

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 CANDIDATE COMMITTEE
 COVER PAGE

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OCT 25 2018

INGHAM COUNTY CLERK

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: <u>07/21/2018</u> To: <u>10/20/2018</u> Mo Day Year Mo Day Year	
4. Candidate Last Name Schor	First Name Andy
M.I. 	
4a. Office Sought including District # or Community Served (If applicable) Other - City of Lansing Mayor	
4b. County of Residence Ingham	
6. Treasurer's Name & Residential Address Brian McGrain 300 N Fairview Lansing, MI 48912	
Area Code & Phone <u>(517) 974-0127</u>	
8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)	
Area Code & Phone _____	

1. Committee I.D. Number 46696
2. Committee Name Schor for Lansing
5. Committee's Mailing Address P.O. Box 13073 Lansing, MI 48909 Area Code and Phone <u>(517) 927-5179</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.
7. Treasurer's Business Address 300 N Fairview Lansing, MI 48912 Area Code and Phone _____

9. TYPE OF STATEMENT
 9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post Election Statement relates to:

Primary
 Special
 Convention
 General
 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 late 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 Brian McGrain Date 10/25/2018
 Type or Print Name Signature

Candidate Andy Schor Date 10/25/2018
 Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for this Election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) <u>\$320.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) <u>\$320.00</u>	(18.) <u>\$15,925.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) <u>\$0.00</u>	(19.) <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) <u>\$320.00</u>	(20.) <u>\$15,925.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) <u>\$0.00</u>	(21.) <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) <u>\$0.00</u>	(22.) <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) <u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) <u>\$0.00</u>	(23.) <u>\$12,983.64</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) <u>\$0.00</u>	(24.) <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) <u>\$85,598.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>\$320.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>\$85,918.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) <u>\$85,918.29*</u>	

*If your ending balance is negative, please recheck your math.

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE

1. Committee I.D. Number 46696

2. Committee Name Schor for Lansing

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, and 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	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 09/25/2018

Name & Address
 Alley, Mr. Mark
 6734 Seka Dr
 Lansing, MI 48911-7129

\$150.00 \$150.00

5. If over \$100.00 cumulative, please provide:
 Occupation Manager Employer Emergent BioSolutions
 Business Address 3500 N Martin L King Jr Blvd Lansing, MI 48906-2933
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 10/02/2018

Name & Address
 McGaughey, Libby
 2818 N Cambridge Rd
 Lansing, MI 48911-1011

\$150.00 \$150.00

5. If over \$100.00 cumulative, please provide:
 Occupation Vice President Employer Planned Parenthood of Michigan
 Business Address PO Box 15041 Lansing, MI 48901-5041
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 08/14/2018

Name & Address
 Wilson, Ron
 731 Merrill St
 Lansing, MI 48912-4323

\$20.00 \$200.00

5. If over \$100.00 cumulative, please provide:
 Occupation Analyst Employer NAMI Michigan
 Business Address 401 S Washington Sq Ste 104 Lansing, MI 48933-2146
 Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$320.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$320.00

Enter this total on line 3a of Summary Page.