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INGHAM COUNTY CLERK  
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CANDIDATE COMMITTEE  
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers: from 11-26-13 to 7-20-14

1. Committee I.D. Number <p>45727</p>	4. Candidate Last Name First Name M.I. <p>Bernero Ving P.</p>
2. Committee Name <p>Ving Bernero for Lansing</p>	4a. Office Sought Including District # or Community Served (If applicable) <p>Lansing Mayor</p>
5. Committee's Mailing Address <p>3000 Cambridge Lansing MI 48911 Area Code and Phone <u>517 485-5205</u></p>	4b. County of Residence <p>Ingham</p>
7. Treasurer's Business Address <p>902 Smith Lansing MI 48910</p>	6. Treasurer's Name & Residential Address <p>Joseph McDonald 902 Smith Lansing MI 48910 Area Code &amp; Phone <u>517 485-5205</u></p>
Area Code and Phone _____	Area Code and Phone _____

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

NA

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Date of Election, Convention or Caucus \_\_\_\_\_

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) Coverage Year

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be 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.

10. 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 Joseph McDonald Signature [Signature] Date 9-4-14

Candidate Ving Bernero Signature [Signature] Date 9-4-14



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number ~~00111000~~ 45720 Mens Plus  
2. Committee Name ~~XXXXXXXX~~ Ving Berner for Loring

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>41300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>41300.00</u>	(18.) \$ <u>41300.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>41300.00</u>	(20.) \$ <u>41300.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>32,820.23</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>32,820.23</u>	(23.) \$ <u>32,820.23</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>41652.18</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>41300.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>82952.18</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>32,820.23</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>50,131.95</u>	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 48727  
2. Committee Name MAYOR Vicj Berner for Lansing

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/30/2014</u>  Name: Kelly G Keenan Address: Po Box 30013 Lansing MI 48909 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Keenan Consulting</u>  Business Address <u>120 N. Washington Lansing Mi 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	125.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/29/2014</u>  Name: Peter W Kramer Address: 1701 Nottingham Rd Lansing MI 48911 5. If over \$100.00 cumulative, please provide: Occupation <u>Ceo</u> Employer <u>Kramer Management Group</u>  Business Address <u>1305 S. Washington Lansing Mi 48911</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2014</u>  Name: Kevin B Hoppe Address: 35222 Pleasant Valley Ct Farmington Hills MI 48331 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>NT4 Consultants</u>  Business Address <u>41780 Six Mile Northville Mi 48168</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	375.00	375.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/27/2014</u>  Name: Charles J Clark Address: 11451 S Forest Hill Rd Eagle MI 48822 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Clark Construction</u>  Business Address <u>3535 Moores River Dr Lansing Mi 48911</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
Page Subtotal	2500.00	
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  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR Vig Berneice for Lansing

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/27/2014</u> Name: <u>James Smalligan</u> Address: <u>8735 Olive Shore Ave</u> <u>West Olive MI 49460</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>Ftc&amp;h</u> Business <u>5913 Executive Dr</u> Address <u>Lansing MI 48911</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/19/2014</u> Name: <u>Frederick Sparrow</u> Address: <u>2700 Maritime Dr</u> <u>Lansing MI 48911</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Advertising</u> Employer <u>Barron Enterprises, Llc</u> Business <u>3727 David Ln.</u> Address <u>Lansing MI 48911</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/27/2014</u> Name: <u>David Gregory</u> Address: <u>608 E Geneva Dr</u> <u>Dewitt MI 48820</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Lobbyist</u> Employer <u>Kelley Cawthorne</u> Business <u>208 N Capitol 3rd</u> Address <u>Lansing MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/03/2014</u> Name: <u>Sam X Eyde</u> Address: <u>2800 Bryon Cir</u> <u>Lansing MI 48912</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Eyde Company</u> Business <u>4660 N Hagadorn</u> Address <u>East Lansing MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
Page Subtotal	4000.00	
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  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYOR 45727  
2. Committee Name MAYOR V. G. Bernier for Lansing

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/27/2014</u> Name: Sean D Gehle Address: 1828 Boston Blvd Lansing MI 48910 5. If over \$100.00 cumulative, please provide: Occupation <u>Government Affairs</u> Employer <u>Ascension Health</u> Business <u>328 W. OTTAWA</u> Address <u>Lansing MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	125.00
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/21/2014</u> Name: Richard J Pappas Address: 4850 Hillside Farms Estat Dr N Grand Rapids MI 49525 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Davenport College</u> Business <u>200 S Grand</u> Address <u>Lansing MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	125.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2014</u> Name: Deb Muchmore Address: 225 S Washington Lansing MI 48933 5. If over \$100.00 cumulative, please provide: Occupation <u>Vp</u> Employer <u>Mrg</u> Business <u>225 S Washington</u> Address <u>Lansing MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/26/2014</u> Name: Michael E Cavanaugh Address: 3072 Okemos Rd Mason MI 48854 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Fraser Trebilcock Davis &amp; Dunla</u> Business <u>124 W Allegan St 1000</u> Address <u>Lansing MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	125.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	525.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number COMAYOR-~~45727~~ 45727  
 2. Committee Name MAYOR vs. Berman & Co

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/22/2014</u> Name: <u>Michael E Flowers</u> Address: <u>3015 Appaloosa Way</u> <u>Lansing MI 48906</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Human Resources</u> Employer <u>LbwI</u> Business <u>1232 Haco Dr</u> Address <u>Lansing Mi 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	125.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/20/2014</u> Name: <u>Stephen Purchase</u> Address: <u>113 Pere Marquette</u> <u>Lansing MI 48912</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Vp</u> Employer <u>H Inc</u> Business <u>700 May St.</u> Address <u>Lansing Mi 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	125.00
3. Contribution # <u>67</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/22/2014</u> Name: <u>Eric Eggan</u> Address: <u>1621 Riley Ridge Dr</u> <u>Lansing MI 48917</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Honigman Miller</u> Business <u>222 S Washington Sq</u> Address <u>Lansing Mi 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>68</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/22/2014</u> Name: <u>Gcsi 21st Century Pac</u> Address: <u>3711 Beech Tree Lane</u> <u>Okemos MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00

Page Subtotal 1000.00  
 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  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR *My Berner for Lansing*

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>77</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/14/2014</u> Name: <u>Christman Pac</u> Address: <u>208 N Capitol Ave</u> <u>Lansing MI 48933</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>78</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/17/2014</u> Name: <u>Granger Pac</u> Address: <u>16980 Wood Rd</u> <u>Lansing MI 48906</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>79</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/16/2014</u> Name: <u>Michigan Insurance Coalition Pa</u> Address: <u>120 W Ottawa St</u> <u>Lansing MI 48933</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>80</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/21/2014</u> Name: <u>Plumbers &amp; Pipefitters - Local 333 PAC</u> Address: <u>5405 S Mik</u> <u>Lansing MI 48911</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	4000.00	

Enter this total on  
line 3a of  
Summary Page



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~80MATOR~~ 45727  
2. Committee Name MAYOR Wy Bernier for Lansing

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 81 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/16/2014</u> Name: Ibew Pac Voluntary Fund Address: 900 Seventh St Washington DC 20001 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	375.00	375.00
3. Contribution # 82 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/22/2014</u> Name: Blue Cross & Blue Shield Of Mi <u>PAC</u> Address: 232 S Capitol Ave Lansing MI 48933 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # 83 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/09/2014</u> Name: Mi Laborers Political League Address: 1118 Centennial Way 100 Lansing MI 48917 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # 84 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/03/2014</u> Name: Opera Operating Engineers' Local 324 <u>PAC</u> Address: 37450 Schoolcraft Rd 110 Livonia MI 48150 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2875.00	

Enter this total on  
line 3a of  
Summary Page





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number COMAYOR 45727  
2. Committee Name MAYOR Vig Burton for LEASE

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>101</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>01/30/2014</u> Name: <u>Great Lakes Community Investment Pac</u> Address: <u>10333 River Rock Blvd</u> <u>Dimondale MI 48821</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>102</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/25/2014</u> Name: <u>Roger Thornburg</u> Address: <u>3961 Raven Cir</u> <u>Okemos MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Investors Equity Group</u> Business Address <u>611 S Capitol Lansing MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>103</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2014</u> Name: <u>Pat Gillespie</u> Address: <u>16946 Thorngate Rd</u> <u>East Lansing MI 48823</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Gillespie Development</u> Business Address <u>330 Marshall Lansing MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>104</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>01/16/2014</u> Name: <u>Harry Hepler</u> Address: <u>Po Box 12147</u> <u>Lansing MI 48901</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>H Inc</u> Business Address <u>100 May St. Lansing MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	3000.00	
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  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 48727  
2. Committee Name MAYOR Wj Bernhardt Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Dairy Queen Address: 3906 S Cedar Lansing MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Expense</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2014	11.20
Expenditure # 2 Name: Capitol Communication Systems Address: Po Box 22157 Lansing MI 48909 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Expense</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/02/2013	63.00
Expenditure # 3 Name: Usps Address: 4800 Collins Rd. Lansing MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/12/2013	88.00
Expenditure # 4 Name: Chris Breznau Address: 20 W Lakeshore Dr Hope MI 48628 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/12/2013	1288.00
Expenditure # 5 Name: Usps Address: 4800 Collins Rd. Lansing MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/02/2013	49.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			1499.20

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727

2. Committee Name MAYOR Vic Bertram-Lewis

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: Elizabeth Hart Address: 9117 Eaton Hwy Grand Ledge MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/12/2013	1250.00
Expenditure # 7 Name: Elizabeth Hart Address: 9117 Eaton Hwy Grand Ledge MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/03/2014	2500.00
Expenditure # 8 Name: Glen Erin Pipe Band Address: 514 Fulton Pl Lansing MI 48915 <input type="checkbox"/> Fund Raiser	Purpose: <u>charitable fact</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/21/2014	90.00
Expenditure # 9 Name: Motion Media Marketing Address: 614 Seymour Lansing MI 48933 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/24/2014	2950.00
Expenditure # 10 Name: Radisson Hotel Address: 111 N Grand Ave Lansing MI 48933 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Room Rental/food</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/24/2014	6833.17

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Grand Total of all Schedules 1B  
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13623.17

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on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR Vgj Baranowski Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 11 Name: Message Makers Address: 1217 Turner Lansing MI 48906 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/24/2014	800.00
Expenditure # 12 Name: Insty Prints Address: 207 S Washington Lansing MI 48933 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/24/2014	38.48
Expenditure # 13 Name: Elizabeth Hart Address: 9117 Eaton Hwy Grand Ledge MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/27/2014	2500.00
Expenditure # 14 Name: Ken Theis Address: 6535 S Airport Rd Saint Johns MI 48879 <input type="checkbox"/> Fund Raiser	Purpose: <u>Refund contrib.</u> Expenditure Code <u>RF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/28/2014	500.00
Expenditure # 15 Name: Habitat For Humanity Address: 1941 Benjamin Dr Lansing MI 48906 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/03/2014	200.00

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4038.48

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYOR 45727

2. Committee Name MAYOR Vic Bryner for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 16 Name: Citizens To Elect Brian McGrain Address: 300 N Fairview Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/17/2014	50.00
Expenditure # 17 Name: Committee To Reelect Vic Celentino Address: 1029 Andrus Lansing MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/17/2014	100.00
Expenditure # 18 Name: Friends Of Dayne Walling Address: 123 Ddowntown Flint MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/20/2014	100.00
Expenditure # 19 Name: Mixin Dj's Address: 420 E Michigan Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Entertainment Expense</u> Expenditure Code <u>ET</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2014	250.00
Expenditure # 20 Name: Image Builders Address: 1060 Trowbridge East Lansing MI 48823 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>College Mugs</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2014	1159.20
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>1659.20</u>

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYOR 45727

2. Committee Name MAYOR Vig Bernieris Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 21 Name: Michigan Democratic Party Address: 606 Townsend Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Political Party Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/28/2014	1000.00
Expenditure # 22 Name: Eliezer Temple Address: 3637 W Jolly Lansing MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2014	150.00
Expenditure # 23 Name: Elizabeth Hart Address: 9117 Eaton Hwy Grand Ledge MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/04/2014	100.00
Expenditure # 24 Name: Capitol Area Center For Independent Address: 1222 N Mik Lansing MI 48915 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/15/2014	100.00
Expenditure # 25 Name: Care Free Medical Clinic Address: 5135 S Pennsylvania Lansing MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/09/2014	150.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			1500.00

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR Vig Bronckhorst

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 26 Name: Ingham County Clerk Address: Po Box 179 Mason MI 48854 <input type="checkbox"/> Fund Raiser	Purpose: <u>Rising Fee</u> Expenditure Code <u>FF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/14/2014	500.00
Expenditure # 27 Name: Refugee Development Center Address: 122 S Pennsylvania Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/14/2014	250.00
Expenditure # 28 Name: Elizabeth Hart Address: 9117 Eaton Hwy Grand Ledge MI 48837 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/14/2014	2000.00
Expenditure # 29 Name: Keystone Address: 15400 N. Us 27 Lansing MI 48906 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/21/2014	823.88
Expenditure # 30 Name: Children's Miracle Network Address: 1215 E. Michigan Ave. Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/05/2014	50.00

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Grand Total of all Schedules 1B  
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3623.88

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR Vig Bernhardt Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 31 Name: At&t Address: Po Box 9001310 Louisville KY 40290 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phones</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2014	1000.00
Expenditure # 32 Name: Friends For Amy Lothamer Address: 4388 Alderwood Okemos MI 48864 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2014	100.00
Expenditure # 33 Name: Friends For Carolyn Koenig Address: 690 N Hayford East Lansing MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2014	100.00
Expenditure # 34 Name: Blimpie Address: 2323 E Michigan Ave Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2014	79.95
Expenditure # 35 Name: Terrance B Redman Address: 215 N Canal Lansing MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Costs</u> Expenditure Code <u>PC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2014	125.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			1404.95

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 4577

2. Committee Name MAYOR Vig Brownlee

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 36 Name: Uaw Goodwill Fund Address: 1010 River Lansing MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>charitable</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/09/2014	100.00
Expenditure # 37 Name: Ingham County Democratic Party Address: 1005 Abbott East Lansing MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: <u>Political Party Dues</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/15/2014	100.00
Expenditure # 38 Name: Tortilla Coast Address: 400 First Se Washington DC 20003 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Expense</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/06/2013	51.59
Expenditure # 39 Name: Mei Wah Address: 1200 New Hampshire Ave Washington DC 20036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Expense</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/2013	97.52
Expenditure # 40 Name: Bread Line Address: 1751 Pennsylvania Ave Nw Washington DC 20006 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food Expense</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/2013	24.33
Subtotal this page			373.44
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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number COMAYOR 45727

2. Committee Name MAYOR Wj Brennan Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 41 Name: Staples Address: 2920 E Michigan Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Expense</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/2013	104.92
Expenditure # 42 Name: Great Harvest Bread Address: 149 S Washington Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/16/2013	2237.25
Expenditure # 43 Name: Dollar Deal Address: 4002 W Saginaw Lansing MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Gifts - Office</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/16/2013	91.16
Expenditure # 44 Name: Sam's Club Address: 2925 Town Center Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/17/2013	39.10
Expenditure # 45 Name: Gordon Food Service Address: 5912 W Saginaw Lansing MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/17/2013	43.88
Subtotal this page			2516.31
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR Vig Berenson for Lansing

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<b>Expenditure # 46</b> Name: Office Max Address: 4424 W Saginaw Lansing MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>office expense</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/20/2013	135.01
<b>Expenditure # 47</b> Name: Constant Contact Address: 1601 Trapelo Waltham MA 02451 <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer Costs</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/24/2013	50.00
<b>Expenditure # 48</b> Name: Biggby Address: 120 W Ottawa Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/24/2013	11.76
<b>Expenditure # 49</b> Name: Family Dollar Address: 5814 S Pennsylvania Lansing MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office expense</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/26/2013	17.36
<b>Expenditure # 50</b> Name: Shaheen Address: 632 American Rd Lansing MI 48911 <input type="checkbox"/> Fund Raiser	Purpose: <u>Auto</u> Expenditure Code <u>AE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/06/2014	500.00

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714.13

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727

2. Committee Name MAYOR V. J. Bernhardt L. 4m1:3

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 51 Name: Tom And Chee Address: 123 S Washington Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/15/2014	45.91
Expenditure # 52 Name: Mediterran Address: 333 S Washington Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/16/2014	18.58
Expenditure # 53 Name: Pizzeria Biga Address: 711 S Main Royal Oak MI 48067 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/16/2014	293.59
Expenditure # 54 Name: At&t Address: Po Box 9001310 Louisville KY 40290 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phones</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/16/2014	500.00
Expenditure # 55 Name: Godaddy.com Address: 14455 N Hayden Scottsdale AZ 85230 <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer expense</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/21/2014	13.17

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871.25

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727

2. Committee Name MAYOR Vic DeLeonibus

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 56 Name: Constant Contact Address: 1601 Trapelo Waltham MA 02451  <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer expense</u>  Expenditure Code <u>CO</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/24/2014	50.00
Expenditure # 57 Name: Constant Contact Address: 1601 Trapelo Waltham MA 02451  <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer Expense</u>  Expenditure Code <u>CO</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/24/2014	50.00
Expenditure # 58 Name: Einstein Bros Address: 1925 E Big Beaver Troy MI 48083  <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u>  Expenditure Code <u>FE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/17/2014	10.99
Expenditure # 59 Name: Insty Prints Address: 207 S Washington Lansing MI 48933  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u>  Expenditure Code <u>PA</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/24/2014	15.16
Expenditure # 60 Name: Thai Village Address: 400 S Washington Lansing MI 48933  <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u>  Expenditure Code <u>FE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2014	22.63

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148.78
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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYO-R 45727  
2. Committee Name MAYOR Vic Barnard for Leary

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 61 Name: Mgm Palette Address: 1777 3rd Ave Detroit MI 48226 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/17/2014	88.00
Expenditure # 62 Name: Network Solutions Address: 3202 W Saint Joseph Lansing MI 48917 <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer Expense</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/18/2014	64.95
Expenditure # 63 Name: At&t Address: Po Box 9001310 Louisville KY 40290 <input type="checkbox"/> Fund Raiser	Purpose: <u>Phones</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/14/2014	376.32
Expenditure # 64 Name: The University Club Address: 3435 Forest Rd Lansing MI 48910 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2014	177.60
Expenditure # 65 Name: Mediterran Address: 333 S Washington Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2014	18.79
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			725.66

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**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~00MAYO-R~~ 45727

2. Committee Name MAYOR *W. J. Brennan Sr. Lawitz*

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 66 Name: Tavern On The Square Address: 206 S Washington Lansing MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/23/2014	59.84
Expenditure # 67 Name: Soup Spoon Address: 1419 E Michigan Lansing MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/07/2014	61.94

Subtotal this page	121.78
Grand Total of all Schedules 1B (Complete on last page of Schedule)	32820.23
Enter this total on line 8a of Summary Page	



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00MAYOR 45727

2. Committee Name MAYOR *Vig Barnett for Lewis*

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>01/26/2014</u> Month      Day      Year	4. Number of Individuals Attending or Participating (whichever is greater)  75	5. Type of Fund Raising Activity  SOC Breakfast	6. Address and Name (if any) of the place where the activity was held Name <u>Radisson</u> <u>111 N. Grand</u> Lansing, MI <u>48933</u> <input type="checkbox"/> Private Residence
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- 7. Total Contributions of \$20.00 or less \_\_\_\_\_
- 8. Total Contributions of \$20.01 or more \_\_\_\_\_
- 9. SUBTOTAL (Add lines 7 and 8) 41,300
- 10. Other Receipts \_\_\_\_\_
- 11. Gross Receipts (Add lines 9 and 10) \_\_\_\_\_
- 12. Total Cost of Event\* 12,604.73

\*Includes In-Kind Contributions and All Expenditures Made For the Event

13.  Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.