



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 10-21-2016 to 12-31-2016

1. Committee I.D. Number <u>45727</u>	4. Candidate Last Name <u>Bernero</u> First Name <u>Vin</u> M.I. <u>B</u>
2. Committee Name <u>Vin Bernero for Lansing</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Lansing Mayor</u>
5. Committee's Mailing Address <u>3000 Cambridge</u> <u>LANSING MI 48911</u> Area Code and Phone <u>317 785-5205</u> 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.	6. Treasurer's Name & Residential Address <u>Joe McDonald</u> <u>902 Smith</u> <u>Lansing MI 48910</u> Area Code & Phone <u>517 785-5205</u>
7. Treasurer's Business Address <u>NA</u> Area Code and Phone _____	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) RECEIVED JAN 31 2017 INGHAM COUNTY CLERK Area Code and Phone _____

<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11-7-17</u></p>	<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input checked="" type="checkbox"/> Annual Statement <u>(2016)</u> Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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 late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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	<u>Joe McDonald</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>1-31-17</u>
Candidate	<u>Vin Bernero</u> Type or Print Name	<u>[Signature]</u> Signature	Date <u>1-31-17</u>



1. Committee I.D. Number 45727

2. Committee Name Vinny Bernero for Lansing

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,300</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,300</u>	(18.) \$ <u>185,775</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4,300</u>	(20.) \$ <u>185,775</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5,423.51</u>	
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.) \$ <u>5,423.51</u>	(23.) \$ <u>89,054.39</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
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 (Enter zero if no previous reports have been filed.)	(13.) \$ <u>142,726.06</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>4,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>147,026.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5,423.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>141,602.55</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~00000000~~ 45727

2. Committee Name VIRG BERNERO FOR ~~000000~~ 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>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u> Name: <u>Edger L Harden</u> Address: <u>1901 Belwood Dr</u> <u>Okemos MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Ret. Ceo</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u> Name: <u>Thomas F Kuschinski</u> Address: <u>3817 Viceroy Dr</u> <u>Okemos MI 48864</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Dover's Crossing</u> Business 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	500.00	500.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u> Name: <u>Iqbal S Uppal</u> Address: _____ <u>Lansing MI 48912</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Dover's Crossing</u> Business 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	500.00	500.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/2016</u> Name: <u>Gary Jones</u> Address: <u>10960 Wilshire Blvd #19000</u> <u>Los Angeles CA 90024</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Jones Development Company</u> Business Address <u>4520 Madison Ave</u> <u>Kansa City Mo 64111</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	1000.00	2000.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2200.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~COMA XGER~~ 45727

2. Committee Name VIRG BERNERO FOR ~~MAYOR~~ 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>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2016</u> Name: Anthony Cox Address: 3809 S Waverly Lansing MI 48911 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 type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2016</u> Name: Kevin Pybus Address: 2279 Sundance Ridge Howell MI 48843 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>The Green Area Lic</u> Business Address <u>2279 Sundance Ridge</u> <u>Howell MI 48843</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1300.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/30/2016</u> Name: Cheryl Berry Address: 2121 Wamplers Heights Drive Brooklyn MI 49230 5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1400.00

Page Subtotal	2100.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4300.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~00145000~~ 45727
2. Committee Name VIRG BERNERO FOR ~~Mayor~~ 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: Traction Address: 617 E Michigan Ave Lansing MI 48933 <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	10/25/2016	500.00
Expenditure # 2 Name: Friends For Angela Matthews Address: 706 Lenawee Lansing MI 48915 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/2016	100.00
Expenditure # 3 Name: Keystone Address: 15400 N. Us 27 Lansing MI 48906 <input checked="" type="checkbox"/> Fund Raiser <u>Ball Park 10-13-16</u>	Purpose: <u>Mailers</u> Expenditure Code <u>PA</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2016	723.09
Expenditure # 4 Name: Lansing Brewing Company Address: 518 E Shiawassee St Lansing MI 48912 <input checked="" type="checkbox"/> Fund Raiser <u>Ball Park 10-13-16</u>	Purpose: <u>Food Expense</u> Expenditure Code <u>FE</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/28/2016	898.42
Expenditure # 5 Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 <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	11/28/2016	1000.00

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

3221.51

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number ~~000000~~ 45727
2. Committee Name VIRG BERNERO FOR ~~GOVERNOR~~ 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 # 6 Name: Vitale Strategies Address: 8650 Denn Dr Brighton MI 48114 <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	12/20/2016	2000.00
Expenditure # 7 Name: Saginaw Oakland Commercial Associati Address: 2010 W Saginaw St Lansing MI 48915 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/2016	100.00
Expenditure # 8 Name: Us Postmaster Address: 3600 Colins Road Lansing MI <input type="checkbox"/> Fund Raiser	Purpose: <u>PO Box</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/2016	102.00

Subtotal this page

2202.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

5423.51

Enter this total
on line 8a of
Summary Page