



**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: 10/24/16 to 07/25/17

1. Committee I.D. Number  
**C-2016-146**

2. Committee Name  
**Committee to Elect Rebecca Lazarus**

4. Candidate Last Name **Lazarus** First Name **Rebecca** M.I. **R**

4a. Office Sought Including District # or Community Served (If applicable)  
**Board Member - Local**

4b. County of Residence **WASHTENAW**

5. Committee's Mailing Address  
**7375 E. Joy Road  
Ann Arbor, MI 48105**

Area Code and Phone **(313) 903-0080**  
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  
**David Lazarus  
7375 E. Joy Road  
Ann Arbor, MI 48105**

Area Code & Phone **(313) 282-3510**

7. Treasurer's Business Address

Area Code and Phone \_\_\_\_\_

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

Area Code and Phone \_\_\_\_\_

**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 (2017) 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 **David Lazarus** Signature Date **7/24/2017**

Candidate **Rebecca Lazarus** Signature Date **7/24/2017**

WASHTENAW COUNTY, MI  
2017 JUL 5 P 12:43  
FILED  
LAWRENCE J. ESTERHART  
COUNTY CLERK/REGISTRAR



1. Committee I.D. Number C-2016-146

2. Committee Name COMMITTEE OF ELECT REBECCA LAZARUS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
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>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$0.00</u>	(23.) \$ <u>\$0.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$85.76</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>\$85.76</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>\$0.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>\$85.76</u> *	



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-146  
2. Committee Name COMMITTEE TO ELECT REBECCA LAZARUS

Enter contributor's name and address. If contribution is from an individual, 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 regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: _____	PAC Receipt? <input type="checkbox"/> YES	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 <input type="button" value="v"/>	
3. Contribution #2 Name & Address: _____	PAC Receipt? <input type="checkbox"/> YES	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 <input type="button" value="v"/>	
3. Contribution # 3 Name & Address: _____	PAC Receipt? <input type="checkbox"/> YES	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 <input type="button" value="v"/>	
3. Contribution # 4 Name & Address: _____	PAC Receipt? <input type="checkbox"/> YES	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 <input type="button" value="v"/>	

Page Subtotal **\$0.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$0.00**

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-146  
2. Committee Name COMMITTEE TO ELECT REBECCA LAZARUS

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate      Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____	\$ _____
	<input type="checkbox"/> Fund Raiser		

Page Subtotal **\$0.00**

Grand Total of All Schedules 1A -1  
(Complete on last page of Schedule) **\$0.00**

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED IN-KIND CONTRIBUTIONS**

**SCHEDULE 1-IK**

1. Committee I. D. Number C-2016-1

**CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT REBECCA LAZARUS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: _____  <b>If over \$100.00 cumulative, please provide:</b> Occupation: _____ Employer Name & Business Address: _____	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>	\$ _____ \$ _____	
5. Date of Receipt: _____			
6. Vendor Name & Address: _____			
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: _____  <b>If over \$100.00 cumulative, please provide:</b> Occupation: _____ Employer Name & Address: _____	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>	\$ _____ \$ _____	
5. Date of Receipt: _____			
6. Vendor Name & Address: _____			
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: _____  <b>If over \$100.00 cumulative, please provide:</b> Occupation: _____ Employer Name & Address: _____	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b>	\$ _____ \$ _____	
5. Date of Receipt: _____			
6. Vendor Name & Address: _____			
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$0.00** **\$0.00**

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) **\$0.00**

Enter this total on line 6 of Summary Page

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

1. Committee I. D. Number **C-2016-146**  
2. Committee Name **COMMITTEE TO ELECT REBECCA LAZARUS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	<b>\$0.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>\$0.00</b>

Enter this total on line 8a of Summary Page



**ITEMIZED IN-KIND EXPENDITURES**

**SCHEDULE 1B - IK**

**CANDIDATE COMMITTEE**

C-2016-146

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Committee To Elect Rebecca Lazarus

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	Date _____	\$ _____
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	Date _____	\$ _____
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	Date _____	\$ _____
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	Date _____	\$ _____
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	Date _____	\$ _____

Page Subtotal **\$0.00**

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

**\$0.00**

Enter this total on line 7 of the Summary Page



### EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

#### SCHEDULE 1 B - G

1. Committee I.D. Number C-2016-146

#### CANDIDATE COMMITTEE

2. Committee Name COMMITTEE TO ELECT REBECCA LAZARUS

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:          For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent  If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name & Address:          For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent  If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name & Address:          For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent  If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$0.00**

Grand Total of all Schedules 1B-G (Complete on last page of Schedule) **\$0.00**

Enter total on Line 8b Summary Page





**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-146  
2. Committee Name COMMITTEE TO ELECT REBECCA LAZARUS

This Schedule itemizes:  
a.  Debts and obligations owed by or forgiven the committee OR b.  Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$0.00**  
Grand Total of all Schedules 1E **\$0.00**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2016-146  
2. Committee Name COMMITTEE TO ELECT REBECCA LAZARUS

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

3. Date Event Was Held  _____	4. Number of Individuals Attending or Participating (whichever is greater)  _____	5. Type of Fund Raising Activity  _____	6. Address and Name (If any) of the place where the activity was held.  <input type="checkbox"/> Private Residence
-------------------------------------	---	---	--

7. Total Contributions \_\_\_\_\_

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \_\_\_\_\_  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11.  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-IK), 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.