F2016-0947

8/15/16 10:33 AM Page 1 of 1

CAMP \$0.00

Barb Byrum, Ingham County Clerk

MICHIGAN DEPARIMENT OF STATE

BUREAU OF ELECTIONS

amended RECEIVED

AUG 15 2016

COVER PAGE

INGHAM COUNTY CLERK FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	1				
the (teasurer (or designated record recept) and se	signed by Indidate.	3. This Statement covers From	11-24-15 10 7-20-16		
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.		
46544		SPI+21eg	Post Rich Was Community Separat (If applicable)		
2. Committee Name		4a. Office Sought Including District # or Community Served (If applicable)			
Forends of Patrici	a-Sp.tz	4b: County of Residence	ingham		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
2622 VICTOR AUE		Patricia Spitzley			
LANSING, MILLER	11	2622 Victor Ave			
Area Code and Phone 1703733 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.		Lewsing, MI 18711 Area Code & Phone 517.763.7773			
7. Treasurer's Business Address			s Name and Mailing Address (If the committee has a		
500 woodward	4UC	Designated Record keeper)			
Suite 2650			e e e e e e e e e e e e e e e e e e e		
Detaon, NIU82	26				
•	_				
Area Code and Phone 517-599 59	272	Area Code and Phone			
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee		
9a. Pre-Election OR 9b. Post-Election	Required Of is not on the current year.		By checking this item I/We certify any outstanding debit by the committee to the candidate or his or her spouse is he		
Pre-Election or Post-Election Statement relates to:	L.		by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets,		
Primary	July Quart	erly	owes no lates fees or has any oustanding debt.		
General	Codebas 0				
	October C	luarterly	Further, if the dissolution cannot be granted, that this be		
Convention	October C	luarterly	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
二 .	ac 🗔	al Statement ()			
Convention	9c. Annua	ni Statement () Coverage Year	considered a request for the Reporting Waiver.		
Convention	9c. Annua	of Statement () Coverage Year Indicate the Campaign Statement Indicate the Statement of the Statement is being	considered a request for the Reporting Waiver.	1	
Convention Special School	9c. Annua 9d. Amen (Com	of Statement () Coverage Year Indicate the Campaign Statement Indicate the Statement of the Statement is being	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on	1	
Convention Special School Caucus	9c. Annua 9d. Amen (Com	of Statement () Coverage Year Indicate the Campaign Statement Indicate the Statement of the Statement is being	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on	1	
Convention Special School Caucus	9c. Annua 9d. Amen (Com	of Statement () Coverage Year Indicate the Campaign Statement Indicate the Statement of the Statement is being	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on	1	
Convention Special School Caucus Date of Election, Convention or Caucus	9c. Annua 9d. Amen (Com indica amend	Coverage Year doment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on	1	
Convention Special School Caucus Date of Election, Convention or Caucus	9c. Annua 9d. Amen (Com indica amend	Coverage Year doment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	n	
Convention Special School Caucus Date of Election, Convention or Caucus 10. Verification: \(\text{IWe certify that all reasonable dilignostics} \)	9c. Annua 9d. Amen (Com indica amend	Coverage Year coverage Year different to Campaign Statement plete item 9a, 9b, 9c or 9e to te which Statement is being ded.)	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	1	
Convention Special School Caucus Date of Election, Convention or Caucus 10. Verification: IVWe certify that all reasonable diligration with the contents are true, and convents the contents are true.	9c. Annua 9d. Amen (Com indica amend	Coverage Year doment to Campaign Statement plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	1	
Convention Special School Caucus Date of Election, Convention or Caucus 10. Verification: NWe certify that all reasonable dilignmy/our knowledge and belief the contents are true, of Current Treasurer or Designated Record keeper	9c. Annua 9d. Amen (Com indica amend	Coverage Year coverage Year different to Campaign Statement plete item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. ent and attached schedules (if any) and to the best of	1	
Convention Special School Caucus Date of Election, Convention or Caucus 10. Verification: NWe certify that all reasonable dilignmy/our knowledge and belief the contents are true, of Current Treasurer or Designated Record keeper	9c. Annua 9d. Amen (Com indica amend ence was used accurate and or	Coverage Year coverage Year different to Campaign Statement plete item 9a, 9b, 9c or 9e to te which Statement is being ded.)	considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	1	

Authority granted under P.A. 388 of 1976

Committee	תו	Number	4654

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of Patricia Spitzley

RECEIPTS	Column 1	Column II
RECEPTO	This Period	Cumulative this election cycle
3. Contributions	0.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	60.00
c. Subtotal of "Contributions"	(3c.) \$ \$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$0.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures	•••	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	40.00
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ \$0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$2,155.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$250.00	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$250.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$250.00	•



DEBTS AND OBLIGATIONS 1. Committee I.D. Number _ 4 6500				
SCHEDINE 15				· ·
CANDIDATE COMMITTEE 2.0	Committee Name Tale File	is et rola	ICIA Sp	.tzlec
This Schedule itemizes:			- <u></u> <u>-</u> \	<u> </u>
a Debts and obligations owed by or forgiven the con	nmittee OR b. Deb	ts and obligations owed <u>to</u> or urpose checked.)	forgiven <u>by</u> the co	mmitiee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to	Outstanding Balance at close
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.	Indicate date debt was incurred Indicate original amount of debt		date on debt	of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: REVENUSE CF	11.23.15 250.00		
POHRICIA SPAZICY	i particle Vote cas	t s		
SPSS pictor Bre,	10.15.15	\$		
LAnsing, mi usall	6. Original Amount of Debt:	\$	\$ <u>250.00</u>	\$
	s_250.DO	s .		FORGIVEN
If bank loan, name of endorser or guarantor:		Arno	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	PLUTE MC SU CT	11-23-15 285.86		
1 Pollolin Spitzley	5. <u>Date Debt Was Incurred</u> :	s		
2622 Victor Ave	6. Original Amount of Debt:	\$, 285,96	l. o
Lansing, mI 48911	\$ 285.96		\$ 600 (16	· · · · · · · · · · · · · · · · · · ·
				FORGIVEN
if bank loan, name of endorser or guarantor.		Amo	ount Endorsed: \$_	
Debt #3 Carp? Yes Owed to or by:	ring weed ing	11.23.15 \$ 1, 164.7		
Patricia Spiteley	5. Date Debt Was Incurred:	s	=	
2622 Victor Ave	6. Original Amount of Debt:		s 1, 164.24	. 0
LHUSING, MI 48911	\$ 1,164.21/		\$ 15 10 -1 -1	FORGIVEN
	<u> </u>	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Amx	ount Endorsed: \$	
		Page Subtotal (Outstanding debt)	0
/0-	mplete on last page of Schedule si	Grand Total 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 Page



DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number	544		
SCHEDULE 1E	C :	CO :) \	
CANDIDATE COMMITTEE 2.0	Committee Name <u>file vicls</u>	of tatellia	Spitzly	= -
This Schedule itemizes:			***	
a Debts and obligations owed by or forgiven the com	nmittee OR b. Deb	ots and obligations owed <u>to</u> or eurpose checked.)	forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at close
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.	5. Indicate date debt was incurred 6. Indicate original amount of debt	eaur paymen	date on debt	of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	Kirchase 24	2		
Rodancia Spitzley	5. Date Debt Was Incurred:	•		- # F 30
2622 Victor Ave	7.2.14	<u> </u>		17 \$5.39
Lansing, MILLEGII	6. Original Amount of Debt:		s <u>O</u>	\$
	\$ 1715.39	<u>\$</u>		FORGIVEN
If bank loan, name of endorser or guarantor:	•	\$	unt Endorsed; \$	
Debt #2 Corp? Yes	Production of AV			
Owed to or by:	4. Type: Manager	11.23.15 149.40		
Padricia Spitzle -1	5. Date Debt Was Incurred:	\$	1401.80	439.61
ZEZZ VICTORAVE	6. Original Amount of Debt:	<u> </u>	s	\$
4				
LANSING, MI (18911	\$ 589 41	<u> </u>	<u> </u>	[] EOBGIVEN
[Ansing, MI (1891)	\$ 589.41	\$	<u></u>	FORGIVEN
If bank loan, name of endorser or guarantor:	\$ 589 41	\$	ount Endorsed: \$	FORGIVEN
·	\$_589_41	\$	purit Endorsed: \$	FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes		\$Am	ount Endorsed: \$	FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	4. Type: 5. Date Debt Was Incurred:	\$ Ann	ount Endorsed: \$	FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	4. Type:	\$ Ann	punt Endorsed: \$	\$
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	4. Type: 5. Date Debt Was Incurred:	\$ Ann	ount Endorsed: \$	FORGIVEN S FORGIVEN
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes	4. Type: 5. Date Debt Was Incurred:	\$ Am	ount Endorsed: \$	\$

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.

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

2155, CO: Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page 2 of 7



MAIN OFFICE P.O. Box 179 341 South Jefferson Mason, MI 48854 Phone: (517) 676-7201 Fax: (517) 676-7254

Barb Byrum INGHAM COUNTY CLERK

BRANCH OFFICE Veterans Memorial Courthouse Lansing, MI 48933 inghamclerk@ingham.org www.ingham.org

Friends of Patricia Spitzley Committee #46544 2622 Victor Ave. Lansing, MI 48911

August 4, 2016

CAMPAIGN FINANCE REPORTING ERRORS OR OMISSIONS

Please be advised that the following errors or omissions were found in a review of your 2016 July Quarterly filed by your committee July 29, 2016. Please pay the filing fee and file an amended report in our office by August 17, 2016.

2016 July Quarterly Report Late Filing Fee: \$100.00

Due: 7/25/2016 - Received: 7/29/2016

2016 July Quarterly Report

Cover Page: Item #3, Statement Coverage Period is incorrect. It should be 11/24/15 to 7/20/16

Item #9d, Amendment box should not be checked for an initial filing.

Summary Page: Debts owed were reported on line 12a. Schedule 1E is required to be filed.

You may file the above amended statement via email, fax, mail, or in person at either our Mason or Lansing offices:

Ingham County Clerk, Elections Division P.O. Box 179 Mason, MI 48854

Fax: 517-676-7254 or Email: lnghamClerk@ingham.org

If you have any questions, please contact me at (517) 676-7255.

Sincerely.

Robin Stites

Elections/Clerk Coordinator