



MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS

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INGHAM COUNTY CLERK

**BALLOT QUESTION 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.

3. This Statement covers From: 09/07/17 To 10/22/17

1. Committee I.D. Number **46724**

4. Committee's Mailing Address **P.O. Box 81
 East Lansing, MI 48826**

2. Committee Name
Citizens for East Lansing's Future

Area Code and Phone: **(517) 258-0019**
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 office.

5. Treasurer's Name and Residential Address
**John McNamara
 4080 Springer Way #1521 East Lansing, MI 48823**
 Area Code and Phone **(517) 258-0019**

6. Treasurer's Business Address
**4080 Springer Way #1521
 East Lansing, MI 48823**
 Area Code and Phone **(517) 258-0019**

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)
**Thomas Morgan
 1432 Wickham Dr Lansing, MI 48906**
 Area Code and Phone **(517) 258-0019**

8. TYPE OF STATEMENT:

8a. PRE-ELECTION
 OR
 POST-ELECTION

Pre-Election or Post-Election Statement relates to:

PRIMARY
 GENERAL
 SCHOOL
 SPECIAL
 OTHER: _____

Date of Election:
11/07/17

8b.

FEBRUARY STATEMENT
 APRIL STATEMENT
 JULY STATEMENT
 OCTOBER STATEMENT

8c. ANNUAL STATEMENT
 (____ Coverage Year)

8d.

Post Petition Sample Filing under MCL 168.483a

(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)

8e. AMENDMENT TO CAMPAIGN STATEMENT
(Complete item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f. DISSOLUTION OF COMMITTEE REQUEST

Effective Date of Dissolution _____

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

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 items 4, 5, 6, or 7 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 can not be waived.

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

Current Treasurer or Designated Record Keeper Thomas Morgan
 Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 46724

2. Committee Name Citizens for East Lansing's Future

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 8)	(3a.) \$ <u>42,420.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ <u>42,420.00</u>	(18.) \$ <u>42,420.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>42,420.00</u>	(20.) \$ <u>42,420.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-K, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>19,076.90</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>19,076.90</u>	(22.) \$ <u>19,076.90</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>19,076.90</u>	(24.) \$ <u>19,076.90</u>
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>45.00</u>	(25.) \$ <u>45.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>42,420.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>42,420.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>19,076.90</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>23,343.10</u>	

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46724

2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Committee to Elect Brian Mosallam 35 Turnberry Lane Dearborn, MI 48120			
4. Date of Receipt <u>09/19/17</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 type="checkbox"/> Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Melanie Foster 2561 Meadow Woods Drive East Lansing, MI 48823			
4. Date of Receipt <u>09/19/17</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Dianne Byrum 4933 Bellvue Drive Onondaga, MI 49264			
4. Date of Receipt <u>09/20/17</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Byrum & Fisk</u> Business Address <u>1501 North Shore Dr. Ste. B East Lansing, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Joel Ferguson 1341 Cambridge Rd Lansing, MI 48910			
4. Date of Receipt <u>09/22/17</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>F&S Development</u> Business Address <u>1223 Turner St, Ste. 300 Lansing, MI 48906</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$1,500.00**

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3e of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46724
2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: William Beekman 6180 Whitehills Lake Drive East Lansing, MI 48823 4. Date of Receipt <u>10/27/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>Michigan State University</u> Business Address <u>426 Auditorium Road, East Lansing, MI 48824</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization
3. Contribution # 2 Name & Address: Greenstone Farm Credit 3515 West Road East Lansing, MI 48823 4. Date of Receipt <u>09/27/17</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 type="checkbox"/> Fund Raiser	\$ <u>5000.00</u>	\$ <u>5000.00</u> Click Here for Memo Itemization
3. Contribution # 3 Name & Address: Wolverine Development Corporation 1350 E Lake Lansing East Lansing, MI 48823 4. Date of Receipt <u>09/28/17</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 type="checkbox"/> Fund Raiser	\$ <u>2000.00</u>	\$ <u>2000.00</u> Click Here for Memo Itemization
3. Contribution # 4 Name & Address: Greenstone Farm Credit 3515 West Road East Lansing, MI 48823 4. Date of Receipt <u>09/28/17</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 type="checkbox"/> Fund Raiser	\$ <u>1000.00</u>	\$ <u>1000.00</u> Click Here for Memo Itemization

Page Subtotal **\$8,250.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46724
2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Molly Hobey 488 E Main St Harbor Springs, MI 49740 4. Date of Receipt <u>10/01/17</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution # 2 Name & Address: Ellen Campbell 616 Wildwood Drive East Lansing, MI 48823 4. Date of Receipt <u>10/02/17</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 type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution # 3 Name & Address: Brian Breslin 8230 52nd St SE Alto, MI 49302 4. Date of Receipt <u>10/02/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NA</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization <input type="checkbox"/>
3. Contribution # 4 Name & Address: Gregory Brogan 5546 Park Lake Rd East Lansing, MI 48823 4. Date of Receipt <u>10/03/17</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Brogan, Reed, Can Gorder & Associates</u> Business Address <u>320 W Lake Lansing Rd. East Lansing, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>250.00</u>	\$ <u>250.00</u> Click Here for Memo Itemization <input type="checkbox"/>

Page Subtotal **\$650.00**

Grand Total of All Schedules 4A
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\$650.00
Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee LD. Number 46724

2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Andrew Brogan 1872 Yosemite Dr Okemos, MI 48864			
4. Date of Receipt <u>10/03/17</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>BRV Benefits</u> Business Address <u>320 W Lake Lansing Rd, East Lansing, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	
3. Contribution # 2 Name & Address: David Brogan P.O. Box 4307 East Lansing, MI 48826			
4. Date of Receipt <u>10/04/17</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>BRV Benefits</u> Business Address <u>320 W Lake Lansing Rd, East Lansing, MI 48823</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	
3. Contribution # 3 Name & Address: Kathleen Kelly 6372 Simler Dr Clarkston, MI 48346			
4. Date of Receipt <u>10/01/17</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Child Abuse Prevention Services</u> Business Address <u>4287 Five Oaks Dr. Lansing, MI 48911</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	
3. Contribution # 4 Name & Address: Prime Housing Group 1390 E Grand River Ave East Lansing, MI 48823			
4. Date of Receipt <u>10/10/17</u>		\$ <u>1000.00</u>	\$ <u>1000.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	

Page Subtotal **\$1,750.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46724

2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Lansing Regional Chamber of Commerce P.O. Box 14030 Lansing, MI 48901		4. Date of Receipt <u>10/13/17</u> \$ <u>4000.00</u>	\$ <u>4000.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	
3. Contribution # 2 Name & Address: Donald Griffin 4716 Arapaho Trail Okemos, MI 48864		4. Date of Receipt <u>10/11/17</u> \$ <u>50.00</u>	\$ <u>50.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	
3. Contribution # 3 Name & Address: Linda Cleary 832 King St East Lansing, MI 48823		4. Date of Receipt <u>10/10/17</u> \$ <u>50.00</u>	\$ <u>50.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	
3. Contribution # 4 Name & Address: Michael Andary 1481 Foxcroft Rd East Lansing, MI 48823		4. Date of Receipt <u>10/17/17</u> \$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physican</u> Employer <u>Sparrow Hospital</u> Business Address <u>1215 E Michigan Ave Lansing, MI 48912</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="checkbox"/>	

Page Subtotal **\$4,300.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 46724

2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: Elizabeth Foster 1112 Wildwood Dr East Lansing, MI 48823</p> <p>4. Date of Receipt <u>10/16/17</u></p> <p>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</p>	<p>\$ <u>100.00</u></p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>
<p>3. Contribution # 2 Name & Address: Christopher Pawsat 3712 Autumnwood Ln Okemos, MI 48864</p> <p>4. Date of Receipt <u>10/16/17</u></p> <p>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</p>	<p>\$ <u>20.00</u></p>	<p>\$ <u>20.00</u></p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>
<p>3. Contribution # 3 Name & Address: Mary Hunt 1450 Foxcroft Rd East Lansing, MI 48823</p> <p>4. Date of Receipt <u>10/16/17</u></p> <p>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</p>	<p>\$ <u>100.00</u></p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>
<p>3. Contribution # 4 Name & Address: The Green and White PAC P.O. Box 1461 East Lansing, MI 48823</p> <p>4. Date of Receipt <u>10/18/17</u></p> <p>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</p>	<p>\$ <u>1500.00</u></p>	<p>\$ <u>1500.00</u></p> <p>Click Here for Memo Itemization <input type="button" value="v"/></p>

Page Subtotal

\$1,720.00

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 48724

2. Committee Name Citizens for East Lansing's Future

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Lansing Regional Chamber of Commerce P.O. Box 14030 Lansing, MI 48901		4. Date of Receipt <u>10/20/17</u>	
		\$ <u>24250.00</u>	\$ <u>24250.00</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:		4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$24,250.00**

Grand Total of All Schedules 4A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 46724

2. Committee Name Citizens for East Lansing's Future

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Morgan Communications 1432 Wickham Dr Lansing, MI 48906	4. Purpose: <u>mail peice</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/01/17</u> Date of Expenditure	<u>\$ 1227.33</u>	<u>\$ 7052.99</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 2 Name & Address: Morgan Communications 1432 Wickham Dr Lansing, MI 48906	4. Purpose: <u>Consulting</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/03/17</u> Date of Expenditure	<u>\$ 2371.00</u>	<u>\$ 7052.99</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 3 Name & Address: Point Five Foundry P.O. Box 15171 Lansing, MI 48901	4. Purpose: <u>Design</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/04/17</u> Date of Expenditure	<u>\$ 2300.00</u>	<u>\$ 2300.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		
Expenditure # 4 Name & Address: Morgan Communications 1432 Wickham Dr Lansing, MI 48906	4. Purpose: <u>Mail Piece</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/04/17</u> Date of Expenditure	<u>\$ 1227.33</u>	<u>\$ 7052.99</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type		

Subtotal this page

\$7,125.66

Grand Total of Schedules 4B
(Complete on last page of Schedule)

Enter this total
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 46724
2. Committee Name Citizens for East Lansing's Future

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Morgan Communications 1432 Wickham Dr Lansing, MI 48906	4. Purpose: <u>facebook advertising</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/08/17</u> Date of Expenditure	<u>\$ 500.00</u>	<u>\$ 7052.99</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Memo Itemization Below <input type="button" value="v"/>		
Expenditure # 2 Name & Address: Practical Political Consulting 920 N Washington Ave Lansing, MI 48906	4. Purpose: <u>Consulting</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/10/17</u> Date of Expenditure	<u>\$ 100.00</u>	<u>\$ 100.00</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="button" value="v"/>		
Expenditure # 3 Name & Address: Keystone Millbrook 3540 Jefferson Hwy Lansing, MI 48837	4. Purpose: <u>Yard Signs</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/12/17</u> Date of Expenditure	<u>\$ 1350.91</u>	<u>\$ 1350.91</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="button" value="v"/>		
Expenditure # 4 Name & Address: Morgan Communications 1432 Wickham Drive Lansing, MI 48912	4. Purpose: <u>Mail piece</u> 5. Ballot Proposal: <u>EL TAX</u>	<u>10/12/17</u> Date of Expenditure	<u>\$ 1227.33</u>	<u>\$ 7052.99</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Click for Memo Itemization Type <input type="button" value="v"/>		

Subtotal this page **\$3,178.24**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule)

Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 46724

2. Committee Name Citizens for East Lansing's Future

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: Morgan Communications 1432 Wickham Drive Lansing, MI 48906 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>facebook ads</u> 5. Ballot Proposal: <u>EL TAX</u> County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/14/17</u> Date of Expenditure	<u>\$ 500.00</u> Amount	<u>\$ 7052.99</u> Cumulative for election
Expenditure # 2 Name & Address: Winning Connections 317 Pennsylvania Ave SE 2nd Fl Washington, DC 20003 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Persuasion ID</u> 5. Ballot Proposal: <u>EL TAX</u> County: <u>Ingham</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	<u>10/18/17</u> Date of Expenditure	<u>\$ 8273.00</u> Amount	<u>\$ 8273.00</u> Cumulative for election
Expenditure # 3 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ Amount	\$ _____ Cumulative for election
Expenditure # 4 Name & Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	_____ Date of Expenditure	\$ _____ Amount	\$ _____ Cumulative for election

Subtotal this page **\$8,773.00**
 Grand Total of Schedules 4B
 (Complete on last page of Schedule) **\$19,076.90**
 Enter this total on Line 8a of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 4B-2
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 46724

2. Committee Name Citizens for East Lansing's Future

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election (Through date in Item 5)
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Expenditure #1
Name & Address:
Thomas P. Morgan
1432 Wickham Drive
Lansing, MI 48906

4. Loan endorsement or guarantee
 Goods Donated or Loaned
 Services Donated
 Goods or Services Purchased
 Goods or Services Purchased - LOAN

\$ 45.00 \$ 45.00 \$ 45.00

Description P.O. Box Purchase
5. DATE OF EXPENDITURE: 09/08/17
6. VENDOR NAME & ADDRESS:
USPS
1140 Abott Rd
East Lansing, MI 48823

Click Here for Memo Itemization Type

Ballot Proposal: SELF
 Statewide Local
County Ingham

Expenditure #2
Name & Address:

Ballot Proposal:
 Statewide Local
County _____

4. Loan endorsement or guarantee
 Goods Donated or Loaned
 Services Donated
 Goods or Services Purchased
 Goods or Services Purchased - LOAN

\$ _____ \$ _____ \$ _____

Description _____
5. DATE OF EXPENDITURE: _____
6. VENDOR NAME & ADDRESS: _____

Click Here for Memo Itemization

Expenditure #3
Name & Address:

Ballot Proposal:
 Statewide Local
County _____

4. Loan endorsement or guarantee
 Goods Donated or Loaned
 Services Donated
 Goods or Services Purchased
 Goods or Services Purchased - LOAN

\$ _____ \$ _____ \$ _____

Description _____
5. DATE OF EXPENDITURE: _____
6. VENDOR NAME & ADDRESS: _____

Click Here for Memo Itemization

Subtotal this Page	\$45.00	\$45.00
Grand Total of all Schedules 4B-2 (Complete on last page of Schedule)		

Enter this total on line 8c of the Summary Page Enter this total on line 11 of the Summary Page