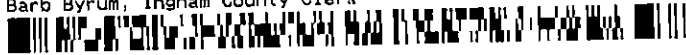


OCT 30 2017



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

F2017-1392  
10/30/17 4:40 PM Page 1 of 1  
CAMP \$0.00  
Barb Byrum, Ingham County Clerk



**INDEPENDENT/PO  
COMMITTEE COVER PAGE**

**INGHAM COUNTY CLERK**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

3. This Statement covers From: 10/04/17 To 10/22/17

1. Committee I.D. Number  
**46725**

4. Committee's Mailing Address  
**2145 Commons Parkway  
Okemos, MI 48864**

2. Committee Name  
**Greater Lansing Association of Realtors  
PAC**

Area Code and Phone (517) 372-8890

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.

5. Treasurer's Name and Residential Address  
**Brad Ward  
58285 McCormick Ct.  
South Lyon, MI 48178**

Area Code and Phone (248) 264-6554

6. Treasurer's Business Address  
**720 N. Washington Ave.  
Lansing, MI 48906**

Area Code and Phone (517) 372-8890

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

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL

8a. QUARTERLY STATEMENTS

- January 31
- April 25
- July 25
- October 25

- 8c.  ANNUAL STATEMENT  
( \_\_\_\_\_ Coverage Year) Local  
Candidates Exempted
- 8d.  PRE-ELECTION OR
- 8e.  POST-ELECTION

- 8f.  AMENDMENT TO CAMPAIGN STATEMENT  
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8b.  SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

- Pre-Election or Post-Election Statement relates to:
- PRIMARY  GENERAL
  - CONVENTION  SCHOOL
  - SPECIAL  CAUCUS

8g.  DISSOLUTION OF COMMITTEE

Date of Election, Convention or Caucus:

10/30/17

- July 25 Quarterly
- October 25 Quarterly

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

**Note:** The disposition of residual funds must be reported on Schedule 2B and the Summary Page.

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

Current Treasurer or Designated Record Keeper **Brad Ward**  
Type or Print Name

Signature

Date 10/30/17



1. Committee I.D. Number 46725

2. Committee Name Greater Lansing Association of Realtors PAC

**SUMMARY PAGE  
INDEPENDENT OR POLITICAL COMMITTEE**

	Column I This Period	Column II Cumulative for Calendar Year
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>32,923.38</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>32,923.38</u>	(18.) \$ <u>32,923.38</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add line 3c + Line 4)	(5.) \$ <u>32,923.38</u>	(20.) \$ <u>32,923.38</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>32,823.38</u>	(23.) \$ <u>32,823.38</u>
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>32,823.38</u>	(24.) \$ <u>32,823.38</u>
<b>IN-KIND EXPENDITURES</b>		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(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 - Column I)	(14.) + <u>32,923.38</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>32,923.38</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>32,823.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>100.00</u>	*

\*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 46725  
2. Committee Name Greater Lansing Association of Realtors PAC

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
---	-----------	--

3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <b>Michigan Realtors</b> <b>720 N. Washington Ave.</b> <b>Lansing, MI 48906</b>	4. Date of Receipt <u>10/10/17</u>	6. Amount \$ <u>100</u>	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ <u>100</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization Type</a> <input type="button" value="v"/> </div> Occupation _____ Employer _____ 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 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address: <b>National Association of Realtors</b> <b>430 N. Michigan Ave.</b> <b>Chicago, IL 60611-4087</b>	4. Date of Receipt <u>10/17/17</u>	6. Amount \$ <u>32823.38</u>	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ <u>32823.38</u>
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization Type</a> <input type="button" value="v"/> </div> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address:	4. Date of Receipt _____	6. Amount \$ _____	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization Type</a> <input type="button" value="v"/> </div> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES Name & Address:	4. Date of Receipt _____	6. Amount \$ _____	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____
5. If over \$100.00 cumulative, please provide: <div style="float: right; text-align: right;"> <a href="#">Click Here for Memo Itemization Type</a> <input type="button" value="v"/> </div> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal	<b>\$32,923.38</b>
Grand Total of All Schedules 2A (Complete on last page of Schedule)	<b>\$32,923.38</b>
Enter this total on line 3a of Summary Page	



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 2A-1  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 46725  
Greater Lansing Association of Realtors PAC  
2. Committee Name \_\_\_\_\_

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Receipt #2 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Receipt #3 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Receipt #4 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Receipt #5 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Receipt #6 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Receipt #7 Name & Address:	Date of Receipt _____  <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Page Subtotal

Grand Total of All Schedules 2A -1  
(Complete on last page of Schedule)

Enter this total on  
line 4 of Summary  
Page



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 2-IK  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number 46725

2. Committee Name Greater Lansing Association of Realtors PAC

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 another Political Committee or Independent Committee (Both are commonly called PACs).	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 Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address:     PAC Receipt? <input type="checkbox"/> YES  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 Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____  5. DATE OF RECEIPT: _____  6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>	
Contribution # 2 Name & Address:     PAC Receipt? <input type="checkbox"/> YES  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 Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____  5. DATE OF RECEIPT: _____  6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>	
Contribution # 3 Name & Address:     PAC Receipt? <input type="checkbox"/> YES  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 Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____  5. DATE OF RECEIPT: _____  6. VENDOR NAME & ADDRESS: _____	\$ _____ \$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>	

Page Subtotal

Grand Total of all Schedules 2-IK  
(Complete on last page of Schedule)


Enter this total  
on line 6a of  
Summary Page



**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 2B  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number **46725**  
Greater Lansing Association of Realtors PAC  
2. Committee Name \_\_\_\_\_

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

Subtotal this page \_\_\_\_\_  
 Grand Total of all Schedules 2B  
 (Complete on last page of Schedule) \_\_\_\_\_  
 Enter this total on line 8a of the Summary Page



**ITEMIZED INDEPENDENT EXPENDITURES  
SCHEDULE 2B-1  
INDEPENDENT OR POLITICAL COMMITTEE**

**46725**

1. Committee I.D. Number \_\_\_\_\_  
Greater Lansing Association of Realtors PAC  
2. Committee Name \_\_\_\_\_

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

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <b>Access Marketing Services</b> <b>P.O. Box 913026</b> <b>Denver, CO 80291-3026</b>	5. <u>Aaron Stephens</u> <small>Name of Candidate</small> <u>City Council, East Lansing, MI</u> <small>Office Sought &amp; District # or Jurisdiction</small>  <u>Ingham</u> <small>County</small> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10/20/17</u> <small>Date</small>	\$ <u>32823.38</u>	\$ <u>32823.38</u>  Click Here for Memo Itemization Type <input type="button" value="v"/>
4. Purpose: mailings, internet ads (in-house) Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ <small>Name of Candidate</small>  _____ <small>Office Sought &amp; District # or Jurisdiction</small>  _____ <small>Ballot Proposal</small>  _____ <small>County</small> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ <small>Date</small>	\$ _____	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name & Address:  4. Purpose: Support: <input type="checkbox"/> Oppose <input type="checkbox"/>	5. _____ <small>Name of Candidate</small>  _____ <small>Office Sought &amp; District # or Jurisdiction</small>  _____ <small>Ballot Proposal</small>  _____ <small>County</small> <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ <small>Date</small>	\$ _____	\$ _____  Click Here for Memo Itemization Type <input type="button" value="v"/>

Subtotal this page **\$32,823.38**

Grand Total of all Schedules 2B-1  
(Complete on last page of Schedule) **\$32,823.38**

Enter this total on line 9 of the Summary Page



**ITEMIZED IN-KIND EXPENDITURES  
SCHEDULE 2B-2  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number **46725**  
2. Committee Name **Greater Lansing Association of Realtors PAC**

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name & Address:   Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal _____	4. <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 <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b> Description _____ 5. <b>DATE OF EXPENDITURE:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____	\$ _____	\$ _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #2 Name & Address:   Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal _____	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 <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b> Description _____ 5. <b>DATE OF EXPENDITURE:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____	\$ _____	\$ _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>
Expenditure #3 Name & Address:   Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal _____	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 <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b> Description _____ 5. <b>DATE OF EXPENDITURE:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____	\$ _____	\$ _____	\$ _____ Click Here for Memo Itemization Type <input type="button" value="v"/>

Page Subtotal		
Grand Total of all Schedules 2B-2 (Complete on last page of Schedule)		
	Enter this total on line 8c of the Summary Page	Enter this total on line 11 of the Summary Page





**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES  
SCHEDULE B - G**

1. Committee I.D. Number 46725

Greater Lansing Association of Realtors PAC

**POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES**

2. Committee Name \_\_\_\_\_

**USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.**

Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name &amp; Address: _____</p> <p>For Activity Type b - f, check one:  <input type="checkbox"/> In-Kind    <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one:  <input type="checkbox"/> Support    <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought &amp; District # or Jurisdiction _____ Candidate's County _____</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards    c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers    e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>\$ _____</p>
<p>Expenditure #2 Name &amp; Address: _____</p> <p>For Activity Type b - f, check one:  <input type="checkbox"/> In-Kind    <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one:  <input type="checkbox"/> Support    <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought &amp; District # or Jurisdiction _____ Candidate's County _____</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards    c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers    e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>\$ _____</p>
<p>Expenditure #3 Name &amp; Address: _____</p> <p>For Activity Type b - f, check one:  <input type="checkbox"/> In-Kind    <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one:  <input type="checkbox"/> Support    <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought &amp; District # or Jurisdiction _____ Candidate's County _____</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards    c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers    e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>\$ _____</p>

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 2E**

**POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 46725

2. Committee Name Greater Lansing Association of Realtors PAC

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. <small>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.</small>	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
			Page Subtotal (Outstanding debt)	
			Grand Total of all Schedules 2E	
(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



**FUND RAISER SCHEDULE 2F  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 46725  
Greater Lansing Association of Realtors PAC  
2. Committee Name \_\_\_\_\_

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

3. Date Event Was Held  _____	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (if any) of the place where the activity was held  <input type="checkbox"/> Private Residence
-------------------------------------	--	----------------------------------	---

7. Total Contributions \_\_\_\_\_

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \_\_\_\_\_

\*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 Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-1K), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.