

BUREAU OF ELECTIONS  
7/12/06 - 9 A 10:23  
PT OF STATE

**Campaign Finance Complaint Form**  
**Michigan Department of State**

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	Frank Lynn	Daytime Telephone Number
Mailing Address	3446 Devon Dr. NE	
City	State	Zip
Grand Rapids	MI	49546

Section 2. Alleged Violator		
Name	Laurel Abraham	
Mailing Address	1108 Lakeside Dr SE	
City	State	Zip
Grand Rapids	MI	49506

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

Section(s) of the MCFA violated:

Sec 169.233, 11

Explain how those sections were violated:

See attached document

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

See attached documents and pictures

**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

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

### **Section 3: Alleged Violations**

**Section(s) of the MCFA violated:** Sec. 169.233.33,11

#### **Explain how those sections were violated:**

Candidate for Kent County Commission in the 19th district Laurel Abraham has been using campaign literature which reads “paid for by *Committee to Elect Laurel Abraham*” while knocking doors in the district. She poses with this campaign literature in a picture posted on her campaign Facebook page on July 31, 2018. However, campaign literature is not listed as an expenditure (itemized or in-kind) on her pre-primary campaign finance report filed July 25, 2018. Abraham also has several campaign t-shirts, a campaign banner, and a campaign car sticker. These items were clearly on display when she and her campaign team marched in the East Grand Rapids fourth of July Parade. Abraham posted pictures of these items on her campaign Facebook page on July 4, 2018. Like her literature, none of these items have been reported as expenditures on her pre-primary campaign finance report filed July 25, 2018. Thus, her campaign literature, campaign t-shirts, a campaign banner, and a campaign car sticker are knowingly omitted expenditures. It is likely that these items amount to over \$500 of unreported expenditures. This is a clear violation of the MCFA, specifically Sec. 169.233.33,11 (Per legislature.mi.gov – “If a candidate, treasurer, or other individual designated as responsible for a committee's record keeping, report preparation, or report filing knowingly omits or underreports individual contributions or individual expenditures required to be disclosed by this act, that individual is subject to a civil fine of not more than \$1,000.00 or the amount of the contributions and expenditures omitted or underreported, whichever is greater”).

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

Each piece of evidence is numbered in black marker.

1. A piece of campaign literature signed by Laurel Abraham which includes “Paid for by CTE Laurel Abraham.”
2. Candidate Laurel Abraham posing in a picture posted on her campaign Facebook page (<https://www.facebook.com/AbrahamforCommission/>) on July 31, 2018, holding her campaign literature.
3. Candidate Laurel Abraham and her campaign posing in a picture posted on her campaign Facebook page on July 4, 2018, with a campaign banner while her campaign team is dressed in campaign t-shirts in front of a red convertible at the end of the East Grand Rapids July 4 Parade.
4. Members of Abraham’s campaign team sit in the aforementioned red convertible and pose for a picture with a campaign magnetic car sticker. This picture from the East Grand Rapids July 4 Parade was posted on Abraham’s campaign Facebook page on July 4, 2018.
5. Candidate Laurel Abraham’s pre-primary campaign finance report signed by Abraham on July 25, 2018, publicly available on the Kent County website (<https://www.accesskent.com/CFPublic/search.action>). As this is Abraham’s only campaign finance report to date (with the exception of her statement of organization), all campaign expenditures to date must be listed on this report. This document does not report campaign literature, campaign t-shirts, a campaign banner, or a campaign car sticker as expenditures though Abraham clearly had all of them before the July 20, 2018, close of books.
6. Candidate Laurel Abraham in a picture posted on the Kent County Republican Party Twitter page on June 28, 2018, with two pieces of campaign literature sitting a table in front of her during a fundraiser on June 28.
7. A screenshot of the Kent County Republican Party Twitter post to authenticate the June 28, 2018, timestamp.

2



Picture posted on Abraham's Facebook page on July 31, 2018  
at 12:39 pm

[facebook.com/AbrahamSunCommission](https://www.facebook.com/AbrahamSunCommission)

(3)



Picture posted on Abraham's Facebook page on July 4, 2018 at 2:18pm  
Facebook.com/AbrahamforCommissioner/



4



Picture posted on Abraham's Facebook page on July 4, 2018 at 2:18pm  
facebook.com/AbrahamforCommissioner/

5

Kent County Clerk  
Elections Division

JUL 27 2018



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 <b>129280</b>		3. This Statement covers From: <u>04/26/18</u> to <u>07/22/18</u>	
2. Committee Name <b>Committee to Elect Laurel Abraham</b>		4. Candidate Last Name <b>Abraham</b> First Name <b>Laurel</b> M.I. 4a. Office Sought Including District # or Community Served (if applicable) <b>County Commissioner - District 19</b> 4b. County of Residence <b>KENT</b>	
5. Committee's Mailing Address <b>PO BOX 68238 Grand Rapids, MI 49516</b> Area Code and Phone <b>(616) 881-0864</b> 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 <b>JoAnn Abraham 7115 Burger Dr SE Grand Rapids, MI 49546</b> Area Code & Phone <b>(616) 745-7500</b>	
7. Treasurer's Business Address <b>7115 Burger Dr SE Grand Rapids, MI 49546</b> Area Code and Phone		8. Designated Record Keeper's Name and Address (if the committee has a Designated Record Keeper) Area Code and Phone	
9. TYPE OF STATEMENT 9a. <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 <u>08/07/18</u>		9c. <input type="checkbox"/> Annual Statement ( ) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9d to indicate which Statement is being amended.) 9e. <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.	
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 <u>JoAnn Abraham</u> <u>JoAnn Abraham</u> Date <u>7/25/18</u> Type or Print Name Signature Candidate <u>Laurel Abraham</u> <u>Laurel Abraham</u> Date <u>7/25/18</u> Type or Print Name Signature			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 120280

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Laurel Abraham

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 8)	(3a.) \$	<u>7,074.90</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$
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>\$7,074.90</u>	(20.) \$ <u>\$7,074.90</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$418.90</u>	(21.) \$ <u>\$418.90</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$973.80</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>\$973.80</u>	(23.) \$ <u>\$973.80</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
<b>10. Disbursements</b>			
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>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debt and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$318.90</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
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>\$7,074.90</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$7,074.90</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$973.80</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$6,101.10</u>	





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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 Name & Address: Kent County Republican Committee 725 Lake Michigan Drive NW Grand Rapids, MI 49504 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>04/30/18</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 500	\$ 500
3. Contribution #2 Name & Address: Peter Sacchia 2833 Bonnell SE East Grand Rapids, MI 49506 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/10/18</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Sibscs</u> Business Address <u>220 Lyon NW, STE 510, Grand Rapids, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 1000	\$ 1000
3. Contribution # 3 Name & Address: Luke Arends 7746 Sparta Ave Sparta, MI 49345 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Kent GOP</u> Business Address <u>725 Lake Michigan Drive NW, Grand Rapids, MI 49504</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 50	\$ 50
3. Contribution # 4 Name & Address: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Development</u> Employer <u>Liberty Justice Center</u> Business Address <u>190 S. LaSalle Street, Suite 1500, Chicago, Illinois 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ 5	\$ 5

Page Subtotal \$1,555.00

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

\$7,074.90

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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 Name & Address: Eric Larson 2215 Cascade Lakes Circle SE Grand Rapids, MI 49546 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/18</u>		\$26.07	\$26.07
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 Name & Address: Marie Vulaj 5759 Heritage Hill Dr Alexandria, VA 22310 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/18</u>		\$51.84	\$51.84
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 Name & Address: Wes Fisher 113 N Wayne St Apt 6 Arlington, VA 22201 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/18</u>		\$26.07	\$26.07
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Elizabeth Housemann 1332 Bucklin St LaSalle, IL 61301 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/14/18</u>		\$20.92	\$20.92
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 \$124.90

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

\$7,074.90

Enter this total on  
line 3e of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280

2. Committee Name Committee to Elect Laurel Abraham

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>06/03/18</u>	
Name & Address: <u>Spencer Chretien</u> <u>1614 Maddux Lane</u> <u>McLean, VA 22101</u>		<u>\$50</u>	<u>\$50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/18/18</u>	
Name & Address: <u>Raymond Abraham</u> <u>898 Amberwood Court</u> <u>Walnut Creek, CA 94598</u>		<u>\$150</u>	<u>\$150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial Advisor</u> Employer <u>Self-Employed</u>		Click Here for Memo Itemization	
Business Address <u>100 Pringle Ave, STE 330, Walnut Creek, CA 94596</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/18/18</u>	
Name & Address: <u>Donjo DeJonge</u> <u>1149 Evelyn St NE</u> <u>Grand Rapids, MI 49505</u>		<u>\$250</u>	<u>\$250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Grand Valley State University</u>		Click Here for Memo Itemization	
Business Address <u>1 Campus Dr, Allendale, MI 49401</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/14/18</u>	
Name & Address: <u>Donna Hattem</u> <u>2197 Greenstone Dr SE</u> <u>Grand Rapids, MI 49546</u>		<u>\$20</u>	<u>\$20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$470.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$7,074.90

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280

2. Committee Name Committee to Elect Laurel Abraham

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.		8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Kent County Republican Committee 725 Lake Michigan Dr NW Grand Rapids, MI 49504		\$2000	\$2500
PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/11/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: Terri Land 7955 Byron Station Ct SW Byron Center, MI 49315		\$500	\$500
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Greenlight Management</u>		Click Here for Memo Itemization	
Business Address <u>188 Louis Campau Promenade Suite 300, Grand Rapids, MI 4950354</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Patricia Stemmler 1623 Spring Wind Dr SW Byron Center, MI 49315		\$125	\$125
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____			
5. If over \$100.00 cumulative, please provide: Occupation <u>Flight Attendant</u> Employer <u>Amway</u>		Click Here for Memo Itemization	
Business Address <u>5410 44th St SE, Grand Rapids, MI 49512</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: CTE Thomas Antor 9341 Laubach Ave Sparta, MI 49345		\$50	\$50
PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/20</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$2,675.00

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

\$7,074.90

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee LD. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/18</u> Name & Address: <u>Luke Arends</u> <u>7764 Sparta Ave</u> <u>Sparta, MI 49345</u>		\$ <u>150</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Executive Director</u> Employer <u>Kent County GOP</u> Business Address <u>725 Lake Michigan Dr NW, Grand Rapids, MI 49504</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/18</u> Name & Address: <u>Shana Shroll</u> <u>1612 Woodward Ave SE</u> <u>Grand Rapids, MI 49506</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Greenlight Management</u> Business Address <u>168 Louis Campau Promenade Suite 300, Grand Rapids, MI 4950354</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution #3</b> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/28/18</u> Name & Address: <u>Kent County Republican Committee</u> <u>725 Lake Michigan Dr NW</u> <u>Grand Rapids, MI 49503</u>		\$ <u>500</u>	\$ <u>3000</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/28/18</u> Name & Address: <u>Katherine Condon</u> <u>2209 Elliot St SE</u> <u>Grand Rapids, MI 49506-4632</u>		\$ <u>75</u>	\$ <u>75</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$825.00

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

\$7,074.90

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280

2. Committee Name Committee to Elect Laurel Abraham

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>06/28/18</u>	
Name & Address: Nicholas Culp 414 Church Street St. Joseph, MI 49085		\$ <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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/28/18</u>	
Name & Address: Joyce Smith 2563 Pine Dunes Dr SW Wyoming, MI 49418		\$ <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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/28/18</u>	
Name & Address: Emily Brieve for County Commission 7438 Missoula Dr SE Caledonia, MI 49316		\$ <u>100</u>	\$ <u>100</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/28/18</u>	
Name & Address: Chris Afendoullis for State Senate Committee 240 Edgehill Ave Grand Rapids, MI 49546		\$ <u>100</u>	\$ <u>100</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$7,074.90

Enter this total on  
line 3a of Summary  
Page.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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.		8. 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>06/27/18</u>	
Name & Address: David Frey 40 Pearl St NE Ste 420 Grand Rapids, MI 49503-2428		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>Retired</u>		Click Here for Memo Itemization	
Business Address			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/24/18</u>	
Name & Address: Anthony Abraham 9870 Snow Ridge Dr SE Alto, MI 49302		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Marketing Associate</u> Employer <u>Sysco</u>		Click Here for Memo Itemization	
Business Address <u>3700 Sysco Ct SE, Grand Rapids, MI 49512</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/25/18</u>	
Name & Address: La Buckley PO Box 222 Sublette, Illinois 61367		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Production</u>		Click Here for Memo Itemization	
Business Address			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/18</u>	
Name & Address: Jim Williams 3708 Buttrick Ave NE Ada, MI 49301		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Bus. Mgt</u> Employer <u>Williams Distribution</u>		Click Here for Memo Itemization	
Business Address <u>658 Richmond St NW, Grand Rapids, MI 49504</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$950.00

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

\$7,074.90

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280

2. Committee Name Committee to Elect Laurel Abraham

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>07/18/18</u>	
Name & Address: Henry Fuhs Jr 3848 Leonard St NE Grand Rapids, MI 49525		\$ <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 <input type="button" value=""/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/20/18</u>	
Name & Address: Chris Afendoulis 240 Edgehill Ave SE Grand Rapids, MI 49546		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>State Representative</u> Employer <u>Michigan House of Representatives</u> Business Address <u>124 N Capitol Ave, Lansing, MI 48909</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 <input type="button" value=""/>	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/16/18</u>	
Name & Address: Nancy Steckler 12087 Cherry Creek Ridge Lowell, MI 49331		\$ <u>25</u>	\$ <u>25</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	
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 <input type="button" value=""/>	

Page Subtotal **\$175.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$7,074.90**

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Cricket Wireless</u> Address <u>3195 28th St SE Unit SL022</u> <u>Grand Rapids, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cell phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/18</u> Date	<u>\$ 35</u>
Expenditure #2 Name <u>USPS</u> Address <u>1451 Lake Dr SE</u> <u>Grand Rapids, MI 49506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/18</u> Date	<u>\$ 130</u>
Expenditure #3 Name <u>Party City</u> Address <u>5114 28th St SE</u> <u>Grand Rapids, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/18</u> Date	<u>\$ 110.80</u>
Expenditure #4 Name <u>Tavern on the Square</u> Address <u>100 Ionia Ave SW</u> <u>Grand Rapids, MI 49503</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser expenses</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/18</u> Date	<u>\$ 652</u>
Expenditure #5 Name <u>Cricket Wireless</u> Address <u>3195 28th St SE Unit SL022</u> <u>Grand Rapids, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cell phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/18</u> Date	<u>\$ 35</u>
Subtotal this page			<b>\$962.80</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$973.80</b>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **129280**

2. Committee Name **Committee to Elect Laurel Abraham**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>5/3rd Bank</b> Address <b>2201 Wealthy St SE Grand Rapids, MI 49508</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Bank Fee</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/12/18</b> Date	<b>\$ 11</b>
<b>Expenditure #2</b> 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 Click Here for Memo Itemization Type	\$
<b>Expenditure #3</b> 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 Click Here for Memo Itemization Type	\$
<b>Expenditure #4</b> 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 Click Here for Memo Itemization Type	\$
<b>Expenditure #5</b> 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 Click Here for Memo Itemization Type	\$
Subtotal this page			<b>\$11.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$973.80</b>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 129280

2. Committee Name Committee to Elect Laurel Abraham

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 Name & Address: Kent County Republican Committee 725 Lake Michigan Dr NW Grand Rapids, MI 49504  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input 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>Parade Fee</u> 5. Date Of Receipt: <u>06/08/18</u> 6. Vendor Name & Address: East Grand Rapids Parks and Rec Dept 750 Lakeside Dr SE East Grand Rapids, MI 49506 <a href="#">Click Here for Memo Itemization</a>	\$ 100	\$ 100
Contribution #2 Name & Address: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506  If over \$100.00 cumulative, please provide: Occupation: <u>Director of Development</u> Employer Name & Address: Liberty Justice Center 190 S. LaSalle Street, Suite 1500, Chicago, Illinois 60603  <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>Filing Fee</u> 5. Date Of Receipt: <u>04/23/18</u> 6. Vendor Name & Address: Kent County Clerks Office 300 Monroe Ave Grand Rapids, MI 49504  <a href="#">Click Here for Memo Itemization</a>	\$ 100	\$ 100
Contribution #3 Name & Address: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506  If over \$100.00 cumulative, please provide: Occupation: <u>Director of Development</u> Employer Name & Address: Liberty Justice Center 190 S. LaSalle Street, Suite 1500, Chicago, Illinois 60603  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Website</u> 5. Date Of Receipt: <u>04/20/18</u> 6. Vendor Name & Address: WIX 235 West 23rd St New York, NY  <a href="#">Click Here for Memo Itemization</a>	\$ 168	\$ 268

Page Subtotal \$368.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) \$418.90

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I.D. Number 129280

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Laurel Abraham

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: <b>Laurel Abraham</b> <b>1108 Lakeside Dr</b> <b>East Grand Rapids, MI 49506</b> If over \$100.00 cumulative, please provide: Occupation: <b>Director of Development</b> Employer Name & Business Address: <b>Liberty Justice Center</b> <b>190 S. LaSalle Street, Suite</b> <b>1500, Chicago, Illinois 60603</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Domain name</u> 5. Date Of Receipt: <u>04/20/18</u> 6. Vendor Name & Address: <b>GoDaddy</b> <b>1 Parsons Dr</b> <b>Hiawatha, IA 52233</b> Click Here for Memo Itemization	\$ 9.90	\$ 277.90
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>Laurel Abraham</b> <b>1108 Lakeside Dr</b> <b>East Grand Rapids, MI 49506</b> If over \$100.00 cumulative, please provide: Occupation: <b>Director of Development</b> Employer Name & Address: <b>Liberty Justice Center</b> <b>190 S. LaSalle Street, Suite</b> <b>1500, Chicago, Illinois 60603</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: <u>PO Box</u> 5. Date Of Receipt: <u>04/24/18</u> 6. Vendor Name & Address: <b>USPS</b> <b>1451 Lake Dr SE</b> <b>Grand Rapids, MI 49506</b> Click Here for Memo Itemization	\$ 41.00	\$ 318.90
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 **\$50.90**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **\$418.90**

Enter this total  
on line 6 of Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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 guarantor, if any.	4. Type of Obligation (Description) 8. 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 Corp? <input type="checkbox"/> Yes Owed to or by: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506	4. Type: _____ 5. Date Debt Was Incurred: 04/20/18 6. Original Amount of Debt: \$ 168.00	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 168.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506	4. Type: _____ 5. Date Debt Was Incurred: 4/23/18 6. Original Amount of Debt: \$ 100.00	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 100.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506	4. Type: _____ 5. Date Debt Was Incurred: 4/24/18 6. Original Amount of Debt: \$ 9.90	\$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 9.90 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$277.90**

Grand Total of all Schedules 1E **\$318.90**  
(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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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 5 minus item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506	4. Type: _____ 5. Date Debt Was Incurred: <u>04/24/18</u> 6. Original Amount of Debt: \$ <u>41.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>41.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> 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: <input type="checkbox"/> 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) **\$41.00**

Grand Total of all Schedules 1E **\$318.90**  
(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 the total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

129280

2. Committee Name

CTE Laurel Abraham

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  06/28/18	4. Number of Individuals Attending or Participating (whichever is greater)  35	5. Type of Fund Raising Activity  Cocktail Reception	6. Address and Name (if any) of the place where the activity was held. Tavern on the Square 100 Ionia Ave SW, Grand Rapids, MI 49503 <input type="checkbox"/> Private Residence
--	--	--	--

7. Total Contributions \$1,800.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$0.00  
10. Total Cost of Event \$652.00  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1E) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



***I pledge to...***

★ **Protect Taxpayers**

★ **Safeguard essential services**

★ **Prioritize infrastructure needs**

**Transparency**

I believe government should be transparent. I will hold regular meetings in the District and ensure open communication with constituents.

**Responsibility**

I will vote only for balanced budgets, make sure Kent County is investing responsibly in infrastructure and roads & make community safety a priority.

**Effective Government**

I will vote only for policies that make government more efficient, make sure we protect our AAA bond rating which saves Kent County millions of dollars a year.

**LAUREL**

**ABRAHAM**

**FOR KENT COUNTY COMMISSIONER**

**[www.laurelabraham.com](http://www.laurelabraham.com) | 616.881.0964**

LAUREL

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ABRAHAM

FOR KENT COUNTY COMMISSIONER

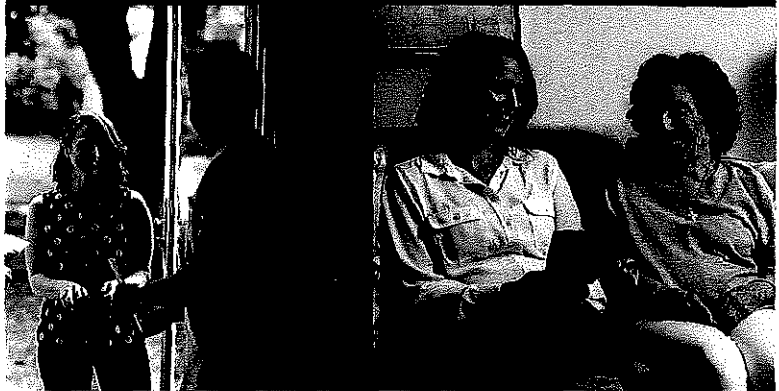
*Some I missed you Laurel*

*"Nearly three years ago, my husband Nick and I chose to move back to the Grand Rapids area because it is an incredible place to live, work and raise a family. Our community values safety, education and responsible local government.*

*In the last two years, there have been efforts by members of the Kent County Commission that threatens our communities fiscal responsibility. **We deserve better than that.***

*My experience has taught me the need for efficiency, transparency and accountability in local government. As your next County Commissioner, I will work tirelessly to represent our shared values and earn your trust."*

— Laurel



## About Laurel

Laurel has worked for nonprofit organizations that focus on public policies aimed at **growing** **r economy**, protecting **private property rights** and making sure our government works for its **people**, not politicians.

She and her husband, Nick, live in East Grand Rapids where he was born and raised.

Paid for by CTE Laurel Abraham | PO BOX 68238, Grand Rapids, MI 49516

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7



**Kent County GOP** @kentgop · Jun 28



Great turnout tonight at the young professional reception with **Laurel** Abraham for Kent County Commission!



1



1



4





***I pledge to...***

★ **Protect Taxpayers**

★ **Safeguard essential services**

★ **Prioritize infrastructure needs**

**Transparency**

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**Effective Government**

I will vote only for policies that make government more efficient, make sure we protect our AAA bond rating which saves Kent County millions of dollars a year.

**LAUREL**

**ABRAHAM**

**FOR KENT COUNTY COMMISSIONER**

**[www.laurelabraham.com](http://www.laurelabraham.com) | 616.881.0964**

LAUREL

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ABRAHAM

FOR KENT COUNTY COMMISSIONER

*Sorry I missed you Laurel*

"Nearly three years ago, my husband Nick and I chose to move back to the Grand Rapids area because it is an incredible place to live, work and raise a family. Our community values safety, education and responsible local government.

In the last two years, there have been efforts by members of the Kent County Commission that threatens our communities fiscal responsibility. **We deserve better than that.**

My experience has taught me the need for efficiency, transparency and accountability in local government. As your next County Commissioner, I will work tirelessly to represent our shared values and earn your trust."

— Laurel



## About Laurel

Laurel has worked for nonprofit organizations that focus on public policies aimed at **growing** **r economy**, protecting **private property** **rights** and making sure our government works for its **people**, not politicians.

She and her husband, Nick, live in East Grand Rapids where he was born and raised.

Paid for by CTE Laurel Abraham | PO BOX 68238, Grand Rapids, MI 49516

RECEIVED/FILED  
MICHIGAN DEPT OF STATE

2018 AUG 30 PM 1:45

LETTERS/GREAT SEAL

August 28, 2018

Michigan Department of State  
Bureau of Elections  
430 W Allegan  
Lansing, MI 48918

Dear Mr. Fracassi:

I am writing in response to the Campaign Finance Complaint filed by Frank Lynn with complaint number 2018-08-61-33.

Regarding the postcard, car sign, banner, and tee shirts: the invoices for these were not sent by my vendor until after the close of books had passed on 7-17-18. I paid these invoices in a timely manner, but, having paid them after the close of books, I planned to file it on the next report, the Post-Primary Report.

I have paid for these items and have attached documentation that shows this. Unless instructed otherwise, I will report these on my report due September 6. Sorry for any inconvenience this may have caused.

- Postcard and car sign: \$1,935.54 – invoice #1081 dated 8/5/2018
- Banner: \$100.70 – invoice #22719 dated 7/30/2018
- Tee-shirt: \$201.67 – invoice #112524 dated 7/18/2018

If you need to reach me, feel free to do so at 616-881-0964.

Sincerely,



Laurel Abraham



Right Strategies, LLC

Invoice 1081

**BILL TO**

CTE Laurel Abraham

DATE  
08/05/2018

PLEASE PAY  
**\$0.00**

DUE DATE  
08/05/2018

ACTIVITY	QTY	RATE	AMOUNT
<b>Graphic Design</b> Logo Design	1	150.00	150.00
<b>Printing</b> 5/12 - Palm card printing	500	0.18	90.00T
<b>Printing</b> 6/5 - Postcard Printing	200	0.20	40.00T
<b>Printing</b> 6/5 - 5-1/2 Baronial Envelope Printing	150	0.22	33.00T
<b>Printing</b> 6/9 - Palm card printing	1,000	0.145	145.00T
<b>Printing</b> 6/22 - Follow up postcard printing	2,000	0.09	180.00T
<b>Printing</b> 6/22 - Palm card printing	1,000	0.145	145.00T
<b>Printing</b> 7/3 - Placard printing	2	1.00	2.00T
<b>Printing</b> 7/3 - Palm card printing	500	0.18	90.00T
<b>Graphic Design</b> Yard sign and banner design	1	35.00	35.00
<b>Graphic Design</b> Vector conversion	0.50	35.00	17.50
<b>Printing</b> 7/27 6 x 11 Handout cards	1,000	0.22	220.00T
<b>Printing</b> Laurel Pre-Primary Mailer Printing	1,233	0.21	258.93T
<b>Mail Processing</b> Laurel Pre-Primary Mailer Mail Processing	1,233	0.1484	182.98
<b>Postage</b> Laurel Pre-Primary Mailer Postage	1	273.89	273.89

SUBTOTAL	1,863.30
TAX (6%)	72.24
TOTAL	1,935.54
PAYMENT	1,935.54

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TOTAL DUE	\$0.00
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THANK YOU.



The JANT Group, Inc  
 dba Retail Sign Systems, Inc  
 dba Grand Rapids Looseleaf, Inc  
 8111 Belmont Ave. NE  
 Belmont, MI 49306  
 616-863-9422

# Invoice

Date	Invoice No.
07/30/18	22719

Bill To:
Kent County GOP

Ship To

P.O. Number	Terms	Rep	Ship Date	Due Date	Ship Via
Luke Arends			07/30/18	07/30/18	Customer Pickup

Quantity	Item	Description	Price Each	Amount
1	Misc - RSS	Custom 3' x 6' banner: "Laurel Abraham"	95.00	95.00T
		Michigan Sales Tax	6.00%	5.70
			Total	\$100.70

Promotional Adv. Group, Inc.

P. O. Box 574

6318 Fulton St. E

Ada, MI 49301

Phone: 616-676-2242 Fax: 616-676-0611

DATE

7/18/2018

INVOICE NO.

112524

**BILL TO**

Abraham for commission

Kent County Republicans  
Attn: Luke

P.O. NO.	TERMS	SHIP DATE	SHIP VIA	REPRESENTATIVE
<u>Luke</u>		6/1/2018	UPS	

DESCRIPTION	QTY	RATE	AMOUNT
White t-shirts with 2-color imprint	25	5.92	148.00T
Set-Up Charge for t-shirts	1	25.00	25.00
Shipping and Handling		19.79	19.79
Sales Tax		6.00%	8.88

THANK YOU FOR YOUR ORDER. WE ARE NOW  
ABLE TO ACCEPT VISA, M/C, AE

**Balance Due**

\$201.67



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

August 14, 2018

Laurel Abraham  
1108 Lakeside Drive SE  
Grand Rapids, Michigan 49506

Re: *Lynn v. Abraham*  
Campaign Finance Complaint  
No. 2018-08-61-33

Dear Ms. Abraham:

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

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. Lynn alleges that your committee has used campaign literature that contains the paid for by statement "Paid for by Committee to Elect Laurel Abraham" but the committee has failed to disclose any such expenditures in the pre-primary finance report.

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.

**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, 1<sup>st</sup> 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. Lynn, 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 33(11) of the Act.

If you have any questions concerning this matter, you may contact me at (517) 373-2540.

Sincerely,

Adam Fracassi  
Bureau of Elections  
Michigan Department of State

c: Frank Lynn



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

September 5, 2018

Frank Lynn  
3446 Devon Drive NE  
Grand Rapids, Michigan 49546

Re: *Lynn v. Abraham*  
Campaign Finance Complaint  
No. 2018-08-61-33

Dear Mr. Lynn:

The Department of State received a response to the complaint you filed against Laurel Abraham, 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, 1<sup>st</sup> 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: Laurel Abraham

RECEIVED/FILED  
MICHIGAN DEPT OF STATE

2018/08/30 PM 1:45

NOT A GREAT SEAL

August 28, 2018

Michigan Department of State  
Bureau of Elections  
430 W Allegan  
Lansing, MI 48918

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I have paid for these items and have attached documentation that shows this. Unless instructed otherwise, I will report these on my report due September 6. Sorry for any inconvenience this may have caused.

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If you need to reach me, feel free to do so at 616-881-0964.

Sincerely,



Laurel Abraham



Right Strategies, LLC

Invoice 1081

BILL TO  
CTE Laurel Abraham

DATE  
08/05/2018

PLEASE PAY  
**\$0.00**

DUE DATE  
08/05/2018

ACTIVITY	QTY	RATE	AMOUNT
<b>Graphic Design</b> Logo Design	1	150.00	150.00
<b>Printing</b> 5/12 - Palm card printing	500	0.18	90.00T
<b>Printing</b> 6/5 - Postcard Printing	200	0.20	40.00T
<b>Printing</b> 6/5 - 5-1/2 Baronial Envelope Printing	150	0.22	33.00T
<b>Printing</b> 6/9 - Palm card printing	1,000	0.145	145.00T
<b>Printing</b> 6/22 - Follow up postcard printing	2,000	0.09	180.00T
<b>Printing</b> 6/22 - Palm card printing	1,000	0.145	145.00T
<b>Printing</b> 7/3 - Placard printing	2	1.00	2.00T
<b>Printing</b> 7/3 - Palm card printing	500	0.18	90.00T
<b>Graphic Design</b> Yard sign and banner design	1	35.00	35.00
<b>Graphic Design</b> Vector conversion	0.50	35.00	17.50
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<b>Mail Processing</b> Laurel Pre-Primary Mailer Mail Processing	1,233	0.1484	182.98
<b>Postage</b> Laurel Pre-Primary Mailer Postage	1	273.89	273.89

PAID

SUBTOTAL 1,863.30  
TAX (6%) 72.24  
TOTAL 1,935.54  
PAYMENT 1,935.54

---

TOTAL DUE \$0.00

---

THANK YOU.



The JANT Group, Inc  
 dba Retail Sign Systems, Inc  
 dba Grand Rapids Looseleaf, Inc  
 8111 Belmont Ave. NE  
 Belmont, MI 49306  
 616-863-9422

# Invoice

Date	Invoice No.
07/30/18	22719

Bill To:
Kent County GOP

Ship To
---------

P.O. Number	Terms	Rep	Ship Date	Due Date	Ship Via
Luke Arends			07/30/18	07/30/18	Customer Pickup

Quantity	Item	Description	Price Each	Amount
1	Misc - RSS	Custom 3' x 6' banner: "Laurel Abraham"	95.00	95.00T
		Michigan Sales Tax	6.00%	5.70
			Total	\$100.70

Promotional Adv. Group, Inc.

P. O. Box 574  
6318 Fulton St. E  
Ada, MI 49301

Phone: 616-676-2242 Fax: 616-676-0611

DATE

7/18/2018

INVOICE NO.

112524

**BILL TO**

Abraham for commission

Kent County Republicans  
Attn: Luke

P.O. NO.	TERMS	SHIP DATE	SHIP VIA	REPRESENTATIVE
<u>Luke</u>		6/1/2018	UPS	

DESCRIPTION	QTY	RATE	AMOUNT
White t-shirts with 2-color imprint	25	5.92	148.00T
Set-Up Charge for t-shirts	1	25.00	25.00
Shipping and Handling		19.79	19.79
Sales Tax		6.00%	8.88

THANK YOU FOR YOUR ORDER. WE ARE NOW  
ABLE TO ACCEPT VISA, M/C, AE

**Balance Due**

\$201.67



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Kent County Clerk  
Elections Division

SEP 06 2018

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: 07/23/18 to 08/27/18

1. Committee I.D. Number <u>129280</u>	4. Candidate Last Name <u>Abraham</u> First Name <u>Laurel</u> M.I. <u>J</u>
2. Committee Name <u>Committee to Elect Laurel Abraham</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Board Member - Local</u>
5. Committee's Mailing Address <u>1108 Lakeside Dr SE</u> <u>Grand Rapids, MI 49506</u>  Area Code and Phone <u>(616) 881-0964</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 <u>KENT</u>
7. Treasurer's Business Address <u>7115 Burger Dr SE</u> <u>Grand Rapids, MI 49546</u>  Area Code and Phone _____	6. Treasurer's Name & Residential Address <u>ToAnn Abraham</u> <u>7115 Burger Dr SE</u> <u>Grand Rapids, MI 49546</u>  Area Code & Phone <u>(616) 745-7500</u>
	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)  Area Code and Phone _____

9. TYPE OF STATEMENT 9a. <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>8/7/18</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 <u>ToAnn Abraham</u> Type or Print Name	<u>ToAnn Abraham</u> Signature	<u>9/5/18</u> Date
Candidate <u>Laurel Abraham</u> Type or Print Name	<u>Laurel Abraham</u> Signature	<u>9/5/18</u> Date



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 129280

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Laurel Abraham

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,660.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
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>\$3,660.00</u>	(20.) \$ <u>\$10,734.90</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$418.90</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$4,667.67</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>\$4,667.67</u>	(23.) \$ <u>\$5,641.47</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
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>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$318.90</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$6,101.10</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,660.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,761.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,667.67</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$5,093.43</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/18</u> Name & Address: <u>Alan Abraham</u> <u>7841 Whiteburn Dr SE</u> <u>Ada, MI 49301-9398</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>SAS</u> Business Address <u>4001 3 Mile Rd NW, Grand Rapids, MI 49534</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 <input type="button" value=""/>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/05/18</u> Name & Address: <u>Tracy Knapp</u> <u>1206 Monroe St</u> <u>Mendota, IL 61342</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Farmer</u> Employer <u>Knapp Farms</u> Business Address <u>170 E rt 52, Mendota, IL 61342</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 <input type="button" value=""/>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/16/18</u> Name & Address: <u>Chris Beckering</u> <u>7915 Loral Pines Dr SE</u> <u>Ada, MI 49301</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Pioneer Construction</u> Business Address <u>550 Kirtland St SW, Grand Rapids, MI 49507</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 <input type="button" value=""/>	
<b>3. Contribution # 4</b> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>08/23/18</u> Name & Address: <u>Kent County Republican Committee</u> <u>725 Lake Michigan Dr NW</u> <u>Grand Rapids, MI 49504</u>		\$ <u>2000.00</u>	\$ <u>5000.00</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 <input type="button" value=""/>	

Page Subtotal \$3,600.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$3,660.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

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>08/24/18</u>	
Name & Address: <u>Carter Masek</u> <u>2752 Maplewood Dr SE</u> <u>East Grand Rapids, MI 49506</u>		\$ <u>10.00</u>	\$ <u>10.00</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 <input type="button" value="v"/>	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/26/18</u>	
Name & Address: <u>Kurt Troutman</u> <u>3981 Staple Road</u> <u>Muskegon, MI 49455-8503</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Professor</u> Employer <u>Muskegon Community College</u> Business Address <u>221 Quarterline Rd, Muskegon, MI 49442</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 <input type="button" value="v"/>	
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 <input type="button" value="v"/>	
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 <input type="button" value="v"/>	

Page Subtotal \$60.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$3,660.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Cricket Wireless</u> Address <u>3195 28th St SE</u> <u>Unit SL022</u> <u>Grand Rapids, MI 49512</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cell phone</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/18</u> Date	<u>\$ 35.00</u>
<b>Expenditure #2</b> Name <u>The JANT Group</u> Address <u>8111 Belmont Ave NE</u> <u>Belmont, MI 49306</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade banner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/18</u> Date	<u>\$ 100.70</u>
<b>Expenditure #3</b> Name <u>Right Strategies, LLC</u> Address <u>2153 Wealthy St SE</u> <u>Suite 166</u> <u>East Grand Rapids, MI 49506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/16/18</u> Date	<u>\$ 1935.54</u>
<b>Expenditure #4</b> Name <u>Right Strategies, LLC</u> Address <u>2153 Wealthy St SE</u> <u>Suite 166</u> <u>East Grand Rapids, MI 49506</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Football mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/18</u> Date	<u>\$ 1775.19</u>
<b>Expenditure #5</b> Name <u>Promotional Adv. Group, Inc.</u> Address <u>6318 Fulton St E</u> <u>Ada, MI 49301</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/10/18</u> Date	<u>\$ 201.67</u>

Subtotal this page **\$4,048.10**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$4,667.67**

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **129280**  
2. Committee Name **Committee to Elect Laurel Abraham**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Handicap Sign Inc</b> Address <b>1142 Walthy St SE Grand Rapids, MI 49506</b> <input type="checkbox"/> Fund Raiser	Purpose: <b>Yard signs</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/25/18</b> Date	<b>\$ 619.57</b>
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 **\$619.57**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$4,667.67**

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 129280  
2. Committee Name Committee to Elect Laurel Abraham

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: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506  Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 04/20/18 6. <u>Original Amount of Debt:</u> \$ 168.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 168.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506  Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 4/23/18 6. <u>Original Amount of Debt:</u> \$ 100.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 100.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506  Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 4/24/18 6. <u>Original Amount of Debt:</u> \$ 9.90	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 9.90 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$277.90**

Grand Total of all Schedules 1E **\$318.90**  
(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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 129280  
2. Committee Name Committee to Elect Laurel Abraham

This Schedule Itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> 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) 6. 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 Laurel Abraham 1108 Lakeside Dr East Grand Rapids, MI 49506	4. Type: _____ 5. Date Debt Was Incurred: <u>04/24/18</u> 6. Original Amount of Debt: <u>\$ 41.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 41.00 <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)				<b>\$41.00</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				<b>\$318.90</b>

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

[www.Michigan.gov/sos](http://www.Michigan.gov/sos)

**LATE CONTRIBUTION REPORT**

1. Your Committee ID#: 129280
2. Your Committee Name: Committee to Elect Laurel Abraham
3. Date Late Contribution(s) Received: 08/28/18 (Only one Date per Sheet)

<ul style="list-style-type: none"><li>• Late Contribution Reports are required when a<ul style="list-style-type: none"><li>○ Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election where the candidate is participating. See <u>Appendix G</u> of the Campaign Finance Manual.</li><li>○ A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election. See <u>Appendix G</u> of the Campaign Finance Manual.</li></ul></li><li>• Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.</li><li>• Late Contribution Reports are not waived by the Reporting Waiver.</li><li>• Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.</li><li>• Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.</li><li>• Electronic Filers on the state level must file all Late Contribution Report <u>electronically</u>.</li><li>• The Late Contribution must also be reported on the next Campaign Statement owed by the committee.</li></ul>		
4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Cumulative Amount during LCR Period.	
Contributor Name and Address: Land, Fern L. 7955 Byron Station Court SW Byron Center, MI 49315  (If Individual, also provide:) Occupation <u>Owner</u> Employer / Business Address <u>Greenstone</u> 3225 Walker Ave NW, Grand Rapids, MI 49544	\$500.00	
Contributor Name and Address:  (If Individual, also provide:) Occupation _____ Employer / Business Address _____		
Contributor Name and Address:  (If Individual, also provide:) Occupation _____ Employer / Business Address _____		
Contributor Name and Address:  (If Individual, also provide:) Occupation _____ Employer / Business Address _____		



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

November 27, 2018

Laurel Abraham  
1108 Lakeside Drive SE  
Grand Rapids, Michigan 49506

Re: *Lynn v. Abraham*  
Campaign Finance Complaint  
No. 2018-08-61-33

Dear Ms. Abraham:

The Department of State (Department) has concluded its investigation on the formal complaint filed by Frank Lynn against you alleging 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. Lynn filed his complaint on August 9, 2018 and alleged your committee used campaign literature that contains the paid for by statement "Paid for by Committee to Elect Laurel Abraham" but the committee has failed to disclose any such expenditures in the pre-primary finance report. Specifically, Mr. Lynn alleged that campaign literature, t-shirts, banners, and car stickers were knowingly omitted and were more than \$500. As evidence, Mr. Lynn provided copies and/or pictures of each of the campaign materials.

By letter dated August 28, 2019, you responded and indicated that the postcard, car sign, banner, and t-shirts were paid for after the July 17, 2018 close of books. You stated that your vendor did not send the invoice and you did not pay the invoice until after July 17, 2018 and planned to file the expenditure on your post-primary report. As evidence, you provided copies of three invoices each of which is dated after July 17, 2018. Mr. Lynn elected not to file a rebuttal.

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).

The Department has reviewed all the evidence submitted by the parties and the reports available through the Kent County Clerk's Office and determines that there is insufficient evidence to support a finding that a potential violation of the MCFA has occurred. Mr. Lynn alleges that you

did not file reports timely, but based upon the deadlines established in the Act, the reporting had ended prior to the invoices being sent for two of the invoices. For the August 7, 2018 primary, the closing date was July 22, 2018 and statements were due by July 27, 2018. Two of the three invoices were dated after these dates. The third invoice was dated for July 18, 2018. However, the evidence shows that all invoices were paid after July 27, 2018. The date of payment is the date that is to be reported on the expenditure report. Because each of the three invoices was paid after July 27, 2018, they are required to be disclosed on the Post-Election Report. Upon review of your Post-Election report, the report contains expenditures that correspond with each invoice provided in your response.<sup>1</sup> Based upon this and absent evidence to the contrary, it does not appear that the reports have knowingly been misfiled or that expenditures have been omitted.

Therefore, the Department finds that there is insufficient evidence to conclude that a violation of the MCFA has occurred. Accordingly, the complaint is dismissed, the Department's file on the matter is closed, and no further action will be taken.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Fracassi", written in a cursive style.

Adam Fracassi  
Bureau of Elections  
Michigan Department of State

c: Frank Lynn

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<sup>1</sup> Available at <https://www.accesskent.com/CFPublic/search.action>