



**POLITICAL PARTY 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.

<p>1. Committee I.D. Number</p> <p>2. Committee Name</p>	<p>3. This Statement covers</p> <p>From: _____ To: _____</p> <p>4. Committee's Mailing Address:</p> <p>Area Code & Phone _____</p> <p>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.</p>	
<p>5. Treasurer's Name & Residential Address</p> <p style="text-align: right;">Area Code & Phone _____</p>		
<p>6. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)</p> <p style="text-align: right;">Area Code & Phone _____</p>		
<p>7. TYPE OF STATEMENT</p> <p>7a. PRE-ELECTION</p> <p>OR</p> <p>7b. POST ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p>PRIMARY GENERAL</p> <p>SCHOOL SPECIAL</p> <p>CONVENTION CAUCUS</p> <p style="text-align: center;">Date of Election _____</p>	<p>7c. ANNUAL STATEMENT</p> <p style="text-align: center;">() Coverage Year)</p> <p>7d. AMENDMENT TO CAMPAIGN STATEMENT</p> <p>Complete Items 7a, 7b, 7c or 7e to indicate which Statement is being amended</p> <p style="text-align: center;">JULY QUARTERLY</p> <p style="text-align: center;">OCTOBER QUARTERLY</p>	<p>7e. DISSOLUTION OF COMMITTEE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Effective Date of Dissolution</p> <p>By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B.</p>

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 2, 4, 5, or 6 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.**

8. 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	/	/	/
	Type or Print Name	Signature	Date
Designated Record Keeper			
	Type or Print Name	Signature	Date

COMPLETING POLITICAL PARTY COMMITTEE COVER PAGE

Item 3: CAMPAIGN STATEMENT COVERAGE PERIOD. Enter the dates covered by the Campaign Statement.

Item 4: COMMITTEE MAILING ADDRESS. Enter the committee mailing address and telephone number.

Item 5: TREASURER'S NAME AND ADDRESS. Enter the committee treasurer's full name, residential or business address and a phone number where the treasurer may be reached during business hours.

Item 6: DESIGNATED RECORD KEEPER. If the committee has a designated record keeper, enter his or her full name, mailing address and telephone number.

Item 7: TYPE OF STATEMENT. Check the appropriate boxes to indicate the type of Campaign Statement being filed. For a pre or post-election statement, include the date of the election in the space provided.

Item 8: VERIFICATION. The treasurer or designated record keeper must verify that all reasonable diligence was used in the completion of the Campaign Statement and attached Schedules and that the contents of the Statement are true, accurate and complete to the best of their knowledge and belief. Enter the treasurer's or the designated record keeper's name, signature and date where indicated



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 3A
POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

If contribution is from an individual, enter last name first and street address. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, street address and treasurer's name. Report <u>all</u> contributions, regardless of amount.	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt _____ Contributor Name & Address: _____ <div style="text-align:right; margin-right: 50px;">\$ _____</div> <div style="text-align:right; margin-right: 50px;">\$ _____</div>		
If from a committee, enter the committee treasurer's Name: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt _____ Contributor Name & Address _____ <div style="text-align:right; margin-right: 50px;">\$ _____</div> <div style="text-align:right; margin-right: 50px;">\$ _____</div>		
If from a committee, enter the committee treasurer's Name: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person		
3. Contribution # 3 Is this contribution from a PAC? YES 4. Date of Receipt _____ Contributor Name & Address: _____ <div style="text-align:right; margin-right: 50px;">\$ _____</div> <div style="text-align:right; margin-right: 50px;">\$ _____</div>		
If from a committee, enter the committee treasurer's Name: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person		
3. Contribution # 4 Is this contribution from a PAC? YES 4. Date of Receipt _____ Contributor Name & Address _____ <div style="text-align:right; margin-right: 50px;">\$ _____</div> <div style="text-align:right; margin-right: 50px;">\$ _____</div>		
If from a committee, enter the committee treasurer's Name: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: Direct Loan from a person		

Page Subtotal

Grand Total of All Schedules 3A
(Complete on last page of Schedule)

COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3A, ITEMIZED CONTRIBUTIONS

Item 3: CONTRIBUTOR'S NAME AND ADDRESS. For individuals, enter the contributor's last name, first name and middle initial (if any) and address. If the individual's cumulative contributions for the calendar year (through the date of this contribution) exceed \$100.00, also enter the name of the contributor's employer, the individual's occupation and the address of their principal place of business. For a committee, group, business, firm or any other type of organization, report the name and address. If you have confirmed that a business is not incorporated, indicate this in any open space available in the box. Note example below. For a partnership that has requested attribution to individual partners, report the individuals' names and street addresses with their proportion of the contribution. Do not report the name of the partnership. For a committee (Candidate, Political, Independent, or Political Party), report the committee name, address and treasurer's name. Do not enter the name of the person who signed the check if other than the treasurer. If the contribution is from a Political or Independent Committee, check the box to indicate that it is a "PAC Receipt". If the contribution is from any source that is not a Political or Independent Committee, leave the box unmarked.

MEMO ITEMIZATIONS: For a person or group that is not a registered committee, or if the contribution is from an out-of-state committee that is not registered in Michigan, report the name and address of the group or committee on Schedule 3A with the notation "Memo Itemization Below". In the spaces immediately following this entry, enter the name, street address, date and amount for each individual whose contribution was a part of the total contribution and enter the notation "Memo Itemization" as shown in the example below.

NON-REPORTABLE FUNDS: Funds donated to a Political Party Committee that are clearly designated by the contributor as intended for "non-political" or "administrative" purposes should not be placed into the account used by the Political Party Committee for candidate or ballot question support or opposition and should not be reported on a Campaign Statement.

Item 4: TYPE OF CONTRIBUTION. Check the appropriate box to indicate the type of contribution: If the contribution is receipt of money, check the "**Direct**" box. If the contribution is a loan of money from a person who expects to be repaid, check both the "**Direct**" box and the "**Loan from a person**" box. Also enter the person's name, street address, date and amount on Schedule 3E, Debts and Obligations if the loan has not been repaid by the close of the reporting period for the current Campaign Statement.

Item 5: DATE OF RECEIPT. Enter the date the contribution was received by the committee treasurer, designated record keeper or other agent of the committee. Do not enter the date the check was written or the date the contribution was deposited. A contribution is *received by a committee* on the date that the monetary funds, written instrument, or in-kind contribution of goods from the contributor have come into the *physical possession of the committee treasurer, designated record keeper or other person acting as an agent of the committee*. Only report on Schedule 3A the contributions that were received during the period covered by the Campaign Statement.

Item 6: AMOUNT OF CONTRIBUTION. Enter the amount of the contribution. Each contribution must be listed separately, even if two or more contributions are received from the same person.

Item 7: CUMULATIVE FOR THE CALENDAR YEAR. Enter the cumulative amount of all contributions from this contributor for the calendar year. Include all contributions received from the contributor through the date of this contribution, including in-kind contributions.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED OTHER RECEIPTS
SCHEDULE 3A-1
POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #2 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #3 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #4 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #5 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #6 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
Receipt #7 Name & Address: _____	Date of Receipt _____	Loan from a Lending Institution Interest Refund \Rebate Other (Specify) _____	\$ _____
			Page Subtotal Grand Total of All Schedules 3A -1 (Complete on last page of Schedule)

COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3A-1, ITEMIZED OTHER RECEIPTS

Item 3: NAME. Enter the name and address of the person from whom the money was received.

Item 4: DATE OF RECEIPT. Enter the date the money was received by the committee treasurer, designated record keeper or other agent designated by the treasurer.

Item 5: TYPE OF RECEIPT. Check the appropriate box to indicate the type of "Other Receipt:" a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit or "other." If "other", provide a brief description in the space provided, such as "Return of excess contribution."

Item 6: AMOUNT. Enter the total amount of the receipt.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 3-IK
POLITICAL PARTY COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. If contribution is from an individual enter last name first. Check box to indicate if contribution is from a Political Committee or Independent Committee (PAC). Report <u>all</u> in-kind contributions regardless of amount.	4. Type of In-Kind Contribution 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 Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? YES Name & Address: _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated \$ _____ \$ _____ Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____	Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution # 2 PAC Receipt? YES Name & Address: _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated \$ _____ \$ _____ Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____	Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution # 3 PAC Receipt? YES Name & Address: _____	4. Loan endorsement or guarantee Goods Donated or Loaned Services Donated \$ _____ \$ _____ Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN		
If over \$100.00 cumulative, please provide: Occupation: _____ Employer Name & Address: _____	Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal

Grand Total of all Schedules 3-IK
(Complete on last page of Schedule)

**COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3-IK, ITEMIZED IN-KIND
CONTRIBUTIONS**

Item 3: CONTRIBUTOR'S NAME. For individuals, enter the contributor's last name, first name and middle initial (if any), street address. If the individual's cumulative contributions for the calendar year (through the date of this contribution) exceed \$100.00, also enter the name of the contributor's employer, the individual's occupation and the address of their principal place of business. For a committee, group, business, firm or any other type of organization, report the name, address. If you have confirmed that a business is not incorporated, use the occupation/employer space to indicate "Not incorporated." For a committee (Candidate, Political, Independent or Political Party), report the committee name, treasurer's name, and committee address. Do not enter the name of the person who signed the check if other than the treasurer. If the contribution is from a Political or Independent Committee, check the box to indicate that it is a "PAC Receipt." If the contribution is from any source that is not a Political or Independent Committee, leave the box unmarked.

MEMO ITEMIZATION: For a partnership or limited liability company that has requested attribution to individual partners or members report the individuals' names and street addresses with their proportion of the contribution. Do not report the name of the partnership or company. For a person or group that is not a registered committee, or if the contribution is from an out-of-state committee that is not registered in Michigan, report the name and address of the contributing group or committee on Schedule 3-IK with the notation "Memo Itemization Below" written above the name of the contributor. In the spaces for the next contribution records immediately following this entry, enter the notation "Memo Itemization" and the name, street address, date and amount for each individual whose contribution was a part of the total contribution.

Item 4: TYPE OF CONTRIBUTION. Check one of the boxes to indicate the category of the in-kind contribution. Loan endorsement or guarantee (Use only for loans from financial institutions; place the name and address of the financial institution in the space provided for vendor name and address. Also complete the endorsement section of Schedule 3E, Debts and Obligations); Goods donated or loaned; Goods or services purchased by others (also complete vendor name and address); Goods or services purchased by others-Loan (also complete vendor name and address and Schedule 3E, Debts and Obligations). Provide a brief description of the goods or services in the space provided.

Item 5: DATE OF RECEIPT. Enter the date the contribution was received by the committee. *An in-kind contribution is considered to be received by the committee on the date the committee treasurer, designated record keeper or other person acting as an agent of the committee receives verbal or written notice from the contributor that the contribution has, in fact, been made.* The date must be within the coverage period of the Campaign Statement.

Item 6: VENDOR NAME AND ADDRESS. If the in-kind contribution consists of goods or services purchased on behalf of the committee by another person, enter the name and address of the vendor or person from whom the purchase was made. If the in-kind contribution is the endorsement or guarantee of a loan from a financial institution, enter the name and address of the bank, savings and loan or credit union from which the loan was obtained.

Item 7: AMOUNT. Enter the fair market value of the contribution; if the goods or services were purchased, enter the purchase price.

Item 8: CUMULATIVE FOR THE CALENDAR YEAR. Enter the cumulative amount of all contributions from this contributor for the calendar year. Include all contributions received from the contributor through the date of this contribution, including direct and in-kind contributions.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 3B
POLITICAL PARTY COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
Expenditure #2 Name & Address: 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____
Expenditure #3 Name & Address: 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____	\$ _____

Subtotal this page

Grand Total of all Schedules 3B
(Complete on last page of Schedule)

COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3B, ITEMIZED EXPENDITURES

Item 3: NAME AND ADDRESS OF PERSON PAID. Enter the name and address of each Candidate Committee, Ballot Question Committee, Political Committee, Independent Committee or other Political Party Committee to which the committee made a direct expenditure in any amount during the period covered by the Campaign Statement.

Item 4: PURPOSE OF EXPENDITURE. Describe the purpose of the expenditure. This item is required.

Item 5: CANDIDATE OR BALLOT QUESTION INFORMATION. If the expenditure was made to a Candidate Committee, enter the candidate's name, office sought, district number or name of jurisdiction served by the office, and the county of residence of the candidate. If the expenditure was made to a Ballot Question Committee, include the name or number assigned to the proposal, and indicate whether it is a statewide, multi-county or single-county issue. If it is a single-county issue, list the name of the county involved. If it is a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside. Check the "**Payment of debt or obligation reported on previous statement**" box if the expenditure was made to repay a debt or obligation that was reported as outstanding on a previous Campaign Statement.

Item 6: DATE OF EXPENDITURE. Enter the date the expenditure (check, money order, wire transfer, etc.) was written from the committee's political bank account. **All expenditures over \$50.00 must be made by written instrument.**

Item 7: AMOUNT OF EXPENDITURE. Enter the full amount of the expenditure.

Item 8: CUMULATIVE FOR ELECTION OR ELECTION CYCLE. If the expenditure was made to a Candidate Committee, enter the cumulative amount of all direct or in-kind expenditures made by the committee through the date shown in Item 6 in support of that candidate during the candidate's election cycle.

A candidate's current election cycle began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which that office will appear on the ballot.

If the expenditure was made to a Ballot Question Committee, enter the cumulative amount the committee has expended in support of the proposal for the current election through the date shown in Item 6. The cumulatives for a ballot proposal are "for the election."



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 3B-1
POLITICAL PARTY COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report independent expenditures for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for the Election or Election Cycle
Expenditure #1 Name & Address: _____ 4. Purpose: _____ Support <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	_____ Date	\$ _____ \$ _____	
Expenditure #2 Name & Address: _____ 4. Purpose: _____ Support <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	_____ Date	\$ _____ \$ _____	
Expenditure #3 Name & Address: _____ 4. Purpose: _____ Support <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	_____ Date	\$ _____ \$ _____	

Subtotal this page

Grand Total of all Schedules 3B-1
(Complete on last page of Schedule)

COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3B-1,
ITEMIZED INDEPENDENT EXPENDITURES

Item 3: NAME AND ADDRESS OF PERSON PAID. Enter the name and address of each individual or business to whom the committee made an independent expenditure in any amount during the period covered by the Campaign Statement to support or oppose a candidate or ballot question.

MEMO ITEMIZATION: If the expenditure requires further itemization, the breakdown must be shown by using MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written in the space below the date and the amount. Complete the entry. In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and complete the entry. Repeat until the itemization is complete for expenditure being itemized.

Item 4: PURPOSE. Describe the purpose of the expenditure. This is a required item.

Item 5: CANDIDATE. If the expenditure was made to support or oppose a Candidate Committee, enter the candidate’s name, office sought, district number or name of jurisdiction served by the office, and the county of residence of the candidate.

BALLOT QUESTION. If the expenditure was made to support or oppose a Ballot Question Committee or issue, include the name or number assigned to the proposal, and indicate whether it is a statewide, multi-county or single-county issue. If it is a single-county issue, list the name of the county involved. If it is a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside.

Item 6: DATE OF EXPENDITURE. Enter the date the expenditure (check, money order, wire transfer, etc.) was written from the committee’s political bank account. **All expenditures over \$50.00 must be made by written instrument.**

Item 7: AMOUNT OF EXPENDITURE. Enter the full amount of the expenditure.

Item 8: CUMULATIVE FOR ELECTION OR ELECTION CYCLE. If the expenditure was made to support or oppose a Candidate Committee, enter the cumulative amount of all expenditures made by the committee through the date shown in Item 6 in support or opposition to that candidate during the candidate’s election cycle. *A candidate’s current election cycle began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which that office will appear on the ballot.* If the expenditure was made to support or oppose a Ballot Question Committee, enter the cumulative amount the committee has expended in support or opposition of the proposal for the current election through the date shown in Item 6. The cumulatives for a ballot proposal are “for the election.”



MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 3B-2
POLITICAL PARTY COMMITTEE

1. Committee I. D. Number _____

2 Committee Name _____

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 or boxes) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount of 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 or Election Cycle (Through date in Item 5)
Expenditure #1 Name & Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	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: _____	\$ _____	\$ _____	\$ _____
Expenditure #2 Name & Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	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: _____	\$ _____	\$ _____	\$ _____
Expenditure #3 Name & Address: _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal	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: _____	\$ _____	\$ _____	\$ _____

Page Subtotal

Grand Total of all Schedules 3B-2
 (Complete on last page of Schedule

COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3B-2,
ITEMIZED IN-KIND EXPENDITURES

Item 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.

If the goods or services were purchased for or donated or loaned to a Candidate Committee, enter the name and address of the committee, the candidate's name, office sought (including the district number or jurisdiction), and the candidate's county of residence. If the goods or services were purchased for, donated or loaned to a Ballot Question Committee, enter the name and address of the committee and provide a brief description of the ballot proposal involved.

Item 4: TYPE OF IN-KIND EXPENDITURE. Indicate the type of in-kind expenditure by checking the appropriate box. Describe the goods or services in the space provided. Loan endorsement or guarantee – if the Political Party Committee guaranteed the repayment of a loan a Candidate or Ballot Question Committee obtained from a financial institution. Goods donated or loaned – if the Political Party Committee permitted a Candidate or Ballot Question Committee to use some materials, supplies, facilities or other non-monetary assets owned by the Political Party on a temporary or permanent basis. Services donated – if the Political Party Committee provided services to a Candidate or Ballot Question Committee at no cost or at a discount. Goods or services purchased – if the Political Party Committee purchased goods or services for a Candidate or Ballot Question Committee.

Item 5: DATE OF EXPENDITURE. Enter the date the funds were spent or the goods or services were made available to the recipient committee.

Item 6: VENDOR NAME AND ADDRESS. If the goods or services were purchased by the Political Party Committee on behalf of the recipient committee, enter the name and address of the vendor (business or person) who was actually paid for the goods or services. If goods or services were provided, donated or loaned, but no money was spent, leave this item blank.

Item 7: AMOUNT OF MONEY SPENT. Enter the amount paid if goods or services were purchased. If no money was spent, leave this item blank.

Item 8: FAIR MARKET VALUE. Enter the amount of the loan endorsed or guaranteed, or the fair market value of the goods or services donated or loaned to a committee. You may use the price the recipient committee would have had to pay to rent or purchase the goods or services directly. The depreciated value of capital assets may be used if the fair market value cannot be determined in any other way.

Item 9: CUMULATIVE FOR ELECTION OR ELECTION CYCLE. Enter the cumulative expenditures for the election cycle for each listed Candidate Committee. Enter the cumulative expenditures for the election for each listed Ballot Question Committee. Add the value of in-kind expenditures to or for the recipient committee to direct expenditures during the election (Ballot Question Committee) or election cycle (Candidate Committee) through the expenditure reported here. Cumulative expenditures are accumulated in date order.



**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE B - G
POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES**

1. Committee I.D. Number _____

2. Committee Name _____

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:	a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers f. Get-Out-The Vote Activity (Specify):	_____	\$ _____
For Activity Type b - f, check one: In-Kind Independent		Date	
If in support of, or in opposition to, a ballot proposal or candidate, check one: Support Oppose			
Check box if expenditure is payment on debt or obligation reported on previous statement	Cumulative for Candidate or Ballot Proposal \$ _____		
Candidate Name _____	Office Sought & District # or Jurisdiction _____	Candidate's County _____	
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	
Expenditure #2 Name & Address:	a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers f. Get-Out-The Vote Activity (Specify):	_____	\$ _____
For Activity Type b - f, check one: In-Kind Independent		Date	
If in support of, or in opposition to, a ballot proposal or candidate, check one: Support Oppose			
Check box if expenditure is payment on debt or obligation reported on previous statement	Cumulative for Candidate or Ballot Proposal \$ _____		
Candidate Name _____	Office Sought & District # or Jurisdiction _____	Candidate's County _____	
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	
Expenditure #3 Name & Address:	a. Election Day Busing of Voters To The Polls b. Slate Cards c. Challengers d. Poll Watchers e. Poll Workers f. Get-Out-The Vote Activity (Specify):	_____	\$ _____
For Activity Type b - f, check one: In-Kind Independent		Date	
If in support of, or in opposition to, a ballot proposal or candidate, check one: Support Oppose			
Check box if expenditure is payment on debt or obligation reported on previous statement	Cumulative for Candidate or Ballot Proposal \$ _____		
Candidate Name _____	Office Sought & District # or Jurisdiction _____	Candidate's County _____	
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	

Subtotal this page

Grand Total of all Schedules B-G
(Complete on last page of Schedule)
Enter this total on Line Summary Page

COMPLETING POLITICAL PARTY SCHEDULE B-G, GET-OUT-THE-VOTE ACTIVITIES

Item 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE. Enter the complete address of each person paid for get-out-the-vote activities.

MEMO ITEMIZATION: If the expenditure is in support of, or in opposition to, more than one candidate, or multiple ballot proposals, or a combination of candidates and proposals (as in slate cards), the cost must be allocated to each candidate or proposal, using MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written in the space below the date and the amount. Complete the entry. In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the name of the candidate or ballot proposal involved. Complete the entry. Report the allocated amount for the candidate or proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that candidate (for the election cycle) or that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is complete for each candidate or proposal related to the expenditure being itemized.

Item 4: TYPE OF ACTIVITY. Check the appropriate box to indicate the type of activity for which the expenditure was made. For get-out-the-vote activity and voter registration expenditures that are not specifically listed on the schedule, specify the particular activity in the space provided. Indicate, by checking the appropriate box, whether the expenditure is “in-kind” or “independent”, and whether the expenditure is in support or in opposition to a candidate or ballot proposal. If the expenditure was related to only one candidate, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name, office sought, district number or jurisdiction and the county of residence of the candidate, and the election cycle cumulative expenditures for that candidate through the date of this expenditure. If the expenditure is in support of, or in opposition to, a specific ballot proposal, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name of the proposal and indicate whether it is a proposal to be voted on statewide or locally. If locally (county, city, township, village, school district), indicate the name of the county where the voters will vote on the proposal. If the proposal will be voted on in more than one county, but not statewide, indicate the county with the greatest number of voters eligible to vote on the proposal.

Please Note: **For cumulative expenditures related to a candidate:** if the committee checks the in-kind box, the cumulative must reflect all direct and in-kind expenditures made to that candidate through the date of the expenditure being itemized. Independent expenditures related to that candidate are accumulated separately. **For cumulative expenditures related to a ballot proposal:** Accumulate direct, in-kind and independent expenditures together through the date of the expenditure being itemized. If the person listed here paid other persons or vendors, detail information must be reported using Memo Itemizations

Item 5: DATE. Enter the date on which the expenditure was made to the entity in Item 3.

Item 6: AMOUNT. Enter the total amount paid to the entity in Item 3.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 3E

POLITICAL PARTY COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

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 (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes <input type="checkbox"/>	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____		FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes <input type="checkbox"/>	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____		FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes <input type="checkbox"/>	4. Type: _____ 5. <u>Date Debt Was Incurred</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____		FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 3E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

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.

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

COMPLETING POLITICAL PARTY COMMITTEE SCHEDULE 3E, DEBTS AND OBLIGATIONS

Check **box a** if this Schedule 3E will be used to list debts and obligations owed by or forgiven the committee. Check **box b** if this Schedule 3E will be used to list debts and obligations owed to or forgiven by the committee. *Do not place debts and obligations owed by or forgiven the committee on the same Schedule 3E that shows debts and obligation owed to or forgiven by the committee.*

Item 3: NAME AND MAILING ADDRESS:

DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE:

Enter the name and mailing address of any person, vendor or financial institution that: the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee. **DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE:**

Enter the name and mailing address of any person, vendor or financial institution that: owed to the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or during the period covered by the Campaign Statement as owed to the committee. Check the box to indicate whether the debt is owed to an incorporated business. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

Item 4: TYPE OF OBLIGATION: Describe the debt or obligation.

Item 5: DATE DEBT WAS INCURRED: Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

Item 6: ORIGINAL AMOUNT OF DEBT: Enter the original of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

Item 7: DATES AND AMOUNTS OF PAYMENTS: Enter the amount and the date of each payment on the debt or obligation.

Item 8: CUMULATIVE PAYMENTS: Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

Item 9: OUTSTANDING BALANCE: Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven. If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9. Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 3A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 3-IK). An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee. **DO NOT ADD FORGIVEN DEBT INTO THE SUBTOTALS OR GRAND TOTAL.**