.24.15 CAP PAC P.O. Box 14030		
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 46901 - 4030 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address		
Name & Address: CAP PAC P.O. Box 14030 Lansing, MI 46901 - 4030 5. If over \$100.00 cumulative, please provide: Occupation Employer		
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 48901 - 4030 5. If over \$100,00 currulative, please provide: Occupation Employer Business Address Type of Contribution: X Direct		
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 48901 - 4030 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: \[\int \text{Direct} \] Loan from a person \[\int \text{Fund Raiser} \]		
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 48901 - 4030 5. If over \$100,00 currulative, please provide: Occupation Employer Business Address Type of Contribution: X Direct	Click Here for	
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 48901 - 4030 5. If over \$100,00 currulative, please provide: Occupation Employer Business Address Type of Contribution: X Direct		
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 48901 - 4030 5. If over \$100,00 currulative, please provide: Occupation Employer Business Address Type of Contribution: X Direct	Click Here for	Memo Itemization
Name & Address: CAP PAC P.O. Box 14030 Lansing, mil 48901 - 4030 5. If over \$100,00 currulative, please provide: Occupation	Click Here for	
Name & Address: CAP PAC P.O. Box 14030 Lansing, M.L. 48901 - 4030 5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	Memo Itemization
Name & Address: CAP PAC P.O. Box 14030 Lansing, M.L. 46901 - 4030 5. If over \$100.00 curtulative, please provide: Occupation Employer Business Address Type of Contribution: \[\text{Direct} \] Direct	Click Here for	Memo Itemization
Name & Address: CAP PAC P.O. Box 14030 Lansing, M.L. 48901 - 4030 5. If over \$100.00 curtulative, please provide: Occupation	Click Here for	Memo Itemization
Name & Address: CAP PAC P.O. Box 14030 Lansing, ML 48901 - 4030 5. If over \$100.00 currulative, please provide: Occupation Employer Business Address Type of Contribution: \[\int Direct \] Loan from a person \[\int Fund Raiser \] 3. Contribution # 4 PAC Receipt? \[\int YES \] 4. Date of Receipt \[\int Name & Address \] 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: \[\int Direct \] Loan from a person \[\int Fund Raiser \]	Click Here for Click Here for 3,000.00	Memo Itemization

Page <u>5</u> of **6**

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number	46544
2. Committee Name	rends of Postercia Spitzler

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, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10 - 21 - 15		date of receipt)
	_	
Stephen Eyoung 2133 Moores Ruer Drive		
5. If over \$100.00 cumulative, please provide:	<u>s 100.0</u>	0 s 100.00
Occupation Lobbusist Employer 605T	Click Here fo	or Memo Itemization
Business Address Imahigan Ave, lansing MT. 48	433	
Type of Contribution: Direct Loan from a person Fund Raiser	1.00	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 · 2 · 1 · 15		
helly Rossman- Mckinney		
1820 Canyon Trail	\$ 150.00	s 150.00
LANSING, MT UKULT 5. If over \$100.00 cumulative, please provide:	Click Horo for	Memo Itemization
Occupation acons Employer loss man- Thus co		Metrio (ferriization
Business Address 124 W. allegan St. Suite 800 lav	lsing, mI	1164.5
Type of Contribution: Y Direct Loan from a person Fund Relser	Co. Co proce	48133
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11-4-15		
David Q workams		
4356 Sweet Cherry Lane	\$ 50.00	s
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		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
P. If . Add as	\$	S
5. If over \$100.00 cumulative, please provide:	Click Here for N	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtot	300.00	ا و در
Grand Total of All Schedules 1/ (Complete on last page of Schedule	17260 00 1	
3	Enter this total on line 3a of Summary	
Page of	Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46544

CANDIDATE COMMITTEE	2. Committee Name free nots of Patricia Spitzle
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name angle Mastagni Political strategies LLC Address 507 N. Sylvania Ace Forth worth Tx 76111	10.27 \$ 50.00
Address Sollawia Ace	Purpose: Robocall Date \$ 50.68
Forth worker Tx 76111	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	oracinett.
Name Congle Mastagni, Political Address Address	Purpose: Polocice II Date s 45.00
507 N. Sylvania Hol	Click Here for Memo Itemization Type
forth Worth, Tx 76111	Check box if this expenditure is navment of
Fund Raiser Expenditure #3	debt or obligation reported on previous statement
Name	
Chad Gietovarvt	11.23.15 135.0k
Address 1210 Fairway Ln	Coomination
Lansing, mI usq12	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #4 Name	
mac bonald Broadcasting	11-8-15 \$ 810000
600 west Cavaraugh	Purpose: Rachoads Date Matter
Louising, mI 19910	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
xpenditure #5	
lame united states Post office	Purpose: P.O. Box vental Date 15, 49.00
315 W. allegan street Lansing, MI 118933	
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 1139.168
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule) Enter this total
	ernor una total

Enter this total on line 8a of Summary Page

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Expenditure #1

Fund Raiser

Expenditure #2

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

3. Name and address of person or vendor to whom paid

Lansing, mi uscil

2321 West Main

1. Committee I. D. Number 46544 2. Committee Name torrends of Parking Spize 4. Purpose (Required Information) Name The Job shop, Inc. \$ 5974.96 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Lansing Brewing Company

518 E. Shia in a casimore	Topological Transport	
518 E Shialousseestreet Lansing, MI 4894 2	Click Here for Mer	no Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name The Cob shop, Inc.	10.22	
2321 West Main	Purpose: Mailing Posters Date	- 1057.32
	Click Here for Mem	o Itemization Type
Lansing, mt 119812	Check box if this expenditure is payment of	7,50
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #4	Statement	
Name The Jobshop, Inc.	10.34	638.12
Address	Date Date	\$ 602-00
2321 West Marin	Purpose: Printing - Date Lansing Taxitokizers	
Lansing, MI 48912	Click Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5	SCHOOL	
Name the 306 shop, Inc		
Address	10.30	5 4528.80
2321 West Main	Clarations along the	
Lansing, MI 48912	Purpose: PRINTING - Date economic deu/Hust Click Here for Memo Check box If this expenditure is payment of	Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
	Cubbatal ship	
	Subtotal this page	11,900.20
	Grand Total of all Schedules 1B (Complete on last page of Schedule)	
7 7		Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES **SCHEDULE 1B CANDIDATE COMMITTEE**

1. Committee I. D. Number 46544

CANDIDATE COMMITTEE 2.	Committee Name French of P	2.40 cc	a Soitz
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Best Buy		11.9.15	M
Address 8487 w. 6 rund luce / Aue	Purpose: PRINTERIAK	Date	3 79.27
Brighton, mt (19116	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo	Itemization Type
Expenditure #2 Name Keystone Millynook		10-14-N	5 s 616.414
Address 3540 w. Jefferson Hwy	Purpose: Pemhna	Date	•
Grand Ledge, MI 119837	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo I	ttemization Type
Expenditure #3 Name Patricia A. Spitzle M Address 2622 Victor Due LANSinginiz Ucall	Purpose: thy ment of low	Date	\$ <u> </u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
expenditure #4 Hame Manackee Grouphic Design Hiddress 840 S. Clark Road	Purpose: Crouphic Design	11.4.15 Date	s <u>925.</u> 0
Dansonle, MI U8819 I Fund Raiser	Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo lik	emization Type
expenditure #5 lame chad Guerrant ddress 1210 fairway Laine 2015104, MI 118912	Purpose: Composition Purpose: Concomposition Management Click Hen Check box if this expenditure is payment of debt or obligation reported on previous statement	276 Date e for Memo Ite	\$ <u>35५.।।</u> emization Type
	Subtotal Grand Total of all Sch (Complete on last page of	nedules 1B Schedule)	382482 16864.7 Enter this total on line 8a of Summary Page



__Page ____ of _____

DEBTS AND OBLIGATIONS 1. Committee I.D. Number 45 44					
SCHEDIII E 4E					
CANDIDATE COMMITTEE 2. Committee Name frends of Patricia Spitzle					
THIS OCHEUDIE HEITHZES:				7	
(Che	a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
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 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	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: POTHRICIA Spitzley Zbzz Victor Dug Liansing, MI (1891)	4 Type: RESTENCE OF LIPS PURCHE LOS Date Debt Was Incurred: 10.15.15 6. Original Amount of Debt: \$ 250.00	11.23.15\$ 250.00 +	\$ <u>250.0</u> 0	\$	
If bank loan, name of endorser or guarantor:		Amou	ent Endomade &	,	
Debt #2 Corp? Yes Owed to or by:	Purchase of	11.23.15 285.96	ınt Endorsed: \$		
Pathellia Spitzley Zbzzvictor Ave Lounsing, mI 118911 If bank loan, name of endorser or guarantor:	5. Date Debt Was Incurred: (6.25.15 6. Original Amount of Debt: \$ 285.96	\$ \$ \$	s <u>285.94</u>	\$ FORGIVEN	
Debt #3 Corp? Yes	Virginia of of	Amo	unt Endorsed: \$		
Owed to or by: Portrucia Spitzley 2622 Victor Aue Librising, MI 48911	Date Deby Was Jacurred L. 25 15 6. Original Amount of Debt: \$ 1, 164, 21/	11.23.15\$ 1, 16ch 2c	(s <u>i </u>	\$	
if bank loan, name of endorser or guarantor:		\$	int Endormod: ¢		
	nplete on last page of Schedute she	Page Subtotal (O		Enter this total	
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.					



	DEBTS AND OBLIGATIONS 1. Committee I.D. Number (16541)					
	SCHEDULE 1F					
	CANDIDATE COMMITTEE 2. Committee Name forevide of Patercia Spitzley				$e \subset i$	
	This Schedule Itemizes:					
	a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				mmittee.	
	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 an incorporated business. If debt is a bank toan, 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: RCHQICIA Spit Elect Zbzz Victer Aug LCLASING, MILLEGII	4. Type: U. O. Le Cu.S. S. Date Debt Was Incurred: 2.3.15 6. Original Amount of Debt: \$ 1715,39	\$ \$ \$ \$ \$ \$ \$	s_O	17 \$ 5.39 \$. FORGIVEN	
	If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$		
	Debt #2 Corp? Yes Owed to or by:	Production of AV	11.23.15 149.40			
•	Padricia Spitzle -(2622 Victor Ave	5. Date Debt Was Incurred: 7.13.15 6. Original Amount of Debt:	\$	140.80	439.61	
	CAnsing, ME (18911	\$ 589,41	\$		FORGIVEN	
	if bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$		
	Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$\$\$	\$	\$	
	If bank loan, name of endorser or guarantor:		\$Amo	unt Endorsed: \$		
			Page Subtotal (C	· · · · [12155.00	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)					2155,00	
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.					on line 12a "owed by"" or line 12b "owed to" of the Summary Page	
	Page 2 of 7				, - -	