

RECEIVED

OCT 26 2017

CANDIDATE COMMITTEE COVER PAGE

INGHAM COUNTY CLERK

• Committee ID	45903-0		
• Committee Name	Friends of Chris Swope		
• Coverage Period	07/21/2016 - 10/20/2016		
• Candidate Name	Chris Swope		
• Office/District Sought	City Clerk (Population 85,001 - 250,000) - City of Lansing		
• County of Residence	INGHAM		
• Address Information			
• Committee Mailing	1402 N. Genesee Dr. Lansing MI 48915		
• Phone			
• Treasurer Name	Chris Swope		
• Treasurer Residential	1402 N. Genesee Dr. Lansing MI 48915		
• Phone	(517) 485-0614		
• Treasurer Business	124 W. Michigan Ave. 9th Floor Lansing MI 48933		
• Phone			
• Recordkeeper Name			
• Recordkeeper Mailing			
• Phone			
• Statement Type	Amended - October - Quarterly		
• Relates To			
• Election Date	//		
• Dissolution Date (effective)	//		
• Annual Statement Coverage Year			
• Treasurer/Recordkeeper Signed	Chris Swope	• Date	10/26/2017
• Candidate Signed	Chris Swope	• Date	10/26/2017

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

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

Current Treasurer or Designated Record keeper:

(Type or Print) Name: Chris Swope Signature: *Chris Swope* Date: 10/26/2017

Candidate:

(Type or Print) Name: Chris Swope Signature: *Chris Swope* Date: 10/26/2017

F2017-1335

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CAMP \$0.00

Barb Byrum, Ingham County Clerk



CANDIDATE COMMITTEE SUMMARY PAGE

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

RECEIPTS		This Period	Cumulative
3. Contributions			
a. Itemized Contributions	(3a.)	0.00	
b. Unitemized	(3b.)	0.00	
c. Subtotal of Contributions	(3c.)	0.00	(18.) 5,677.99
4. Other Receipts	(4.)	0.00	(19.) 7.61
5. Total Contributions and Other Receipts	(5.)	0.00	(20.) 5,685.60
IN-KIND CONTRIBUTIONS AND EXPENDITURES			
6. In-Kind Contributions	(6.)	0.00	(21.) 0.00
7. In-Kind Expenditures	(7.)	0.00	(22.) 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized	(8a.)	300.00	
b. Itemized GOTV	(8b.)	0.00	
c. Unitemized (less than \$50.01 each)	(8c.)	0.00	
9. Total Expenditures	(9.)	300.00	(23.) 14,404.97
INCIDENTAL EXPENSE DISBURSEMENTS			
10. Disbursements			
a. Itemized	(10a.)	0.00	
b. Unitemized	(10b.)	0.00	
11. Total Incidental Expense Disbursements	(11.)	0.00	(24.) 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee	(12a.)	0.00	
b. Owed to the Committee	(12b.)	0.00	
BALANCE STATEMENT			
13. Ending balance of last report filed	(13.)		504.41
14. Amount received during reporting Period	(14.)		0.00
15. Subtotal	(15.)		504.41
16. Amount expended during reporting Period	(16.)		300.00
17. ENDING BALANCE	(17.)		204.41

DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE

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

6734- -Add

Date: 08/20/2016

Amt: 100.00

Name: Sprint

Purpose: phone

**Payment on Debt/Obligation
reported on
previous statement:**

Address: PO Box 4191

City: Carol Stream **State:** IL

Fund Raiser:

Zip: 60197

6735- -Add

Date: 09/20/2016

Amt: 100.00

Name: Sprint

Purpose: phone

**Payment on Debt/Obligation
reported on
previous statement:**

Address: PO Box 4191

City: Carol Stream **State:** IL

Fund Raiser:

Zip: 60197

6736- -Add

Date: 10/20/2016

Amt: 100.00

Name: Sprint

Purpose: phone

**Payment on Debt/Obligation
reported on
previous statement:**

Address: PO Box 4191

City: Carol Stream **State:** IL

Fund Raiser:

Zip: 60197

Schedule Total

\$ 300.00