



**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: 10/22/20 to 11/26/20

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 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
11/06/20

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. 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. 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.

FILED
WASHTENAW COUNTY, MI
2018 DEC 5 A 11:39

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 12/03/2018
Candidate **Rebecca Lazarus** Signature Date 12/03/2018



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>2,150.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,150.00</u>	(18.) \$ <u>2,150.00</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>2,150.00</u>	(20.) \$ <u>2,150.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$400.92</u>	(21.) \$ <u>\$400.92</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>2,525.64</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>2,525.64</u>	(23.) \$ <u>2,525.64</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>\$1,300.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,150.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,450.45</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,525.64</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$924.81</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	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/04/20</u>	
Name & Address: Robert Nofz 31600 Curtis Livonia, MI 48152		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Self</u> Business Address <u>33326 Glendale, Livonia, MI 48150</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 <u>11/04/20</u>	
Name & Address: Keith Keceskes 621 S Main Street Plymouth, MI 48170		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>621 S. Main Street, Plymouth, MI 48170</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/04/20</u>	
Name & Address: Dr. Julie Y. Lee, DDS 5608 Arbor Chase Drive Ann Arbor, MI 48103		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Dentist</u> Employer <u>Self</u> Business Address <u>2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103</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>11/04/20</u>	
Name & Address: Dr. Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103		\$ <u>1600.00</u>	\$ <u>1600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MD</u> Employer <u>Self</u> Business Address <u>913 Fairway Park Drive, Ann Arbor, MI 48103</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	

Page Subtotal \$2,150.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) \$2,150.00

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 7375 E Joy Road 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>11/24/20</u> Date	<u>\$ 306.45</u>
Expenditure #2 Name Kelly Collison Address 1114 E Kalamazoo Street Lansing, MI 48912 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Management</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/20</u> Date	<u>\$ 1600.00</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>10/29/20</u> Date	<u>\$ 136.29</u>
Expenditure #4 Name Postmaster Address 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>10/29/20</u> Date	<u>\$ 388.43</u>
Expenditure #5 Name Rebecca Lazarus Address 7375 E Joy Road 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>11/20/20</u> Date	<u>\$ 94.47</u>
Subtotal this page			\$2,525.64
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$2,525.64

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **C2106146**

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: Rebecca Lazarus 7375 E Joy Road 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>Campaign Office Supplies</u>	\$ <u>15.87</u>	\$ <u>15.87</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ann Arbor NAACP Annual Fund Dinner</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Consultant Employer Name & Address: Self 7375 E Joy Road Ann Arbor, MI 48105	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>Volunteer expense - Food</u>	\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal **\$265.87** **\$265.87**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$400.92**

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2106146

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: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: <input type="checkbox"/> Fund Raiser Contribution	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>Volunteer Food</u>	\$ <u>56.70</u>	\$ <u>56.70</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	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>Volunteer Food</u>	\$ <u>49.75</u>	\$ <u>49.75</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	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 Materials</u>	\$ <u>28.60</u>	\$ <u>28.60</u>

Page Subtotal **\$135.05** **\$135.05**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$400.92**

Enter this total
on line 6 of Summary
Page