

Campaign Finance Complaint Form
Michigan Department of State

2020 SEP 29 PM 1:19

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*). All information on the form must be provided along with an original signature and evidence. **Please print or type all information.**

I allege that the MCFA was violated as follows:

Section 1. Complainant		
Your Name	Daytime Telephone Number	
Brandon Vance	574-340-8585	
Mailing Address		
16384 Rynearson Rd		
City	State	Zip
Buchanan	MI	49107

Section 2. Alleged Violator		
Name		
Lora Freehling		
Mailing Address		
5830 Wacker Dr		
City	State	Zip
Stevensville	MI	49127

Section 3. Alleged Violations (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated:

Appendix L - Independent Contractors / MCL 169.243

Explain how those sections were violated:

Sharkbyte Consulting & Design was hired for services listed as mailer & printing, 4x4 signs, yard signs but no list of expenditures made by the consulting firm was provided. There are no indications that sharkbyte consulting & design produces these products. While there is evidence a third party company named Allegra Print & Imaging produced some materials.

Evidence that supports those allegations (attach copies of pertinent documents and other information):

Photos of stamp used by Allegra Print & Imaging.

Disclosures first requested on August 17, 2020. Full report was not available until September 16th, 2020.

Section 4. Certification (Required)

I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.

X


Signature of Complainant

September 17, 2020
Date

Section 5. Certification without Evidence (Supplemental to Section 4)

Section 15(6) of the MCFA (MCL 169.215) requires that the signed certification found in section 4 of this form be included in every complaint. However, if, after a reasonable inquiry under the circumstances, you are unable to certify that certain factual contentions are supported by evidence, you may also make the following certification:

I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:

X

Signature of Complainant

Date

Section 15(8) of the MCFA provides that a person who files a complaint with a false certification is responsible for a civil violation of the MCFA. The person may be required to pay a civil fine of up to \$1,000.00 and some or all of the expenses incurred by the Michigan Department of State and the alleged violator as a direct result of the filing of the complaint.

Mail or deliver the completed complaint form with an **original signature and evidence** to the following address:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918

COMPLAINT PROCESS

Section 15 of the MCFA governs the filing and processing of complaints. If you believe someone has violated the MCFA, you may file a written complaint. The complaint **must** include all of the following:

- Your name, address and telephone number.
- The alleged violator's name and address.
- A description in reasonable detail of the alleged violation, including the section or sections of the MCFA you believe were violated, an explanation of how you believe the MCFA was violated, and any other pertinent information.
- Evidence which supports your allegations.
- A certification that:

To the best of your knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of the complaint is supported by evidence.

- If after a reasonable inquiry under the circumstances, you are unable to certify that certain specifically identified factual contentions of the complaint are supported by evidence, you may also certify that:

To the best of your knowledge, information, or belief, there are grounds to conclude that those specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry.

- Your signature immediately after the certification or certifications.

WARNING: Section 15(8) of the MCFA (MCL 169.215) provides that a person who files a complaint with a false certification is responsible for a civil violation of the MCFA. Under section 15(16) of the MCFA (MCL 169.215), the Secretary of State may require a person who files a complaint with a false certification to:

- Pay the Department some or all of the expenses incurred by the Department as a direct result of the filing of the complaint.
- Pay the alleged violator some or all of the expenses, including, but not limited to, reasonable attorney fees, incurred by that person as a direct result of the filing of the complaint.
- Pay a civil fine of up to \$1,000.00.

A complaint may be dismissed if any required information is not included, or if the complaint is determined to be frivolous, illegible, or indefinite. All parties are notified of dismissed complaints.

When a complaint meets the above requirements, the Department notifies the alleged violator that a complaint has been filed and provides a copy of the complaint. The alleged violator will have an opportunity to file a response. The complaint filer will have an opportunity to file a rebuttal to any response. All parties receive periodic reports concerning the actions taken by the Department on a complaint.

If the Department finds no reason to believe that the allegations are true, the complaint will be dismissed.

If the Department finds that there may be reason to believe your allegations are true, the Department must attempt to correct the violation or prevent further violations by informal methods such as a conference, conciliation, or persuasion, and may enter into a conciliation agreement with the alleged violator.

If the Department is unable to correct the violation or prevent further violations informally, an administrative hearing may be held to determine whether a civil violation of the MCFA has occurred, or the matter may be referred to the Attorney General for the enforcement of criminal penalties. An administrative hearing could result in the assessment of a civil penalty. Such a hearing would be conducted in accordance with the Michigan Administrative Procedures Act. An order issued as a result of such a hearing may be appealed to the appropriate circuit court.

Accepted complaints and all supporting documentation including responses and rebuttal statements are made available on the Department's website as required by the MCFA at the conclusion of the process.

Questions? Contact us at:

Michigan Department of State
Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, Michigan 48918
Phone: 517-373-2540
Email: Disclosure@Michigan.gov

**VOTE
August
4th**

Paid for by:
CTE Lora Freehling
5830 Wacker Drive
Stevensville, MI 49127



**Lora
Ghoadtke
Freehling**
Our Register of Deeds

6660 THE SCH 5-DIGIT 49038 T6
HOUSEHOLD OR CURRENT RESIDENT
STEVENSVILLE MI 49127-9628

PRINTED
U.S. POSTAGE AND
ALLEGRA PRINT & IMAGING


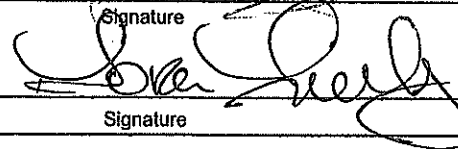


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

1. Committee I.D. Number 140970		3. This Statement covers From: <u>07/20/20</u> to <u>08/24/20</u>	
2. Committee Name CTE Lora Freehling		4. Candidate Last Name Freehling First Name Lora M.I. L 4a. Office Sought Including District # or Community Served (If applicable) Register of Deeds	
5. Committee's Mailing Address 5830 Wacker Dr Stevensville, MI 49127 Area Code and Phone <u>(269) 428-0642</u> 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.		4b. County of Residence BERRIEN 6. Treasurer's Name & Residential Address Michael Freehling 5830 Wacker Dr Stevensville, MI 49127 Area Code & Phone <u>(269) 428-0642</u>	
7. Treasurer's Business Address n/a Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) n/a Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/04/20</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Michael Freehling Type or Print Name		Signature  Date <u>09/01/2020</u>	
Candidate Lora Freehling Type or Print Name		Signature  Date <u>09/01/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140970

2. Committee Name CTE Lora Freehling

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>550.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$550.00</u>	(18.) \$ <u>\$550.00</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>\$550.00</u>	(20.) \$ <u>\$550.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$50.00</u>	(21.) \$ <u>\$50.00</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>\$423.45</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>\$423.45</u>	(23.) \$ <u>\$423.45</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>\$926.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$550.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$1,476.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$423.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,052.55</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140970
2. Committee Name CTE Lora Freehling

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/24/20</u> Name & Address: Realtors Political Action Committee of Michigan 720 N. Washington Ave Lansing, MI 48906		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Memo Itemization Below	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/14/20</u> Name & Address: Krieger, Blanche 4697 Sawyer Rd Sawyer, MI 49125		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$550.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$550.00**

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140970

2. Committee Name CTE Lora Freehling

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Business Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Advertising</u> 5. Date Of Receipt: <u>07/25/20</u> 6. Vendor Name & Address: Facebook, Inc Attn: Community Support 1 Facebook Way Menlo Park, CA 94025 Click Here for Memo Itemization	\$ <u>25</u>	\$ <u>25</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Advertising</u> 5. Date Of Receipt: <u>01/1/2020</u> 6. Vendor Name & Address: Facebook, Inc Attn: Community Support 1 Facebook Way Menlo Park CA 94025 Click Here for Memo Itemization	\$ <u>25</u>	\$ <u>50</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$

Page Subtotal

\$50.00

\$50.00

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

\$50.00

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140970
2. Committee Name CTE Lora Freehling

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sharkbyte Consulting & Design Address PO Box 216 Allegan, MI 49010-0216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Robocall</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/20</u> Date	\$ <u>423.45</u>
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			\$423.45
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$423.45

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 01/12/20 to 07/22/20

1. Committee I.D. Number

140970

4. Candidate Last Name

Freehling

First Name

Lora

M.I.

L

2. Committee Name

CTE Lora Freehling

4a. Office Sought Including District # or Community Served (If applicable)

Register of Deeds

4b. County of Residence **BERRIEN**

5. Committee's Mailing Address

5830 Wacker Dr
Stevensville, MI 49127

6. Treasurer's Name & Residential Address

Michael Freehling
5830 Wacker Dr
Stevensville, MI 49127

Area Code and Phone (269) 428-0642

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.

Area Code & Phone (269) 428-0642

7. Treasurer's Business Address

n/a

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

n/a

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Michael Freehling

Type or Print Name

Signature

Date

9/1/2020

Candidate Lora Freehling

Type or Print Name

Signature

Date

9/1/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140970

2. Committee Name CTE Lora Freehling

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2,370.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2,370.00</u>	(18.) \$ <u>2,370.00</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>\$2,370.00</u>	(20.) \$ <u>\$2,370.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$8,874.59</u>	(21.) \$ <u>\$8,874.59</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>\$1,444.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,444.00</u>	(23.) \$ <u>\$1,444.00</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>\$6,400.00</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,370.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,370.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,444.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$926.00</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140970

2. Committee Name CTE Lora Freehling

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/05/20</u>	
Name & Address: Freehling, Olivia A. 5830 Wacker Dr Stevensville, MI 49127		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>03/18/20</u>	
Name & Address: Pscholka Results PAC 4677 S. Cedar Tr Stevensville, MI 49127		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>same</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>03/19/20</u>	
Name & Address: Tretheway, Bernice 5572 Donald Stevensville, MI 49127		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/14/20</u>	
Name & Address: Tretheway, Bernice 5572 Donald Stevensville, MI 49127		\$ <u>25</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$320.00

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140970
2. Committee Name CTE Lora Freehling

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>05/21/20</u> Name & Address: <u>Sepic, Michael</u> <u>670 Beachwood Path</u> <u>Benton Harbor, MI 49022</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Prosecutor</u> Employer <u>County of Berrien</u> Business Address <u>701 Main Street, St. Joe, MI 49085</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>04/06/20</u> Name & Address: <u>Campbell, Gary & Karen</u> <u>471 W. Shawnee Rd</u> <u>Baroda, MI 49101</u>		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Warner, Cheryl</u> <u>4894 E. Riverside Rd</u> <u>Buchanan, MI 49107</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Wendzel, Joyce</u> <u>8311 N. Branch Rd</u> <u>Coloma, MI 49038</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$550.00**

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140970

2. Committee Name CTE Lora Freehling

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>05/21/20</u> Name & Address: <u>Stauffer, Richard</u> <u>3754 Bungalow Path</u> <u>St. Joseph, MI 49085</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/30/20</u> Name & Address: <u>Garey, Elizabeth</u> <u>1442 Lake Blvd</u> <u>St. Joseph, MI 49085</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Howard, Donna</u> <u>2413 Autumn Path</u> <u>St. Joseph, MI 49085</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Judge</u> Employer <u>County of Berrien</u> Business Address <u>701 Main Street, St. Joe, MI 49085</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>05/21/20</u> Name & Address: <u>Cotter, Arthur</u> <u>4213 Wahington Ave</u> <u>St. Joseph, MI 49085</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Judge</u> Employer <u>County of Berrien</u> Business Address <u>701 Main Street, St. Joe, MI 49085</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 \$550.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140970
2. Committee Name CTE Lora Freehling

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>06/25/20</u> Name & Address: Arnt & Associates 4965 Scottdale Rd St. Joseph, MI 49085		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: Attila, Art 375 W. Napier Benton Harbor, MI 49022		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/18/20</u> Name & Address: Pheifer, Amy 2514 Jefferson Dr Stevensville, MI 49127		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/14/20</u> Name & Address: Reits, Lorie 4373 Stewart Way Stevensville, MI 49127		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$350.00**

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140970
2. Committee Name CTE Lora Freehling

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>05/21/20</u> Name & Address: Gorton, Becky 3975 Lake Forest Path Stevensville, MI 49127		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: Waller, Lori 2675 Windtree Path Stevensville, MI 49127		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: Gilman, Shirley 4588 Donna Dr Bridgman, MI 49127		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/20</u> Name & Address: Freehling, Karen 3949 Pearl Ave Bridgman, MI 49106		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$300.00**

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140970
2. Committee Name CTE Lora Freehling

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>07/17/20</u> Name & Address: <u>Wolf, William</u> <u>2851 Wildwood Ln</u> <u>Stevensville, MI 49127</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/17/20</u> Name & Address: <u>Goldberg, Lawrence</u> <u>16734 Rynearson Rd</u> <u>Buchanan, MI 49107</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/21/20</u> Name & Address: <u>Essig, Julie</u> <u>8526 Holden Rd</u> <u>Baroda, MI 49101</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/01/20</u> Name & Address: <u>Stine, Louise</u> <u>2714 Morton Ave</u> <u>St. Joseph, MI 49085</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$300.00

Grand Total of All Schedules 1A
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\$2,270.00
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2,370



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140970

2. Committee Name CTE Lora Freehling

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 491027 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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Stationery</u> 5. Date Of Receipt: <u>06/01/20</u> 6. Vendor Name & Address:	\$ <u>10</u>	\$ <u>10</u>
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 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 checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>06/01/20</u> 6. Vendor Name & Address: US Post Master 5888 Cleveland Ave Stevensville, MI 49127	\$ <u>55</u>	\$ <u>65</u>
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: <u>Surveyor</u> Employer Name & Address: Abonmarche 95 W Main St Benton Harbor, MI 49022	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Yard Signs</u> 5. Date Of Receipt: <u>06/21/20</u> 6. Vendor Name & Address: Sharkbyte Consulting & Design PO Box 216 Allegan, MI 49010-0216	\$ <u>1476.6</u>	\$ <u>1541.6</u>
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal \$1,541.60 \$1,541.60

Grand Total of all Schedules 1-IK
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140970**

CANDIDATE COMMITTEE

2. Committee Name **CTE Lora Freehling**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127</p> <p>If over \$100.00 cumulative, please provide: Occupation: Surveyor</p> <p>Employer Name & Business Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description Mailer & Printing</p> <p>5. Date Of Receipt: 06/29/20</p> <p>6. Vendor Name & Address: Sharkbyte Consulting & Design PO Box 216 Allegan, MI 49010-0216</p> <p>Click Here for Memo Itemization </p>	\$ 6400	\$ 7941.6
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127</p> <p>If over \$100.00 cumulative, please provide: Occupation: Surveyor</p> <p>Employer Name & Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description 4 x 4 signs</p> <p>5. Date Of Receipt: 06/29/20</p> <p>6. Vendor Name & Address: Sharkbyte Consulting & Design PO Box 216 Allegan, MI 49010-0216</p> <p>Click Here for Memo Itemization </p>	\$ 694.25	\$ 8635.85
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127</p> <p>If over \$100.00 cumulative, please provide: Occupation: Surveyor</p> <p>Employer Name & Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description T-shirts</p> <p>5. Date Of Receipt: 07/03/20</p> <p>6. Vendor Name & Address: Halo Branded Solutions 3182 Momentum Place Chicago, IL 60689-5331</p> <p>Click Here for Memo Itemization </p>	\$ 205.73	\$ 8841.58

Page Subtotal **\$7,299.98** **\$8,841.58**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140970

2. Committee Name CTE Lora Freehling

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Business Address: Abonmarche Consultants 95 W Main St Benton Harbor, MI 49022 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>zip ties</u> 5. Date Of Receipt: <u>06/30/20</u> 6. Vendor Name & Address: ACE Hardware 1545 W. John Beers Rd Stevensville, MI 49127 Click Here for Memo Itemization	\$ <u>18.01</u>	\$ <u>8859.59</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Facebook Ad</u> 5. Date Of Receipt: <u>07/13/20</u> 6. Vendor Name & Address: Facebook, Inc. Attn: Community Support 1 Facebook Way Menlo Park, CA 94025 Click Here for Memo Itemization	\$ <u>15</u>	\$ <u>8874.59</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: 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 type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal **\$33.01** **\$8,874.59**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$8,874.59**

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140970
2. Committee Name CTE Lora Freehling

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PDI Spirit LLC Address 3786 Stadium Dr Bridgman, MI 49106 <input type="checkbox"/> Fund Raiser	Purpose: <u>website design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/13/20</u> Date	<u>\$ 110</u>
Expenditure #2 Name Sharkbyte Consulting & Design Address PO Box 216 Allegan, MI 49010-0216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/21/20</u> Date	<u>\$ 1055</u>
Expenditure #3 Name Far Ahead Advertising Address 2202 Plaza Dr Benton Harbor, MI 49022 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/20</u> Date	<u>\$ 144</u>
Expenditure #4 Name Berrien County Republican Party Address 2526 S. Cleveland Ave St. Joseph, MI 49085 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/16/20</u> Date	<u>\$ 100</u>
Expenditure #5 Name Betty's Buddies Address 6761 W. US 12 PO Box 363 Three Oaks, MI 49128 <input type="checkbox"/> Fund Raiser	Purpose: <u>Sponsorship</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/20</u> Date	<u>\$ 35</u>

Subtotal this page **\$1,444.00**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,444.00**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

10970

2. Committee Name

CTE Lora Freehling

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 endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127	4. Type: debt 5. Date Debt Was Incurred: 06/29/20 6. Original Amount of Debt: \$ 6,400.00	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$6,400.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$6,400.00

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

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



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

October 16, 2020

Lora Freehling
5830 Wacker Drive
Stevensville, MI 49127

Re: *Vance v. Freehling*
Campaign Finance Complaint
No. 2020-09-159-43

Dear Ms. Freehling:

The Department of State (Department) received a formal complaint filed by Brandon Vance against you alleging that you violated the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq.* A copy of the complaint and supporting documentation is enclosed with this letter.

The MCFA states that independent contractors may not make expenditures to another entity unless that expenditure is reported by the committee as if it was made directly by the committee. MCL 169.243. The independent contractor shall make known to the committee all information required to be reported. *Id.* A person who knowingly is in violation is guilty of a misdemeanor and shall be punished by a fine of not more than \$1,000 (\$10,000 if the individual is not a person) or imprisonment for up to 90 days, or both. *Id.*

The MCFA requires candidates and committees file contributions and expenditures with the appropriate filing official by specific dates. MCL 169.233(1) – (3). The MCFA requires a committee that receives or expends more than \$1,000 during any election to file campaign finance reports in compliance with the Act. MCL 169.233(6). A person who knowingly omits or underreports expenditures required to be disclosed by the Act is subject to a civil fine of not more than \$1,000 or the amount of the expenditures omitted or underreported, whichever is greater. MCL 169.233(11).

Mr. Vance alleges that your committee made an expenditure to Sharkbyte Consulting & Design for mailers, but Allegra Print & Imaging produced materials as evidenced by the stamp on the mailer.

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. It is important to understand that the Department is neither making this complaint nor accepting the allegations as true. The investigation and resolution of this complaint is governed by section 15 of the Act and

the corresponding administrative rules, R 169.51 *et seq.* An explanation of the investigation process is enclosed with this letter and a copy is available on the Department's website.

If you wish to file a written response to this complaint, you are required to do so within 15 business days of the date of this letter. Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your answer will be provided to Mr. Vance, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing all of the statements and materials provided by the parties, the Department will determine whether "there may be reason to believe that a violation of [the MCFA] has occurred [.]" MCL 169.215(10). Note that the Department's enforcement powers include the possibility of entering a conciliation agreement, conducting an administrative hearing, or referring this matter to the Attorney General for enforcement of the penalty provided in section 43 of the Act.

If you have any questions concerning this matter, you may contact me at (517) 335-3234.

Sincerely,



Adam Fracassi
Bureau of Elections
Michigan Department of State

c: Brandon Vance

February 3, 2021

Michigan Department of State Bureau of Elections
Richard H. Austin Building – 1st Floor
430 West Allegan Street
Lansing, MI 48918

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2021 FEB -8 PM 2:53
ELECTION/GREAT SEAL

Re: Vance v. Freehling
Campaign Finance Complaint
No. 2020-09-159-43

To whom it may concern:

While I understand we are in unprecedented times, I am disappointed with the overall process of local campaign finance management. I understand that the state is unable to do much at this point in time. However, it is clear that Sharkbyte Consulting & Design contracts its work out to other shops. To ensure we have transparent, free, and fair elections it is imperative that we have fully completed campaign finance statements from all candidates, but especially from those who go on to hold elected offices.

It is not an unreasonable request to ensure all line items involving Sharkbyte Consulting & Design are addressed. It is also reasonable to believe that the most recent response submitted by the Committee to Elect Lora Freehling is a purposeful attempt to ignore campaign finance disclosure requirements. After the proper disclosure requirements were presented to the candidate committee, they choose to only correct 1 line item out of the 5 Sharkbyte Consulting & Design in-kind contributions and/or expenditures.

These actions are especially troubling considering the consulting business is a d/b/a controlled by Jason Watts. I believe your office is familiar with this individual and is aware of his election and campaign finance acumen. Which is further demonstrated by his hiring shortly after the August 4th primary elections as the Election Coordinator for Berrien County. Coincidentally, his consulting company was hired by the two Berrien County candidates who were appointed to their respective offices within 25 months of the election. Which makes the campaign finance statements submitted by both candidates all the more troubling.

It is important that every candidate put forth their best effort into ensuring their campaign is compliant. It is a difficult task for first time candidates, and I do not want to discount that. However, to ensure the integrity of the elections, I ask that all Sharkbyte Consulting line items be addressed by the Committee to Elect Lora Freehling. These items are listed below:

- 06/21/20 an amount of \$1,476.60 for yard signs (pre-election in-kind contribution statement)
- 06/29/20 an amount of \$6,400.00 for mailer & printing. (Received in initial response)
- 06/29/20 an amount of \$694.25 for 4x4 signs (pre-election in-kind contribution statement)
- 06/21/20 an amount of \$1,055.00 for yard signs (pre-election expenditure statement)
- 08/08/20 an amount of \$423.45 for robocall (post-election expenditure statement)

Knowing that both the candidate and the consulting business is aware of the reporting requirements, it can only be surmised that they are purposely choosing to violate MCL 169.243. In these unprecedented times, I believe the people deserve full transparency and an earnest effort by not just the Bureau of Elections, but also by those involved at the local level to ensure a fair election process.

Thank you,



Brandon Vance

Smith, Jessica (MDOS)

From: SOS, Disclosure
Sent: Friday, October 30, 2020 2:49 PM
To: Fracassi, Adam (MDOS)
Subject: FW: Complaint No. 2020-09-159-43 1st Response
Attachments: Memo & amendment.pdf

RECEIVED
MICHIGAN DEPT OF STATE
OCT 30 11 15 AM '20

From: Lora Freehling <lora.freehling85@gmail.com>
Sent: Friday, October 30, 2020 7:52 AM
To: SOS, Disclosure <Disclosure@michigan.gov>
Cc: elections@berriencounty.org
Subject: Complaint No. 2020-09-159-43 1st Response

CAUTION: This is an External email. Please send suspicious emails to abuse@michigan.gov

Adam Fracassi
Bureau of Elections
Michigan Department of State

RE: Vance v Freehling
Campaign Finance Complaint
No. 2020-09-159-43

As per my conversation with Jessica from your office, please accept this as my response to the above referenced complaint. Attached is additional documentation detailing the breakdown of the mailer cost as received from Sharkbyte Consulting & Design October 27, 2020.

I am also copying the Berrien County Clerk as I am submitting an amendment to my pre-primary report.

Thank you in advance for replying via email with confirmation of receipt assuring this is an acceptable form of submission.

I may be contacted directly at the address below or by replying to this email should you require additional information, have questions or concerns.

Thank you,
Lora Freehling
5830 Wacker Drive
Stevensville, MI 49127



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 01/01/20 to 07/19/20

1. Committee I.D. Number 140970	4. Candidate Last Name Freehling First Name Lora M.I. L 4a. Office Sought Including District # or Community Served (If applicable) Register of Deeds
2. Committee Name CTE Lora Freehling	4b. County of Residence BERRIEN
5. Committee's Mailing Address 5830 Wacker Drive Stevensville, MI 49127 Area Code and Phone <u>(269) 428-0642</u> 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 Michael Freehling 5830 Wacker Drive Stevensville, MI 49127 Area Code & Phone <u>(269) 428-0642</u>
7. Treasurer's Business Address n/a Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) n/a Area Code and Phone _____

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. 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.
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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	Michael Freehling		Date	10/29/2020
	Type or Print Name	Signature		
Candidate	Lora Freehling		Date	10/29/2020
	Type or Print Name	Signature		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **140970**

2. Committee Name **CTE Lora Freehling**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Business Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022 <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 Mailer & Printing 5. Date Of Receipt: 06/29/20 6. Vendor Name & Address: Sharkbyte Consulting & Design PO Box 216 Allegan, MI 49010-0216 Click Here for Memo Itemization	\$ 6400	\$ 7941.6
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 4 x 4 signs 5. Date Of Receipt: 06/29/20 6. Vendor Name & Address: Sharkbyte Consulting & Design PO Box 216 Allegan, MI 49010-0216 Click Here for Memo Itemization	\$ 694.25	\$ 8635.85
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Freehling, Michael 5830 Wacker Dr Stevensville, MI 49127 If over \$100.00 cumulative, please provide: Occupation: Surveyor Employer Name & Address: Abonmarche Consultants 95 W. Main St Benton Harbor, MI 49022 <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 checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description T-shirts 5. Date Of Receipt: 07/03/20 6. Vendor Name & Address: Halo Branded Solutions 3182 Momentum Place Chicago, IL 60689-5331 Click Here for Memo Itemization	\$ 205.73	\$ 8841.58
Page Subtotal		\$ 7,299.98	\$ 8,841.58

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

Enter this total
on line 6 of Summary
Page



Sharkbyte Consulting & Design

PO Box 216 | Allegan, MI 49010-0216

269.998.3991 | sharkbyteconsulting@gmail.com

October 27, 2020

Memo

From: JAW

TO: CTE Lora Freehling, Lora Freehling

lora.freehling85@gmail.com

Lora-

Please find the memo itemization of the mailer expense below. If you require more information, please let me know. -JAW

Breakdown of Mailer Costs			
Sharkbyte Invoice on 6/24/2020 -			\$6,400.00
Services Done by Sharkbyte :		Design Work	\$303.70
Invoice from Greenlee Consulting (GC):		Address: 1634 PEPPERTREE LANE LANSING MI 48912	\$6,096.30
Greenlee Consulting Costs:			
Allegra Marketing:	Address: 2863 Jolly Road Okemos, MI 48864	Print/Bulk Mail Sort Print, & Bulk Mail Postage; 10,800 Universe Mailing & Printing - 4,200 Extra Print	\$4,832.64
UPS:	Shipping on 4,200 Printed Extras		\$65.56
Sales Tax:			\$98.10
Greenlee Consulting Charge:			\$1,100.00



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

January 25, 2020

Brandon Vance
16384 Rynearson Road
Buchanan, MI 49107

Dear Mr. Vance:

The Department of State received a response to the complaint you filed against Lora Freehling, which concerns an alleged violation of the Michigan Campaign Finance Act (MCFA), 1976 P.A. 388, MCL 169.201 *et seq.* A copy of the response is provided as an enclosure with this letter.

If you elect to file a rebuttal statement, you are required to send it within 10 business days of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Fracassi".

Adam Fracassi
Bureau of Elections
Michigan Department of State

c: Lora Freehling



STATE OF MICHIGAN
JOCELYN BENSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

June 18, 2021

Lora Freehling
5830 Wacker Drive
Stevensville, MI 49127

Re: *Vance v. Freehling*
Campaign Finance Complaint
No. 2020-09-159-43

Via email

Dear Ms. Freehling:

The Department of State (Department) concluded its investigation of the complaint filed by Brandon Vance against you, which alleged that you violated the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq.* This letter concerns the disposition of the complaint.

Mr. Vance filed a complaint which alleged that your committee made a number of expenditures to Sharkbyte Consulting & Design (Sharkbyte) for services, including a mailer. Mr. Vance alleged that Sharkbyte subcontracted the production of some materials, which your committee failed to properly memo itemize. Specifically, Mr. Vance submitted evidence of your primary election mailer, which has postage pre-paid by Allegra Print & Imaging, and argued that while your pre-primary campaign statement listed expenditures to Sharkbyte as a contractor for the mailer, it did not list Allegra Print & Imaging.

By email dated October 30, 2020, you responded to the complaint providing the itemization of costs for the mailer as received by Sharkbyte. You also submitted an amendment to the pre-primary campaign statement.

MCL 169.243 states that independent contractors may not make expenditures on behalf of or for the benefit of a person, unless that expenditure is reported by the committee as if it was made directly by the committee. *Id.* The law further states that an "independent contractor shall make it known to the committee all information required to be reported by the committee." *Id.* A knowing violation constitutes a misdemeanor offense punishable by a fine of up to \$1,000.00 (or up to \$10,000, if the person who is in violation is not an individual), imprisonment for up to 90 days, or both. *Id.*

Additionally, MCL 169.226(j) requires itemization for expenditures of \$50.00 or greater. The itemization must show the full name and street address of the person to whom the expenditure was made, as well as the purpose of the expenditure. *Id.*

The Department has reviewed the evidence and determines that there may be reason to believe that a violation of the Act has occurred.

In your response, you provided the Department with a memo itemization of the mailer and your amended pre-primary campaign statement. The memo shows that Sharkbyte made an expenditure to Greenlee Consulting for the mailers. Greenlee Consulting, in turn, made an expenditure to Allegra Print & Imaging for printing and mailing. Per the memo, the breakdown is as follows:

- Sharkbyte invoiced you for \$6,400.00
- Of this \$6,400, \$303.70 is for Sharkbyte's design work
- The remaining \$6,096.30 was for services from Greenlee Consulting, a separate entity who invoiced Sharkbyte. This amount included a \$1,100 consulting charge from Greenlee Consulting, \$65.56 for UPS shipping, and \$98.10 in sales tax. This amount also included a \$4,832.64 invoice from Allegra Marketing, a separate entity from both Sharkbyte and Greenlee Consulting, for bulk printing, sorting, and mailing.

In sum, your contractor, Sharkbyte, subcontracted out to Greenlee Consulting, who then also subcontracted out to Allegra Marketing. None of these subcontractor expenses, all of which were over \$50, were memo itemized as required by the Act.

Based on the evidence presented, the Department has reason to believe that a violation of the Act has occurred. After reaching this conclusion, the Act requires the Department to "endeavor to correct the violation or prevent a further violation by using informal methods [.]” if it finds that “there may be reason to believe that a violation ... has occurred [.]” MCL 169.215(10). The objective of an informal resolution is “to correct the violation or prevent a further violation [.]” *Id.*

Because it appears that you have amended the relevant reports to provide the necessary disclosure mandated by the Act, the Department concludes that a formal warning is sufficient resolution to the complaint, provided that no other reports are necessary to be amended. This letter serves as a warning to prevent further violations of the Act. To this end, if there are any other parts of your report that need to be amended to reflect proper itemization, you must do so within three weeks of the date of this letter.

The Department notes that your committee may be assessed a late-filing fee by the County Clerk for any statement that was not timely filed. MCL 169.233(7). Late-filing fees are assessed and collected by the filing official with whom the statements are filed. MCL 169.217(1). Any questions regarding these late-filing fees should be directed to the County Clerk.

Please be advised that this notice has served to remind you of your obligation under the Act to properly disclose contributions and expenditures and may be used in future proceedings as evidence that tends to establish a knowing violation of the Act.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Fracassi". The signature is fluid and cursive, with the first name "Adam" and last name "Fracassi" clearly distinguishable.

Adam Fracassi
Bureau of Elections
Michigan Department of State

Fracassi, Adam (MDOS)

From: Fracassi, Adam (MDOS)
Sent: Friday, June 18, 2021 10:44 AM
To: 'lora.freehling85@gmail.com'
Subject: Vance v. Freehling Complaint
Attachments: Determination.pdf

Ms. Freehling,

Please see the attached. If you have any questions, please let me know.

Thank you,

Adam Fracassi, Election Law Attorney
Michigan Bureau of Elections
P.O. Box 20126
Lansing, Michigan 48901