### CANDIDATE COMMITTEE COVER PAGE

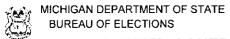
#### FOR OFFICIAL USE ONLY

the treasurer (or designated record keeper) and car	ndidate.	3. This Statement covers From	07/21/19 to 08/	25/19
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.
46799		Betz	Brandon	K
		4a. Office Sought Including Dis	trict # or Community Served (If	applicable)
2. Committee Name		Lansing City Council	1st Ward	
Friends of Brandon Betz		4b. County of Residence ING	<u>M</u> AH6	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Russ CEIVE	D
215 Horton St		Sarah Tresedder		
Lansing, MI 48912		307 N Chestnut	SEP 13 2019	
		Unit 1		
		Lansing, MI 48933	INGHAM COUNTY CLERK'S OF	FICE
Area Code and Phone (907) 854-7309		-		
If the address in this box is different from the commit mailing address on the Statement of Organization, m		(006) 96	20 4167	
be sent to this address by the filing official.		Area Code & Phone (906) 86		
7. Treasurer's Business Address		8. Designated Record Keeper     Designated Record Keeper)	's Name and Address (If the cor	mmittee has a
N/A		Sarah Tresedder		
		307 N Chestnut		
		Unit 1		
		Lansing, MI 48933		
		_		
Area Code and Phone		Area Code and Phone (906	) 869-4167	
9. TYPE OF STATEMENT	Di	II V if neadidate	9e. Dissolution of Candidate	e Committee
9a. X Pre-Election OR 9b. Post-Election	is not on the current year:			e certify any outstanding debt date or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	Current year.		by discharged and forgiven, ar the committee. The committee	nd no longer collectible from
X Primary	July Quart	erly	owes no lates fees or has any	•
General	October Q	uarterly	Further, if the dissolution cannot	at he granted that this he
Convention			considered a request for the R	
	9c. 🗀 ,			
i School	LIAnnua	Il Statement () Coverage Year	Effective date of disc	solution
I <del></del>		dment to Campaign Statement		
	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residu	
	amend	<del>_</del>	Schedule 1B and the Summar	y Page.
Date of Election, Convention or Caucus	F2	2019-0564 13/19 8:20 AM Page 1 of 1 MP \$0.00		
08/06/19	ČÁ Ba	rb byrum, ingham county cre		
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a	ence was used accurate and co	in the preparation of this statem emplete	ent and attached schedules (if a	any) and to the best of
Current Treasurer or Designated Record keeper	der	, Darah Those	dde) .	9/12/19
Type or Print Name		Signature	Date	<del></del>
Pronden Pot-		Boal 1	Solw	0/12/10
Candidate Brandon Betz		1 Oron	Date .	9/12/19
Type or Print Name		Signature		

1. Committee I.D. Number 46799

## SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,171.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _\$2,171.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$2,151.85	
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.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11)	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$1,460.43	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$2,171.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$3,631.43	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$2,151.85	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,479.58	•

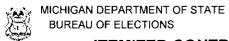


#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number 46799

2. Committee Name	Friends of Brandon Betz	

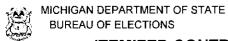
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/22/19  Name & Address:		
Nicole Monti		
1712 Stanley Ct	200	420
Lansing, MI 48912	<sub>\$</sub> 200	<u>\$ 420</u>
5. If over \$100.00 cumulative, please provide:	Click Horo f	or Memo Itemization
Occupation Caregiver Employer self-employed	Olick Here I	or werno ternization
Business Address 1712 Stanley Ct Lansing, MI 48912		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/22/19  Name & Address		
Melina Brann 215 Horton St Lansing, MI 48912	<sub>\$</sub> 300	<sub>\$</sub> 700
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Executive Director Employer Women's Center of Greater Lansing		
Business Address 1712 E Michigan Ave Lansing, MI 48912		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/23/19  Name & Address:		
Owen Handy 204 S Foster Ave	<sub>\$</sub> 280	<sub>\$</sub> 700
Lansing, MI 48912	Click Here fo	or Memo Itemization
5. If over \$100.00 cumulative, please provide:		
Occupation Electrician Employer self-employed		
Business Address 204 S Foster Ave Lansing, MI 48912		
Type of Contribution: ✓ Direct Loan from a person Fund Raiser		_
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/26/19  Name & Address		
Lori Morse 1014 Porter St Lansing, MI 48906	<sub>\$</sub> 50	<sub>\$_</sub> 50
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer	Short to to	,
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$830.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on	
Page of	line 3a of Summar Page.	у



### CANDIDATE COMMITTEE

1. Committee I.D. Number 46799

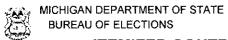
Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inde Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/29/19 Name & Address:	)		
Gillian Dawson 1312 Gray St Lansing, MI 48912		<sub>\$</sub> 125	<sub>\$</sub> 200
5. If over \$100.00 cumulative, please provide:			
Occupation Nanny Employer Self-employed		Click Here for	r Memo Itemization
Business Address 1312 Gray St Lansing, MI 48912			
Type of Contribution: V Direct Loan from a person Fund Raiser			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/07/19 Name & Address	·		
Kevin Doyle 800 E Michigan Ave Apt 6 Lansing, MI 48912		<sub>\$</sub> 25	<sub>\$</sub> 25
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address	<u></u>		
Type of Contribution: ✓ Direct Loan from a person Fund Raise	er		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/16/19 Name & Address:	)		
Amanda Adams 731 W Genesse Lansing, MI 48915		\$ 50 Click Here for	\$ 100  Memo Itemization
5. If over \$100.00 cumulative, please provide:			
Occupation Employer	ser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/17/19 Name & Address	9		
Owen Handy 204 S Foster Ave Lansing, MI 48912		<sub>\$</sub> 280	<sub>\$</sub> _980
5. If over \$100.00 cumulative, please provide:  Occupation Electrician Employer Self-employed		Click Here for	Memo Itemization
Business Address 204 S Foster Ave Lansing, MI 48912			
Type of Contribution:  Direct Loan from a person Fund Raise	er		
	Page Subtotal	\$480.00	
Grand Total of Al (Complete on last pa	II Schedules 1A	Enter this total on line 3a of Summary	
Page Z of		Page.	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number 46799

Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inde 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 08/19/19 Name & Address:	9		
Andrew Nowicki 6085 Raddatz Rd Fowlerville, MI 48836		<sub>\$</sub> _27	<sub>\$</sub> 27
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 Raise	······································		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/23/19 Name & Address			
Kathryne Ford 2620 Senate Dr Lansing, MI 48912		<u>\$</u> 27	<sub>\$</sub> 54
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address	<del></del>		
Type of Contribution:	ser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 08/18/19 Name & Address:	9		
Nicole Monti 1712 Stanley Ct Lansing, MI 48912		<u>\$</u> 200	<sub>\$</sub> 620
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Caregiver Employer Self-employed			
Business Address 1712 Stanley Ct Lansing, MI 48912			
Type of Contribution: Virginia Direct Loan from a person Fund Rais	ser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 08/22/19 Name & Address	9		
Samantha Wilbur 501 S Fairview Lansing, MI 48912		<sub>\$</sub> 500	<sub>s</sub> _750
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Consultant Employer Self-employed			
Business Address 501 S Fairview Lansing, MI 48912	<del> </del>		
Type of Contribution:	er		
	Page Subtotal	\$754.00	
Grand Total of A (Complete on last pa		Enter this total on	
Page of		line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 08/23/19  Name & Address:		
Benjamin Klahn 1517 Vine St Lansing, MI 48912 5. If over \$100.00 cumulative, please provide:	<sub>\$</sub> 27	<sub>\$</sub> 74
Occupation Employer	Click Here fo	r Memo Itemization
Business Address  Type of Contribution:   Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 08/25/19  Name & Address		'
Benjamin Curl 413 S Holmes St Lansing, MI 48912	\$ 80	\$ 80  Memo Itemization
5. If over \$100.00 cumulative, please provide:  Employer	Click Here to	Wellio Remization
Occupation		
Business Address  Type of Contribution: ✓ Direct		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	Oliok Flore for	World Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	\$107.00	_
Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page 4 0f	\$2,171.00  Enter this total on line 3a of Summary Page.	



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name Friends of Brandon Betz

3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #3  Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #3  Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #4  Name Keystone Millbrook  Address  Purpose: Printing  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Gebt or obligation reported on previous  statement  Expenditure #4  Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Purpose: Printing  Click Here for Memo Itemization Type  Click Hore for Memo Itemizati	3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Address 3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser Expenditure #2 Name Keystone Millbrook Address Click Here for Memo Itemization Type Click box if this expenditure is payment of debt or obligation reported on previous statement  Click Here for Memo Itemization Type Click Hore for Memo Itemization Type Spendiure #5 Name Kroger Address Address Address Subtotal this page Sputpose Food for volunteers Subtotal this page Sputpose Food for volunteers Type Click Hore for Memo Itemization Type Click Hore for Memo I	Expenditure #1		<u> </u>	
Address 3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #2 Name Keystone Millbrook Address 3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #3 Name Keystone Millbrook Address  Safe or obligation reported on previous statement  Click Here for Memo Itemization Type  Click Here for Memo Itemization Ty	Name Keystone Millbrook		07/30/19	\$ 350.70
Check box if this expenditure is payment of debt or obligation reported on previous statement	Address	Purpose: Postage	Date	000.10
Grand Ledge, MI 48837    Fund Raiser   Check box if this expenditure is payment of debt or obligation reported on previous statement				
Fund Raiser  Expenditure #2  Name Keystone Millbrook  Address  Statement  Expenditure #2  Name Keystone Millbrook  Address  Statement  Check box if this expenditure is payment of debt or obligation reported on previous statement  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #3  Name Keystone Millbrook  Address  Purpose: Printing  OBN/01/19  Date  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #4  Name Keystone Millbrook  Address  Purpose: Printing  OBN/01/19  Date  \$ 917.42  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger  Address  Purpose: Food for volunteers  Expenditure #5  Name Kroger  Address  Purpose: Food for volunteers  Expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger  Address  Purpose: Food for volunteers  Subtotal this page  \$ 2,060.15		i <b>—</b>		itemization Type
Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837    Check box if this expenditure is payment of debt or obligation reported on previous statement    Fund Raiser		debt or obligation reported on previous		
Address Purpose: Postage   Date	Expenditure #2			
Address  3540 Jefferson Hwy Grand Ledge, MI 48837    Fund Raiser   Check box if this expenditure is payment of debt or obligation reported on previous statement	Name Keystone Millbrook		07/30/19	\$ 350.70
Grand Ledge, MI 48837  Fund Raiser  Expenditure #3  Name Keystone Millbrook  Address  Address  Purpose: Printing  Click Here for Memo Itemization Type  Gebt or obligation reported on previous  Statement  Click Here for Memo Itemization Type  Purpose: Printing  Date  \$ 409.27  Date  \$ 409.27  Date  \$ 409.27  Date  \$ 409.27  Date  Click Here for Memo Itemization Type  Gebt or obligation reported on previous  Statement  Click Here for Memo Itemization Type  Purpose: Printing  Date  \$ 917.42  Click Here for Memo Itemization Type  Statement  Expenditure #5  Name Kroger  Address  Address  Purpose: Food for volunteers  Purpose: Food for volunteers  Click Here for Memo Itemization Type  Subtotal this page	Address	Purpose: Postage	Date	330.70
Grand Ledge, MI 48837    Check box if this expenditure is payment of debt or obligation reported on previous statement   Expenditure #3	3540 Jefferson Hwy	Click	Here for Memo	Itemization Type
Fund Raiser   Statement   St	Grand Ledge, MI 48837			71
Name Keystone Millbrook  Address 3540 Jefferson Hwy Grand Ledge, MI 48837    Check box if this expenditure is payment of debt or obligation reported on previous statement    Fund Raiser   Printing   Date	Fund Raiser	debt or obligation reported on previous		
Address 3540 Jefferson Hwy Grand Ledge, MI 48837	Expenditure #3			
3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #4  Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Purpose: Printing  Click Here for Memo Itemization Type  Purpose: Printing  Click Here for Memo Itemization Type  Address  Expenditure #5  Name Kroger  Address  443 Mall Ct  Lansing, MI 48912  Fund Raiser  Subtotal this page  \$2,050.15  Grand Total of all Schedules 1B	Name Keystone Millbrook		08/01/19	\$ 409.27
Grand Ledge, MI 48837    Check box if this expenditure is payment of debt or obligation reported on previous statement    Fund Raiser   Expenditure #4	Address	Purpose: Printing	Date	
Grand Ledge, MI 48837    Check box if this expenditure is payment of debt or obligation reported on previous statement    Fund Raiser   Expenditure #4	3540 Jefferson Hwy	Click I	Here for Memo	temization Type
Expenditure #4  Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #5  Name Kroger  Address  Address  Purpose: Printing  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger  Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Fund Raiser  Subtotal this page \$2,050.15	Grand Ledge, MI 48837			,,,,,
Name Keystone Millbrook  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger  Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Fund Raiser  Expenditure #5  Click Here for Memo Itemization Type  8 22.06  Click Here for Memo Itemization Type  Subtotal this page  \$2,050.15  Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
Address  Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger  Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Fund Raiser  Fund Raiser  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B	Expenditure #4			
Address  3540 Jefferson Hwy Grand Ledge, MI 48837  Fund Raiser  Expenditure #5 Name Kroger Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Fund Raiser  Expenditure #5  Check box if this expenditure is payment of debt or obligation reported on previous statement  Food for volunteers  Click Here for Memo Itemization Type  \$ 22.06  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Click Here for Memo Itemization Type  Subtotal this page  \$ 2,050.15  Grand Total of all Schedules 1B	Name Keystone Millbrook		08/01/19	
3540 Jefferson Hwy Grand Ledge, MI 48837  Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Fund Raiser  Click Here for Memo Itemization Type  Subtotal this page  \$2,050.15  Grand Total of all Schedules 1B	National	Printing		\$ <u>917.42</u>
Grand Ledge, MI 48837    Check box if this expenditure is payment of debt or obligation reported on previous statement    Expenditure #5		Purpose: Triffing		
Check box if this expenditure is payment of debt or obligation reported on previous statement  Expenditure #5  Name Kroger  Address  443 Mall Ct  Lansing, MI 48912  Fund Raiser  Check box if this expenditure is payment of debt or obligation reported on previous  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B		Click I	Here for Memo	temization Type
Expenditure #5  Name Kroger Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Address  Addre	Grand Ledge, Mi 40037	Check box if this expenditure is payment of		
Name Kroger Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Purpose: Food for volunteers  Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B	Fund Raiser	debt or obligation reported on previous		
Address  443 Mall Ct Lansing, MI 48912  Fund Raiser  Fund Raiser  Food for volunteers  Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B	Expenditure #5			
Address  443 Mall Ct Lansing, MI 48912  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 \$2,050.15  Grand Total of all Schedules 1B	Name Kroger		08/03/19	
Lansing, MI 48912  Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B	Address	Purpose: Food for volunteers	Date	\$ 22.06
Check box if this expenditure is payment of debt or obligation reported on previous statement  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B	443 Mall Ct	Click	Here for Memo	Itemization Type
Fund Raiser statement  Subtotal this page \$2,050.15  Grand Total of all Schedules 1B	Lansing, MI 48912	Check box if this expenditure is payment of		
Grand Total of all Schedules 1B	Fund Raiser	,		
		Subto	otal this page	\$2,050.15
(Somplets on dat page of Conducto)				

Enter this total on line 8a of Summary Page

\_\_\_\_1 \_\_\_\_of\_\_\_\_



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46799

2. Committee Name Friends of Brandon Betz

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		<u> </u>	
Name Toramina's Pizza		08/03/19	\$ 24.97
Address	Purpose: Food for volunteers	Date	\$ 24.91
2011 E Michigan Ave			
Lansing, MI 48912		tere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Kroger		08/06/19	\$ 65.40
Address	Purpose: Food for volunteers	Date	<del></del>
443 Mall Ct	Click H	lere for Memo I	temization Type
Lansing, MI 48912	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name ActBlue		08/08/19	\$ 11.33
Address	<sub>Purpose:</sub> ActBlue fee	Date	
366 Summer St	Click H	ere for Memo I	temization Type
Somerville, MA 02144	Check box if this expenditure is payment of		·
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
		Date	\$
Address	Purpose:		
	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name			_
Address	Purpose:	Date	\$
	Click H	lere for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous		
- una raisei	Subto	tal this page	\$101.70
	Grand Total of all S	Schedules 1B	
	(Complete on last page		\$2,151.85

Enter this total on line 8a of Summary Page