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JUL 25 2016

INGHAM COUNTY CLERK

CANDIDATE COMMITTEE COVER PAGE

BUREAU OF ELECTIONS

- Committee ID	45903-0				
- Committee Name	Friends of Chris Swope				
· Coverage Period	10/21/2015 - 07/20/2016				
- Candidate Name	Chris Swope				
· Office/District Sought	City Clerk (Population 85,0	City Clerk (Population 85,001 - 250,000) - City of Lansing			
· County of Residence	INGHAM	INGHAM			
· Address Information			10 Page 10 Pag		
· Committee Mailing	1402 N. Genesee Dr. Lansing MI 48915				
· Phone					
· Treasurer Name	Chris Swope				
· Treasurer Residential	1402 N. Genesee Dr. Lansing MI 48915				
- Phone	(517) 485-0614				
· Treasurer Business	124 W. Michigan Ave. 9th Floor Lansing MI 48933				
- Phone					
Recordkeeper Name		,			
· Recordkeeper Mailing					
• Phone	<u> </u>				
Statement Type	July - Quarterly	July - Quarterly			
· Relates To					
· Election Date					
· Dissolution Date (effective)	//				
· Annual Statement Coverage Year					
· Treasurer/Recordkeeper Signed	Chris Swope	- Date	7/25/2016		
· Candidate Signed	Chris Swope	· Date	07/25/2016		

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in the items above has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper:		11: 6 -00	
(Type or Print) Name: Chris Swope	Signature:_	Chin Sompe	Date: 07/25/2016
Candidate:		10: 6	
(Type or Print) Name: Chris Swope	Signature:_	Chin Sompe	Date: 07/25/2016

CANDIDATE COMMITTEE SUMMARY PAGE

- Committee ID	45903-0	· · · · · · · · ·			
- Committee Name	Friends of Chris Swope	<u></u>	•		
· Document Name	July - Quarterly				
RECEIPTS			This Period		Cumulative
3. Contributions					
a. Itemized Contributions		(3a.)	0.00	1	
b. Unitemized		(3b.)	0.00	İ	
c. Subtotal of Contribution	s	(3c.)	0.00	(18.)	5,677.99
4. Other Receipts		(4.)	0.00	(19.)	7.61
5. Total Contributions a	nd Other Receipts	(5.)	0.00	(20.)	5,685.60
IN-KIND CONTRIBUTIO	NS AND EXPENDITURES				
6. In-Kind Contributions		(6.)	0.00	(21.)	0.00
7. In-Kind Expenditures		(7.)	0.00	(22.)	0.00
EXPENDITURES					
8.Expenditures					į
a. Itemized		(8a.)	900.00	Į	
b. Itemized GOTV		(8b.)	0,00	ĺ	
c. Unitemized (less than \$	50.01 each)	(8c.)	54.10		
9. Total Expenditures		(9.)	954.10	(23.)	14,039.97
INCIDENTAL EXPENSE	DISBURSEMENTS				
10. Disbursements					
a. Itemized		(10a.)	0.00	i	i
b. Unitemized		(10b.)	0.00		
11. Total Incidental Exp	ense Disbursements	(11.)	0.00	(24.)	0.00
DEBTS AND OBLIGATIO	NS				
12. Debts and Obligations					
a. Owed by the Committee	:	(12a.)	0.00		
b. Owed to the Committee		(12b.)	0.00		
BALANCE STATEMENT	_				
13. Ending Balance of last	report filed		(13.)		1,523.51
14. Amount received durir	g reporting Period		(14.)		0.00
15. Subtotal			(15.)		1,523.51
16. Amount Expended dur	ing reporting Period		(16.)		954.10
17. ENDING BALANCE			(17.)		569.41

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

Committee ID	45903-0
 Committee Name 	Friends of Chris Swope
- Document Name	July - Quarterly

Purpose: phone

Fund Raiser:

Fund Raiser:

Purpose: phone

Fund Raiser:

6544- -Add

Date: 11/20/2015

Name: Sprint

Address: PO Box 4191 City: Carol Stream State: IL

Zip: 60197

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

6545- -Add

Date: 12/20/2015

Name: Sprint Address: PO Box 4191

City: Carol Stream State: IL

Zip: 60197

Amt: 100.00

Purpose: phone Payment on Debt/Obligation

reported on

previous statement:

6546- -Add

Date: 01/20/2016

Name: Sprint Address: PO Box 4191

City: Carol Stream State: IL

Zip: 60197

Amt: 100,00

Payment on Debt/Obligation

reported on

previous statement:

6547--Add

Date: 02/20/2016

Name: Sprint

Address: PO Box 4191

City: Carol Stream State: IL

Zip: 60197

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

6548- -Add

Date: 03/20/2016

Name: Sprint Address: PO Box 4191

City: Carol Stream State: IL

Zip: 60197

Purpose: phone

Purpose: phone

Fund Raiser:

Fund Raiser:

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

6549- -Add

Date: 04/20/2016

Name: Sprint

Address: PO Box 4191 City: Carol Stream State: IL

Zip: 60197

Purpose: phone

Purpose: phone

Purpose: phone

Fund Raiser:

Fund Raiser:

Fund Raiser:

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

6550- -Add

Date: 05/20/2016

Name: Sprint Address: PO Box 4191

City: Carol Stream State: IL

Zip: 60197

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

6551- -Add

Date: 06/20/2016

Name: Sprint

Address: PO Box 4191 City: Carol Stream State: IL

Zip: 60197

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

6552- -Add

Date: 07/20/2016

Name: Sprint

Address: PO Box 4191

City: Carol Stream State: IL

Zip: 60197

Purpose: phone

Fund Raiser:

Amt: 100.00

Payment on Debt/Obligation

reported on

previous statement:

Schedule Total

\$ 900.00