



FOR OFFICIAL USE ONLY

3. This Statement covers From: <u>08/05/18</u> to <u>10/21/18</u>		
4. Candidate Last Name	First Name	M.I.
Lazarus	Rebecca	R
4a. Office Sought Including District # or Community Served (if applicable) Board Member - Local		
4b. County of Residence WASHTENAW		
6. Treasurer's Name & Residential Address David Lazarus 7375 E. Joy Road Ann Arbor, MI 48105		
Area Code & Phone <u>(313) 282-3510</u>		
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)		
Area Code and Phone _____		
ONLY if candidate ballot for the erly quarterly Statement (_____) Coverage Year Statement 9c or 9e to Statement is being ed.)	9e. Dissolution of Candidate Committee <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 hereby discharged and forgiven, and no longer collectible from the committee. <input type="checkbox"/> The committee has no outstanding assets <input type="checkbox"/> owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, then 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.	
	FILED OCT 26 10:50 WASHTENAW COUNTY, MI LAZARUS REBECCA COUNTY CLERK/REGISTER	
In the preparation of this statement and attached schedules (if any) and to the best of complete. <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>10/26/2018</u> <input type="checkbox"/> Signature <u>[Signature]</u> Date <u>10/26/18</u>		

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Rebecca Lazarus

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,990.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,990.00</u>	(18.) \$ <u>\$2,990.00</u>
4. Other Receipts (Schedule 1A -4, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$2,990.00</u>	(20.) \$ <u>\$2,990.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$431.36</u>	(21.) \$ <u>\$431.36</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,770.95</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>\$1,770.95</u>	(23.) \$ <u>\$1,770.95</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>\$81.40</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,990.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$3,071.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,770.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,300.45</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: <u>Esther Colling</u> <u>4812 Ashmore Road, Unionville, MI 48767</u>		\$ <u>300</u>	\$ <u>300</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/18</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Retiree</u> Employer <u>NA</u> Business Address <u>Same as above</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	
3. Contribution #2 Name & Address: <u>Jenny Sekiya</u> <u>500 S. State Street, Ann Arbor, MI 48109</u>		\$ <u>250</u>	\$ <u>250</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/18</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Nurse</u> Employer <u>University of Michigan</u> 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 #3 Name & Address: <u>MEA Political Action Council</u> <u>1216 Kendale Blvd.</u> <u>East Lansing, MI 48823</u>		\$ <u>1000</u>	\$ <u>1000</u>
PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/25/18</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 #4 Name & Address: <u>Dana Weeks</u> <u>21415 Civic Center Drive, Southfield, MI 48076</u>		\$ <u>20</u>	\$ <u>20</u>
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/10/18</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	

Page Subtotal \$1,570.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$2,990.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/18</u>	
Name & Address: Chad Boyd 6446 Royal Pointe Drive, West Bloomfield, MI 48332		\$ <u>20</u>	\$ <u>20</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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/18</u>	
Name & Address: Donald Fracassi 28695 Monterey Drive, Southfield, MI 48076		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/18</u>	
Name & Address: Danny Fawas One American Drive, Dearborn, MI 48126		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Self-Employed</u> Business Address <u>One American Drive, Dearborn, MI 48126</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	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/18</u>	
Name & Address: Amy Donoghue 6979 Abi Lane, Plymouth, MI 48170		\$ <u>50</u>	\$ <u>50</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	

Page Subtotal \$420.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$2,990.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/18</u> Name & Address: <u>David Lazarus</u> <u>7375 E. Joy Road, Ann Arbor, MI 48105</u>		\$ <u>1000</u>	\$ <u>1000</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial Analyst</u> Employer <u>Ford Motor Company</u> Business Address <u>One American Drive, Dearborn, MI 48126</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
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 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
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 \$1,000.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$2,990.00

Enter this total on
line 3a 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 Rebecca Lazarus Address Rebecca Lazarus 7374 E. Joy Rd., Ann Arbor, MI, 48105 <input type="checkbox"/> Fund Raiser	Purpose: <u>reimbursement for in-kind contributions</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/18</u> Date	<u>\$ 431.86</u>
Expenditure #2 Name Post Master Address Madison Heights Post Office 29441 John R Road, Madison Heights, MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/18</u> Date	<u>\$ 512.19</u>
Expenditure #3 Name Mass Mailing, LLC Address 35468 Mound Road Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/28/18</u> Date	<u>\$ 155.75</u>
Expenditure #4 Name Rebecca Richardson Address 1250 Shevchenko Dr Ann Arbor, MI 48103 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/18</u> Date	<u>\$ 150.00</u>
Expenditure #5 Name Mari Suzuki Address 3051 Oakwood St Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/18</u> Date	<u>\$ 521.15</u>
Subtotal this page			\$1,770.95
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$1,770.95

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **C2016146**

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) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	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: Rebecca Lazarus 7374 E. Joy Rd., Ann Arbor, MI, 48105 If over \$100.00 cumulative, please provide: 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ticket for campaign dinner event</u> 5. Date Of Receipt: <u>09/18/18</u> 6. Vendor Name & Address: IBEW Michigan 3135 S. State St. #105 Ann Arbor, MI 48108 Click Here for Memo Itemization	\$ <u>100</u>	\$ <u>100</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Rebecca Lazarus 7374 E. Joy Rd., Ann Arbor, MI, 48105 If over \$100.00 cumulative, please provide: Occupation: <u>Self-Employed</u> 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Campaign AD for IBEW booklet</u> 5. Date Of Receipt: <u>09/19/18</u> 6. Vendor Name & Address: IBEW Michigan 3135 S. State St. #105 Ann Arbor, MI 48108 Click Here for Memo Itemization	\$ <u>250</u>	\$ <u>250</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Rebecca Lazarus 7374 E. Joy Rd., Ann Arbor, MI, 48105 If over \$100.00 cumulative, please provide: Occupation: <u>Self-Employed</u> 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Printing Costs</u> 5. Date Of Receipt: <u>10/14/18</u> 6. Vendor Name & Address: 48-Hour Printing 8000 Haskell Avenue Van Nuys, CA 91406 Click Here for Memo Itemization	\$ <u>81.36</u>	\$ <u>81.36</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$431.36**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$431.36**

Enter this total
on line 6 of Summary
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