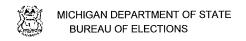


#### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and s<br>the treasurer (or designated record keeper) and cal     | signed by<br>ndidate.         | 3. This Statement covers From: 10/22/20 to 11/26/20                        |  |  |  |  |  |  |  |
|--|-------------------------------|--|--|--|--|--|--|--|--|
| 1. Committee I.D. Number   |                               | 4. Candidate Last Name   | First Name M.I.  |  |  |  |  |  |  |
| C-2016-146   |                               | Lazarus  | Rebecca R  |  |  |  |  |  |  |
|  | 00/174                        | 4a. Office Sought Including District # or Community Served (If applicable) |  |  |  |  |  |  |  |
| 2. Committee Name  |                               | <b>Board Member - Local</b>  | in the second of |  |  |  |  |  |  |
| Committee to Elect Rebecca Lazar   | us                            | 4b. County of Residence <b>WA</b> :  | SHTENAW  |  |  |  |  |  |  |
| 5. Committee's Mailing Address   | p 2                           | 6. Treasurer's Name & Reside   | ential Address   |  |  |  |  |  |  |
| 7375 E Joy Road<br>Ann Arbor, MI 48105   |                               | David Lazarus<br>7375 E Joy Road   | Au Othner Reneigus (Sehedul- 1s. 1. soudneuß)  |  |  |  |  |  |  |
| 7 min 7 mbor, ivii 40 100  |                               | Ann Arbor, MI 48105  | A TOTAL COMPRESSION AS A STORES SECONDS  |  |  |  |  |  |  |
|  |                               | Allii Alboi, ivii 40100  | (Aan Line 3c - Unc -)  |  |  |  |  |  |  |
| Area Code and Phone (313) 903-0080   |                               |  | SERUTICISE S EXPENSION S EXPENDITURES  |  |  |  |  |  |  |
| If the address in this box is different from the commit  |                               | 16 (200)   |  |  |  |  |  |  |  |
| mailing address on the Statement of Organization, mbe sent to this address by the filing official.               | all may                       | Area Code & Phone (313) 2  | 82-3510  |  |  |  |  |  |  |
| 7. Treasurer's Business Address  |                               | Designated Record Keeper Designated Record Keeper)                         | 's Name and Address (If the committee has a  |  |  |  |  |  |  |
|  |                               | * *  |  |  |  |  |  |  |  |
|  |                               | este out in the  |  |  |  |  |  |  |  |
|  |                               |  |  |  |  |  |  |  |  |
|  |                               |  |  |  |  |  |  |  |  |
| Area Code and Phone  |                               | Area Cada and Dhana  |  |  |  |  |  |  |  |
| Area Code and Phone  | _                             | Area Code and Phone  | 9e. Dissolution of Candidate Committee   |  |  |  |  |  |  |
| 9. TYPE OF STATEMENT   |                               | NLY if candidate   | a transparance of Application of the Application of |  |  |  |  |  |  |
| 9a. Pre-Election OR 9b. Post-Election  | is not on the<br>current year | e ballot for the<br>:  | By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here   |  |  |  |  |  |  |
| Pre-Election or Post-Election Statement relates to:  |                               |  | by discharged and forgiven, and no longer collectible from<br>the committee. The committee has no oustanding assets,   |  |  |  |  |  |  |
| Primary  | July Quar                     | terly  | owes no lates fees or has any oustanding debt.   |  |  |  |  |  |  |
| X General  | October 0                     | Quarterly  | European if the discolution connect he granted that this he  |  |  |  |  |  |  |
| Convention   |                               |  | Further, if the dissolution cannot be granted, that this be considered a request furthe Reporting Waiver.  |  |  |  |  |  |  |
|  |                               |  | ON CONTRACTOR  |  |  |  |  |  |  |
| Special S  | ec. Annu                      | al Statement ()  | Effective date of dissolution  |  |  |  |  |  |  |
| School   | 1                             | Coverage Year  | CL   |  |  |  |  |  |  |
| Caucus   | ed. X Amer<br>(Com            | ndment to Campaign Statement<br>plete Item 9a, 9b, 9c or 9e to             | THE N  |  |  |  |  |  |  |
|  |                               | ate which Statement is being   | Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.  |  |  |  |  |  |  |
|  | amen                          | ueu.)  | A Substitution of the subs |  |  |  |  |  |  |
| Date of Election, Convention or Caucus   |                               |  | SIE A BIE  |  |  |  |  |  |  |
| 11/06/20   |                               |  | THE WORLD  |  |  |  |  |  |  |
|  |                               |  | (4) Annual Santa (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6  |  |  |  |  |  |  |
| 10.14 (6.18 )  |                               |  | TE SUPPLIES CONTINE 10 and 10  |  |  |  |  |  |  |
| 10. Verification: I\We certify that all reasonable diliger my\our knowledge and belief the contents are true, as | nce was used<br>ccurate and c | omplete.   | ent and attached schedules (if any) and to the best of   |  |  |  |  |  |  |
| Current Treasurer or David Lazarus   |                               |  | 11/04/0010   |  |  |  |  |  |  |
| Designated Record keeper   |                               | ) Dimet  | 1/24/2019  |  |  |  |  |  |  |
| Type or Print Name   |                               | Signature  |  |  |  |  |  |  |  |
| Candidate Rebecca Lazarus  |                               | Kileun   | Date 1/24/2019   |  |  |  |  |  |  |
| Type or Print Name   |                               | Signature (  |  |  |  |  |  |  |  |

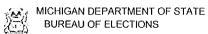


1. Committee I.D. Number C-2016-146

# SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Rebecca Lazarus

| CANDIDATE COMMITTEE  | 2. Committee Name                |  |
|--|----------------------------------|--|
| RECEIPTS   | Column I<br>This Period          | Column II Cumulative this election cycle |
| 3. Contributions   |                                  | ,  |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$ 2,150.00                |  |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$NOT APPLICABLE           |  |
| c. Subtotal of "Contributions"   | (3c.) \$_\$2,150.00              | (18.) \$ \$2,150.00                      |
| 4. Other Receipts (Schedule 1A -1, Column 6)   | (4.) \$                          | (19.) \$                                 |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)                                 | (5.) \$ \$2,150.00               | (20.) \$ \$2,150.00                      |
| IN-KIND CONTRIBUTIONS & EXPENDITURES   |                                  |  |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)   | (6.) \$ \$643.80                 | (21.) \$ \$643.80                        |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)   | (7.) \$                          | (22.) \$                                 |
| 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.) \$                         |  |
| c. Unitemized (less than \$50.01 each - no Schedule)   | (8c.) \$                         |  |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)  | (9.) \$ \$2,525.64               | (23.) \$ \$2,525.64                      |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)  |                                  |  |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6)  | (10a.) \$                        |  |
| b. Unitemized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS | (10b.) \$                        |  |
| (Add Line 10a + Line 10b)  DEBTS AND OBLIGATIONS  12. Debts and Obligations                      | (11.) \$                         | (24.) \$                                 |
| a. Owed <b>by</b> the Committee (Schedule 1E)  | (12a.) \$                        |  |
| b. Owed to the Committee (Schedule 1E)   | (40). \ 0                        |  |
|  | (12b.) \$BALANCE STATEMENT       |  |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)     | (13.) \$ \$1,300.45              | _  |
| 14. Amount received during reporting period (Line 5. Total Contributions & Other Receipts)       | (14.) + \$ <del>\$2,150.00</del> |  |
| 15. SUBTOTAL Add lines 13 and 14   | (15.) = \$_\$3,450.45            | _  |
| <ol> <li>Amount expended during reporting period<br/>(Add lines 9 and 11)</li> </ol>             | (16.) - \$ \$2,525.64            | <b></b>                                  |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)  | (17.) \$ \$924.81                | *  |



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### CANDIDATE COMMITTEE

2. Committee Name

Committee To Elect Rebecca Lazarus

| 31600 Curtis Livonia, MI 48152  5. If over \$100.00 cumulative, please provide: Occupation Engineer Business Address 33326 Glendale, Livonia, MI 48150 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/04/20  S. If over \$100.00 cumulative, please provide: Occupation Attorney Business Address 621 S. Main Street, Plymouth, MI 48170 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Dry of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Dry of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 11/04/20  Click Here for Memo Itemization  Click Here for Memo I |   |   |  |
|--|---|---|--|
| Name & Address: Robert Notz 31600 Curtis Livonia, MI 48152  5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer Self Business Address   | middle initial. Check box to indicate if contribution is from a Political Committee or an Independent | 6. Amount                                 | Election Cycle for Each<br>Contributor (Through  |
| Livonia, MI 48152  5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer Self  Subject Loan from a person Fund Raiser  3. Contribution ₹2  PAC Receipt? YES 4. Date of Receipt 11/04/20  Note of Contribution ₹2  PAC Receipt? YES 4. Date of Receipt 11/04/20  Subject Self  Sub   | Name & Address: Robert Nofz   | -   |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation Engineer Employer Self  Business Address 33326 Glendale, Livonia, MI 48150  Type of Contribution:   Poincet Loan from a person Fund Reiser  S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Keith Keceskes  621 S Main Street Plymouth, MI 48170  5. If over \$100.00 cumulative, please provide:  Cocupation Attorney  Employer Self  Business Address 621 S. Main Street, Plymouth, MI 48170  Type of Contribution:  Poincet Loan from a person Fund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Type of Contribution:  Poincet Loan from a person Fund Raiser  3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Click Here for Memo Itemization  Click Here for Memo Itemizat  |   | .100.00                                   | . 100.00   |
| Cocupation Engineer  Business Address 33326 Glendale, Livonia, MI 48150  Type of Contribution: Poirect Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address Keith Keceskes 621 S Main Street Plymouth, MI 48170  5. If over \$100.00 cumulative, please provide:  Cocupation Attorney Business Address 621 S. Main Street, Plymouth, MI 48170  5. If over \$100.00 cumulative, please provide:  Cocupation Attorney Business Address 621 S. Main Street, Plymouth, MI 48170  Click Here for Memo Itemization  Click Here  |   | \$  | \$   |
| Business Address  Business Address  Business Address  Business Address  Action of Contribution:  Direct  Loan from a person  Fund Raiser  4. Date of Receipt 11/04/20  Set 11/04/20  Set 11/04/20  Set 150.00  Set   |   | Click Here fo                             | r Memo Itemization   |
| Type of Contribution: Pack   |   |   |  |
| 3. Contribution #2 PAC Receipt?  |   |   |  |
| Name & Address Keith Keceskes 621 S Main Street Plymouth, MI 48170  5. If over \$100.00 cumulative, please provide:  Occupation Attorney   |   |   |  |
| Solution   Street       | 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 11/04/20 Name & Address                        |   |  |
| Plymouth, MI 48170  5. If over \$100.00 cumulative, please provide:  Click Here for Memo Itemization  Cocupation Attorney  | Keith Keceskes  | 150.00                                    | 450.00   |
| 5. If over \$100.00 cumulative, please provide:  Occupation Attorney Employer Self Business Address 621 S. Main Street, Plymouth, MI 48170  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address.  Dr. Julie Y. Lee, DDS  5608 Arbor Chase Drive  Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation Dentist Employer Self  Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Dr. Ayman Khafagi  913 Fairway Park Drive  Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Business Address  Dr. Ayman Khafagi  913 Fairway Park Drive  Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Fage Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary  |   | \$ 150.00                                 | <sub>\$</sub> 150.00   |
| Occupation Attorney Employer Self  Business Address 621 S. Main Street, Plymouth, MI 48170  Type of Contribution:  |   |   |  |
| Business Address 621 S. Main Street, Plymouth, MI 48170  Type of Contribution: Poirect Loan from a person Fund Raiser  3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address:  Dr. Julie Y. Lee, DDS  5608 Arbor Chase Drive  Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Cocupation Dentist Employer Self  Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103  Type of Contribution: Poirect Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Dr. Ayman Khafagi  913 Fairway Park Drive  Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Cocupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Cocupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal (Complete on last page of Schedule)  Fine this total on line 3a of Summary   |   | Click Here fo                             | r Memo Itemization   |
| Type of Contribution:  |   |   |  |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 11/04/20  Dr. Julie Y. Lee, DDS 5608 Arbor Chase Drive Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide:  Occupation Dentist Employer Self Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103 Type of Contribution: V Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/04/20  Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Business Address 913 Fairway Park Drive Ann Arbor, MI 48103 5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103 Type of Contribution: Direct Loan from a person Fund Raiser  Fage Subtotal  Click Here for Memo Itemization   |   |   |  |
| Name & Address:  Dr. Julie Y. Lee, DDS 5608 Arbor Chase Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation Dentist Employer Self  Business Address  Dr. Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD Employer  Business Address  913 Fairway Park Drive Ann Arbor, MI 48103  Type of Contribution: Direct Lean from a person Fund Raiser  Click Here for Memo Itemization  Fund Raiser  Click Here for Memo Itemization  Fund Raiser  Page Subtotal  Sc. 150.00  |   |   |  |
| \$300.00 \$300.00 Click Here for Memo Itemization  Socupation Dentist Employer Self  Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103  Type of Contribution: V Direct Loan from a person Fund Raiser  3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Dr. Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: V Direct Loan from a person Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  1 1 1  | Name & Address:  AC Receipt 7 YES 4. Date of Receipt 11/04/20   | •   |  |
| Occupation Dentist Employer Self  Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/04/20  Name & Address  Dr. Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary  | Dr. Julie Y. Lee, DDS<br>5608 Arbor Chase Drive<br>Ann Arbor, MI 48103                                | \$300.00                                  | §300.00  |
| Occupation Dentist Employer Self Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103 Type of Contribution:  | 5. If over \$100.00 cumulative, please provide:   | Click Here for                            | Memo Itemization   |
| Business Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103  Type of Contribution:  |   |   |  |
| Type of Contribution:   Direct  Loan from a person  Fund Raiser  3. Contribution # 4 Name & Address  Dr. Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation  MD  Employer  Business Address  Type of Contribution:  Direct  Loan from a person  Fund Raiser  Fund Raiser  Click Here for Memo Itemization  Fund Raiser  Page Subtotal  \$2,150.00  Enter this total on line 3a of Summary   | Rusiness Address 2411 Oak Valley Drive, Suite 203, Ann Arbor, MI 48103                                |   |  |
| Name & Address  Dr. Ayman Khafagi 913 Fairway Park Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide: Occupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  1 1 1 Enter this total on line 3a of Summary  |   |   |  |
| 913 Fairway Park Drive Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD  Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  (Click Here for Memo Itemization  Fund Raiser  Page Subtotal \$2,150.00  Enter this total on line 3a of Summary   | 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 11/04/20 Name & Address                       |   |  |
| Ann Arbor, MI 48103  5. If over \$100.00 cumulative, please provide:  Occupation MD Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary  | Dr. Ayman Khafagi   |   |  |
| 5. If over \$100.00 cumulative, please provide:  Occupation MD  Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary  | 913 Fairway Park Drive  | 1600.00                                   | 1600.00  |
| Occupation MD  Business Address  913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary   | Ann Arbor, MI 48103   | \$  | \$   |
| Occupation MD  Employer Self  Business Address 913 Fairway Park Drive, Ann Arbor, MI 48103  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary   | 5. If over \$100.00 cumulative, please provide:   | Click Here for                            | Memo Itemization   |
| Business Address  Type of Contribution: Direct  Loan from a person  Fund Raiser  Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary  | Occupation MD Employer Self   | Chan Plane 101                            | William Mornization  |
| Page Subtotal \$2,150.00  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Enter this total on line 3a of Summary  |   |   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  \$2,150.00  Enter this total on line 3a of Summary  | Type of Contribution: V Direct Loan from a person Fund Raiser   |   |  |
| (Complete on last page of Schedule)  Enter this total on line 3a of Summary  | Page Subtotal   | \$2,150.00                                | The second secon |
| (Complete on last page of Schedule)  Enter this total on line 3a of Summary  |   | \$2,150.00                                |  |
|  | 1 1   | Enter this total on<br>line 3a of Summary |  |



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

1. Committee I. D. Number <u>C-2</u>016-146

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 | Purpose: Reimbursement for in-kind contributions  | 11/24/20<br>Date<br>Here for Memo  | s <u>306.45</u><br>temization Type |  |  |  |  |
| Fund Raiser   | statement   |  |                                    |  |  |  |  |
| Name Kelly Collison  Address  | Purpose: Campaign Management  | 11/05/20<br>Date   | \$ <u>1600.00</u>                  |  |  |  |  |
| 1114 E Kalamazoo Street   | Click H   | Here for Memo I  | temization Type                    |  |  |  |  |
| Lansing, MI 48912   | Check box if this expenditure is payment of debt or obligation reported on previous statement                             |  |                                    |  |  |  |  |
| Expenditure #3  |   | ×  |                                    |  |  |  |  |
| Name Mass Mailing, LLC  | Purpose: Mailing Services   | 10/29/20<br>Date   | \$ <u>136.29</u>                   |  |  |  |  |
| 35468 Mound Road<br>Sterling Heights, MI 48310                                    | Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous |  |                                    |  |  |  |  |
| Expenditure #4  | statement   |  |                                    |  |  |  |  |
| Name Postmaster   | Purpose: Postage  | 10/29/20<br>Date   | \$ <u>388.43</u>                   |  |  |  |  |
| 29441 John R Road<br>Madison Heights, MI 48071                                    |   | Here for Memo I  | temization Type                    |  |  |  |  |
| Fund Raiser   | debt or obligation reported on previous statement   |  |                                    |  |  |  |  |
| Expenditure #5  |   | and the state of t |                                    |  |  |  |  |
| Name Rebecca Lazarus Address 7375 F. Joy Boad                                     | Purpose;  | 11/20/20<br>Date   | \$ <u>94.47</u>                    |  |  |  |  |
| 7375 E Joy Road<br>Ann Arbor, MI 48105  | Click Check box if this expenditure is payment of debt or obligation reported on previous statement                       |  | Itemization Type                   |  |  |  |  |
|   | Subte   | otal this page   | \$2,525.64                         |  |  |  |  |
|   | Grand Total of all<br>(Complete on last pag   |  | \$2,525.64                         |  |  |  |  |

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_



## **ITEMIZED IN-KIND CONTRIBUTIONS**

#### **SCHEDULE 1-IK**

1. Committee I. D. Number <u>C20</u>16146

| C, | Α | N | D | ID | Α | T | Έ | C | O | V | V | 1 | Π | ГΤ | E | E |
|----|---|---|---|----|---|---|---|---|---|---|---|---|---|----|---|---|
|    |   |   |   |    |   |   |   |   |   |   |   |   |   |    |   |   |

2. Committee Name Committee to Elect Rebeccca Lazarus

| CANDIDATE COIVIN  | /IIIIEE 2. Committee Name   |                                      |  |
|---|---|--------------------------------------|--|
| 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<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
| Contribution # 1 PAC Receipt? 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:  | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN  Description Campaign Office Supplies  5. Date Of Receipt: 10/29/20  6. Vendor Name & Address: | 15.87                                | \$ 15.87   |
| Contribution # 2 PAC Receipt? Yes Name & Address Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105  | Goods or Services Purchased by Candidate or Others-LOAN   | 50.00                                | \$ 50.00   |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  Fund Raiser Contribution   | Description Ann Arbor NAACP Annual Fund Dinner Ticket  5. Date Of Receipt: 10/23/20  6. Vendor Name & Address:  NAACP - Ann Arbor  P.O. Box 3399  Ann Arbor, MI 48106                                     | lick Here for Memo I                 | temization   |
| Contribution #3 PAC Receipt? Yes Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Self-Employeed Employer Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105  Fund Raiser Contribution | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Volunteer Expense - Food  5. Date Of Receipt: 11/06/20  6. Vendor Name & Address:  | 00.00 \$                             | 200.00 temization  |
|   | Page Subtota  | Ψ200.07                              | \$265.87   |
|   | Grand Total of all Schedules 1-   | \$643.80                             |  |

(Complete on last page of Schedule)

Enter this total on line 6 of Summary

Page 1 of 3



# ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2016146

| CANDIDATE COMMI | TT | EE |
|-----------------|----|----|
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2. Committee Name Committee to Elect Rebeccca Lazarus

| CANDIDATE COMM   | ITTEE 2. Committee Name   |                                      |  |
|--|---|--------------------------------------|--|
| 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<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
| Contribution # 1 PAC Receipt? 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:   | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Volunteer Food  5. Date Of Receipt: 11/06/20 6. Vendor Name & Address: | 56.70                                | 56.70  |
| Contribution # 2 PAC Receipt? Yes Name & Address Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:   | Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description Volunteer Food  Description O1/25/19  Wendor Name & Address:        | \$19.75 \$                           | 49.75  |
| Contribution #3 PAC Receipt? Yes Name & Address: Rebecca Lazarus 7375 E Joy Road Ann Arbor, MI 48105 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:   | Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Description Campaign Materials  5. Date Of Receipt: 11/09/20  6. Vendor Name & Address: | 3.60 \$                              | 28.60  |
| Fund Raiser Contribution   | Page Subtota  | \$135.05                             | \$265.87   |
|  | Grand Total of all Schedules 1-II<br>(Complete on last page of Schedule   | Landara and i                        |  |

on line 6 of Summary Page

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### **ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK**

1. Committee I. D. Number C2016146

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|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|---|--|---|---|---|---|
|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|---|--|---|---|---|---|

Committee to Elect Rebeccca Lazarus

| CANDIDATE COMN  | AITTEE 2. Committee Name   | 7.110000000                          |  |
|---|--|--------------------------------------|--|
| 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<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
| Contribution # 1 PAC Receipt? Yes Name & Address: CKA2-PAC 3023 Aspen Lane Ann Arbor, MI 48108 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:   | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ✓ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description 1/3 contribution of joint campaign Lazarus Johnson Cole  5. Date Of Receipt: 11/25/20 | 76.22                                | <sub>\$</sub> 76.22  |
| Fund Raiser Contribution  | 6. Vendor Name & Address: Kelly Collison 1114 E Kalamazoo St Lansing, MI 48912   | ick Here for Memo II                 | temization   |
| Contribution # 2 PAC Receipt? Yes Name & Address  CKA2-PAC  3023 Aspen Lane Ann Arbor, MI 48108   | 4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☑ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN  | 166.66                               | 931.66   |
| If over \$100.00 cumulative, please provide: Occupation: Teacher Employer Name & Address:   | Description 1/3 contribution of joint campaign Lazarus Johnson Cole  5. Date Of Receipt: 11/25/20  6. Vendor Name & Address: Peter Ways 815 Mt. Pleasant Ave   | ick Here for Memo It                 | temization   |
| Fund Raiser Contribution  | Ann Arbor, MI 48103  |                                      |  |
| Contribution #3 PAC Receipt? Yes Name & Address:  | 4.   | \$                                   |  |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:   | Description  5. Date Of Receipt:  6. Vendor Name & Address:  | ick Here for Memo It                 | temization   |
| Fund Raiser Contribution  | Page Subtotal  | \$242.88                             | \$1,007.88   |
|   | Grand Total of all Schedules 1-Ik<br>(Complete on last page of Schedule  | \$643.80                             | , , , , , , , , ,  |

Enter this total on line 6 of Summary Page

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