PAGE 1 / 18

# **FEC**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

| FURIVI 3A  | For C                                     | other Than An Au   | ıthorized                              | Commit                     | tee                                 |             | Office Us                            | se Only        |   |
|--|---|--|--|----------------------------|-------------------------------------|-------------|--------------------------------------|----------------|---|
| NAME OF COMMITTEE (in f  |   | OR PRINT ▼   |  | nple: If typ<br>the lines. | ing, type                           | 12FE        | 4M5                                  |                |   |
| Grand Traverse   | County De                                 | emocratic Comn   | nittee                                 |                            |                                     | 1 1 1       |                                      |                |   |
|  |   |  |  |                            |                                     |             |                                      |                |   |
| ADDRESS (number and  Check if differ than previous reported. (AC | rent 309                                  | P. Box 1532  P. E Front Street  averse City  |  |                            |                                     | MI          | 49684                                |                |   |
| 2. <b>FEC IDENTIFICA</b>   | TION NUMBE                                | R ▼ C  | ITY 🛦                                  |                            |                                     | STATE A     |                                      | ZIP CO         | DE 🛦  |
| C C00402842  |   |  | IS THIS<br>REPORT                      |                            | NEW<br>(N) <b>OR</b>                |             | AMENDED<br>(A)                       |                |   |
| 4. TYPE OF REPO<br>(Choose One)  (a) Quarterly Repo              |   | Report Due On:   | eb 20 (M2)<br>ar 20 (M3)<br>or 20 (M4) |                            | May 20 (M5) Jun 20 (M6) Jul 20 (M7) | ĕ           | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) |                | Nov 20 (M11)<br>(Non-Election<br>Year Only)<br>Dec 20 (M12)<br>(Non-Election<br>Year Only)<br>Jan 31 (YE) |
| July 15 Quarterly  October 1 Quarterly                           | Report (Q3)                               | (c) 12-Day PRE-Election Report for the:  |  | Primary (12 Convention     |                                     | =           | eral (12G)<br>cial (12S)             | in the         | Runoff (12R)  |
| July 31 N<br>Report (N<br>Year Only                              | Report (YE) lid-Year lon-election () (MY) | (d) 30-Day POST-Election Report for the:   | tion on                                | General (30                | OG)                                 | Rund        | off (30R)                            | State of       | Special (30S)   |
| (TER)  |   | Elect  | tion on                                |                            |                                     |             |                                      | State of       |   |
| 5. Covering Period   | 07  | 01 / 2018  |  | through                    | M M                                 | 30          | 202                                  | 18             |   |
| I certify that I have exact<br>Type or Print Name of             | Klé                                       | oort and to the best on the best on the best on the best of the be | of my know                             | rledge and                 | belief it is tr                     | ue, correct | and comple                           | te.            |   |
| Signature of Treasurer   | Klein, Leond                              | urd, , ,   | I                                      | Electronical               | lly Filed]                          | Date        | 07                                   |                | 2018  |
| NOTE: Submission of fa   | lse, erroneous,                           | or incomplete informati  | on may sub                             | oject the pe               | rson signing t                      | his Report  | to the penalti                       | es of 52       | U.S.C. § 30109  |
| Office<br>Use  |   |  |  |                            |                                     |             |                                      | FOR Rev. 05/20 |   |

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **Grand Traverse County Democratic Committee** 07 01 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 5505.85 January 1, 2018 (b) Cash on Hand at 4374.64 Beginning of Reporting Period..... 12240.00 21697.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 27202.85 16614.64 6(a) and 6(c) for Column B)..... 4973.38 15561.59 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 11641.26 11641.26 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### **Grand Traverse County Democratic Committee**

2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 8350.00 10100.00 (i) Itemized (use Schedule A)..... 3890.00 11544.00 (ii) Unitemized ..... (iii) TOTAL (add 21644.00 12240.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 21644.00 12240.00 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 53.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 21697.00 12240.00 20. Total Federal Receipts 12240.00 21697.00 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

|    | II. Disbursements   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----|---|-------------------------------|-----------------------------------|
|    | Operating Expenditures: —  (a) Allocated Federal/Non-Federal                                |                               |                                   |
|    | Activity (from Schedule H4) (i) Federal Share   | 0.00                          | 0.00                              |
|    | (i) Tederal Ollare  | 45 45 45                      |                                   |
|    | (ii) Non-Federal Share  | 0.00                          | 0.00                              |
|    | (b) Other Federal Operating   | 4246.05                       | 12710.65                          |
|    | Expenditures(c) Total Operating Expenditures  | 4316.95                       | 12710.03                          |
|    | (add 21(a)(i), (a)(ii), and (b))  | 4316.95                       | 12710.65                          |
| 2. | Transfers to Affiliated/Other Party   | 4 4                           |                                   |
|    | Committees Contributions to   | 0.00                          | 0.00                              |
|    | Federal Candidates/Committees and Other Political Committees                                | 0.00                          | 0.00                              |
|    | Independent Expenditures  | 0.00                          | 4 4                               |
|    | (use Schedule E)  | 0.00                          | 0.00                              |
| ). | Coordinated Party Expenditures (52 U.S.C. § 30116(d))                                       | 7 7                           | 45 45 45                          |
|    | (use Schedule F)  | 0.00                          | 0.00                              |
| :  | Loan Repayments Made  | 0.00                          | 0.00                              |
| •  | Loan ricpayments Made   | 3.00                          | 0.00                              |
|    | Loans Made  | 0.00                          | 0.00                              |
|    | Refunds of Contributions To: (a) Individuals/Persons Other                                  | 4 4                           |                                   |
|    | Than Political Committees   | 0.00                          | 0.00                              |
|    | (b) Political Party Committees  | 0.00                          | 0.00                              |
|    | (b) Political Party Committees(c) Other Political Committees                                | 0.00                          | 0.00                              |
|    | (such as PACs)  | 0.00                          | 0.00                              |
|    | (d) Total Contribution Refunds  |                               |                                   |
|    | (add Lines 28(a), (b), and (c))▶  | 0.00                          | 0.00                              |
| _  | Other Disbursements (Including  |                               |                                   |
|    | Non-Federal Donations)  | 0.00                          | 0.00                              |
|    |   |                               | 4 4                               |
| •  | Federal Election Activity (52 U.S.C. § 30101(20)<br>(a) Allocated Federal Election Activity | ))                            |                                   |
|    | (from Schedule H6)  |                               |                                   |
|    | (i) Federal Share   | 0.00                          | 0.00                              |
|    | <u> </u>  |                               | 4 4                               |
|    | (ii) "Levin" Share  | 0.00                          | 0.00                              |
|    | (b) Federal Election Activity Paid  |                               |                                   |
|    | Entirely With Federal Funds   | 656.43                        | 2850.94                           |
|    | Lines 30(a)(i), 30(a)(ii) and 30(b))  | 656.43                        | 2850.94                           |
|    |   | 555.45                        | 2030.94                           |
|    | Total Disbursements (add Lines 21(c), 22,   |                               |                                   |
|    | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 4973.38                       | 15561.59                          |
|    | Total Foderal Dishurana arts  | 4                             | 4 4                               |
| •  | Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)                     |                               |                                   |
|    | from Line 31)   | 4072.20                       |                                   |
|    |   | 4973.38                       | 15561.59                          |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 12240.00 21644.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 21644.00 12240.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 4316.95 12710.65 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 53.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 4316.95 12657.65 (subtract Line 37 from Line 36) ......

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

| F  | OR  | LINE    | NU | MBER | : | PAGE | 6  | OF | 18 |
|----|-----|---------|----|------|---|------|----|----|----|
| (0 | che | ck only | or | ne)  |   |      |    |    |    |
|    | X   | 11a     |    | 11b  |   | 11c  | 12 | !  |    |
|    |     | 13      |    | 14   |   | 15   | 16 | ;  | 17 |

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Grand Traverse County Democratic Committee** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cogswell, Susan, , , Date of Receipt Mailing Address 6235 Red Fox Run 2018 14 City Zip Code State Transaction ID: SA11AI.7021 MI Traverse City 49686 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired dinner donation 6319 Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cracchiolo, Chris, J., , Date of Receipt Mailing Address 5140 Arrowhead Court 2018 City State Zip Code Transaction ID: SA11AI.6983 MI Williamsburg 49690 Amount of Each Receipt this Period FEC ID number of contributing 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) J. Allan Reynolds **Director of Business Development** dinner donation 2004 Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Klein, Leonard, , , Date of Receipt Mailing Address 2965 Crescent Shores dr 2018 City State Zip Code Transaction ID: SA11AI.6942 MI Traverse City 49685 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) donation #1773 none retired Receipt For: Aggregate Year-to-Date ▼ Primary General 247.00 Other (specify) 490.00 SUBTOTAL of Receipts This Page (optional).....

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 7 OF

| EMIZED RECEIPTS  | for each category of the Detailed Summary Page | ( -     | ck only<br>11a<br>13 | y one)<br>11b<br>14 |       | 11c<br>15 |     | 12<br>16  | 17 |
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| y information copied from such Reports and Statements ma | ay not be sold or used by any pe               | rson fo | or the               | purpose o           | of so | oliciting | cor | ntributio | ns |

|           |  | <u>L</u>                 |                                  |                                     |         | 13                             |                | 14                         | 15                    | 16                               | 17        |  |  |  |
|-----------|--|--------------------------|----------------------------------|-------------------------------------|---------|--------------------------------|----------------|----------------------------|-----------------------|----------------------------------|-----------|--|--|--|
| An<br>or  | y information copied from such Reports and State<br>for commercial purposes, other than using the na         | ements may name and addr | not be sold or<br>ress of any po | used by any pe<br>litical committee | erson f | or the l                       | purp<br>ntribu | ose of s                   | soliciting<br>om such | contributi                       | ons<br>e. |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) Grand Traverse County Democra  | tic Comm                 | ittee                            |                                     |         |                                |                |                            |                       |                                  |           |  |  |  |
| ١.        | Full Name of Individual (Last, First, Middle Initial) Klein, Leonard, , ,                                    | or Full Orga             | nization Name                    | Э                                   | ı       | Date of                        | Rec            | ceipt                      |                       |                                  |           |  |  |  |
|           | Mailing Address 2965 Crescent Shores dr  |                          |                                  |                                     |         | M = M<br>09                    | ′              | 07                         | / Y                   | y y<br>2018                      | Y         |  |  |  |
|           | City Traverse City   | State<br>MI              | Zip Code<br>49685                |                                     |         |                                |                | on ID : S<br>Each Re       |                       | s Period                         |           |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С                        |                                  |                                     |         |                                |                |                            |                       | 100.0                            | 0         |  |  |  |
|           | Name of Employer (for Individual) none   | Occupa<br>retired        | ation (for Indivi                | dual)                               | di      | Memo Item dinner donation 1779 |                |                            |                       |                                  |           |  |  |  |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Ye             | ar-to-Date ▼                     | 347.00                              |         |                                |                |                            |                       |                                  |           |  |  |  |
| 3.        | Full Name of Individual (Last, First, Middle Initial) Lassers, Harold, , , Mailing Address 4678 Arthur Court | or Full Orga             | nization Name                    | 9                                   |         | Date of                        | Rec            | D D                        | / Y                   | 7018                             | Y         |  |  |  |
|           | City<br>Williamsburg   | State<br>MI              | Zip Code<br>49690                |                                     |         |                                |                | 21<br>on ID : S<br>Each Re |                       | 2018<br>3 <b>940</b><br>s Period | _         |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С                        |                                  |                                     |         |                                |                | ,                          | -                     | 500.0                            | 0         |  |  |  |
|           | Name of Employer (for Individual) none   | Occupa<br>retired        | ation (for Indiv                 | idual)                              | do      | Me<br>onation                  |                | Item<br>24                 |                       |                                  |           |  |  |  |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Ye             | ar-to-Date ▼                     | 620.00                              |         |                                |                |                            |                       |                                  |           |  |  |  |
| <br>>.    | Full Name of Individual (Last, First, Middle Initial) Lassers, Harold, , ,                                   | or Full Orga             | nization Name                    | 9                                   |         | Date of                        | Rec            | ceipt                      |                       |                                  |           |  |  |  |
|           | Mailing Address 4678 Arthur Court  | Chaha                    | 7:m 0! -                         |                                     |         | M M M                          | ′              | 14                         |                       | 2018                             | Y         |  |  |  |
|           | City Williamsburg  | State<br>MI              | Zip Code<br>49690                |                                     |         |                                |                | on ID : S<br>Each Re       |                       | 7030<br>s Period                 |           |  |  |  |
|           | FEC ID number of contributing federal political committee.   | С                        |                                  |                                     |         |                                |                | ,                          | 5                     | 150.0                            | 0         |  |  |  |
|           | Name of Employer (for Individual) none   | Occupa<br>retired        | ation (for Indivi                | dual)                               | di      | Me<br>inner do                 |                | Item<br>on AB              |                       |                                  |           |  |  |  |
|           | Receipt For: Primary General Other (specify)   | Aggregate Ye             | ar-to-Date ▼                     | 770.00                              |         |                                |                |                            |                       |                                  |           |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)   |                          |                                  | <b>&gt;</b>                         |         |                                |                | ,                          |                       | 750.0                            | 0         |  |  |  |
| T         | OTAL This Period (last page this line number onl   | y)                       |                                  |                                     |         |                                |                | ,                          | -                     |                                  |           |  |  |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

| TOTT EITHE TOTTIBLET. |    |         |    |     | PAGE | 8   | OF | 18 |    |
|-----------------------|----|---------|----|-----|------|-----|----|----|----|
| (0                    | he | ck only | or | ne) |      |     |    |    |    |
|                       | X  | 11a     |    | 11b |      | 11c | 12 | 2  |    |
|                       |    | 13      |    | 14  |      | 15  | 16 | 6  | 17 |

|  | Statements may not be sold or used by any persone name and address of any political committee to |  |
|--|--|--|
| NAME OF COMMITTEE (In Full)  Grand Traverse County Demo  | cratic Committee   |  |
| Full Name of Individual (Last, First, Middle In Maller, Marcy, , ,                                     | nitial) or Full Organization Name  | Date of Receipt  |
| Mailing Address 4588 Hampshire Dr.   |  | 09 14 2018   |
| City<br>Williamsburg   | State Zip Code<br>MI 49690   | Transaction ID : SA11AI.7025  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 260.00   |
| Name of Employer (for Individual) none Receipt For:  | Occupation (for Individual) Retired  | Memo Item dinner donation 1160                                   |
| Primary General Other (specify) ▼  | Aggregate Year-to-Date ▼ 400.00  |  |
| Full Name of Individual (Last, First, Middle In Quick, Eleanor, , ,  Mailing Address 60 S Long Lake Rd | nitial) or Full Organization Name  | Date of Receipt  |
| City Traverse City   | State Zip Code<br>MI 49686   | Transaction ID : SA11AI.7005  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 5000.00  |
| Name of Employer (for Individual) none   | Occupation (for Individual) retired  | Memo Item donation/dinner donation 353                           |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 5000.00   |  |
| Full Name of Individual (Last, First, Middle In Sanok, Richard, , ,                                    | nitial) or Full Organization Name  | Date of Receipt  |
| Mailing Address 84 Wakulat Ln  |  | 09 07 2018   |
| City Traverse City   | State Zip Code<br>MI 49686   | Transaction ID : SA11AI.6985  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C  | 550.00   |
| Name of Employer (for Individual) none   | Occupation (for Individual) retired  | Memo Item dinner donation 5983                                   |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼ 550.00  |  |
| SUBTOTAL of Receipts This Page (optional)  | ·····  | 5810.00  |
| TOTAL This Period (last page this line numbe   | r only)  |  |

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

Use separate schedule(s)

| F  | ЭR | LINE    | NU | <b>MBER</b> | : | PAGE | 9  | OF | 18 | , |
|----|----|---------|----|-------------|---|------|----|----|----|---|
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|    | ×  | 11a     |    | 11b         |   | 11c  | 12 | 2  |    |   |
|    |    | 13      |    | 14          |   | 15   | 16 | 6  | 17 | , |

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Grand Traverse County Democratic Committee** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sanok, Richard, , , Date of Receipt Mailing Address 84 Wakulat Ln 2018 City Zip Code State Transaction ID: SA11AI.6991 MI Traverse City 49686 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) none retired donation 5978 Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snow, John, R.,, Date of Receipt Mailing Address 10605 Bluff Rd 2018 City State Zip Code Transaction ID: SA11AI.6984 MI Traverse City 49686 Amount of Each Receipt this Period FEC ID number of contributing 550.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) none dinner donation 3324 retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 610.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Snow, John, R., , Date of Receipt Mailing Address 10605 Bluff Rd 07 2018 City State Zip Code Transaction ID: SA11AI.6992 MI Traverse City 49686 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) donation 3318 none retired Receipt For: Aggregate Year-to-Date ▼ Primary General 710.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

|   | FOR | LINE    | NU | <b>MBER</b> | : | PAGE | • | 10 | OF | 18 |
|---|-----|---------|----|-------------|---|------|---|----|----|----|
| ( | che | ck only | or | ne)         |   |      |   |    |    |    |
|   | ×   | 11a     |    | 11b         |   | 11c  |   | 12 |    |    |
|   |     | 13      |    | 14          |   | 15   |   | 16 | ;  | 17 |

|  | Statements may not be sold or used by any persename and address of any political committee to |  |
|--|---|--|
| NAME OF COMMITTEE (In Full)  Grand Traverse County Democ   | cratic Committee  |  |
| Full Name of Individual (Last, First, Middle Ir  | nitial) or Full Organization Name   | Date of Receipt  |
| Mailing Address 605 Webster St   |   | 09 07 2018 _   |
| City Traverse City   | State Zip Code<br>MI 49686  | Transaction ID : SA11Al.6990  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                       | C   | 500.00   |
| Name of Employer (for Individual) none   | Occupation (for Individual) Retired   | Memo Item<br>donation 1924                                       |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 620.00   |  |
| Full Name of Individual (Last, First, Middle Ir Zion, Susan, , ,  Mailing Address 6276 Summit CT | nitial) or Full Organization Name   | Date of Receipt  |
| City Traverse City   | State Zip Code<br>MI 49686  | Transaction ID : SA11AI.7004  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                       | C   | 100.00   |
| Name of Employer (for Individual) retired  | Occupation (for Individual) retired   | Memo Item dinner donation 2578                                   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  220.00  |  |
| Full Name of Individual (Last, First, Middle Ir  | nitial) or Full Organization Name   | Date of Receipt  |
| Mailing Address  |   | M = M / D = D / Y = Y = Y  |
| City   | State Zip Code  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                       | C   |  |
| Name of Employer (for Individual)  | Occupation (for Individual)   | Memo Item  |
| Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼  |  |
| SUBTOTAL of Receipts This Page (optional)  | <b>•</b>  | 600.00   |
| TOTAL This Period (last page this line number  | : only)   | 8350.00  |

### S 17

| Use separate schedule(s)   Check only one)   Check one)   C    | SCHEDULE B (FEC Form 3X)                      |             |          | FOR L    | INE NUMBER: PAGE 11 OF 18               |                      |                          |  |  |  |  |  |  |
|--|---|-------------|----------|----------|---|----------------------|--------------------------|--|--|--|--|--|--|
| Detailed Summary Page   28    28    28    29    30     | ITEMIZED DISBURSEMENTS                        |             |          | I `      | ·                                       |                      |                          |  |  |  |  |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions of for commercial purposes, other than using the name and address of any political committee  NAME OF COMMITTEE (in Pull)  Grand Traverse County Democratic Committee  Full Name (Last, First, Middle Initial)  A. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse  |   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) Grand Traverse County Democratic Committee  Full Name (i.ast, First, Middle Initial) A. 309 E Front St Associates  Mailing Address 300 E Front St  City Furpose of Disbursement office ran Prisadent Disbursement For:  Sanate Primary Other (specify)  Full Name (i.ast, First, Middle Initial) B. 309 E Front St Associates  Mailing Address 300 E Front St  City Furpose of Disbursement Office Sought FeC Identification Number  Cranadate Name  Category/ Type  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Traverse City Furpose of Disbursement Office Sought House Primary Office Sought House Primary Office Sought FeC Identification Number  Cranadate Name  Category/ Type  Disbursement  Disbursement  Disbursement  Disbursement  Traverse City Furpose of Disbursement Office Sought Sanate Primary Office Sought Sanate Primary Office Sought Sanate Primary Office Sought Sanate Primary Office Sought  FeC Identification Number  Cranadate Name  Category/ Type  Traverse City Furpose of Disbursement  Date of Disbursement  FeC Identification Number  Cranadate Name  Category/ Traverse City Purpose of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  State:  Date of Disbursement  Date of Disbursement  Date of Disbursement  FeC Identification Number  Cranadate Name  FeC Identification Number  Cranadate Name  Traverse City Fec Identification Number  Cranadate Name  Fec Identification Number  Fec Id  | [   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| Grand Traverse County Democratic Committee  Full Name (Last, First, Middle Initial)  A 309 E Front St Associates  Mailing Address 309 E Front St  City State Zip Code Traverse City Purpose of Disbursement office rent Candidate Name  Office Sought: House Disbursement For: Senate President Office (Specify)  Traverse City State Disbursement office rent Candidate Name  Office Sought: House Disbursement For: State Associates  Mailing Address 309 E Front St  City State Zip Code Amount of Each Disbursement Bend Office Sought: President Disbursement For: Senate President Disbursement Topics of Disbursement District:  Full Name (Last, First, Middle Initial)  State: District: D  |   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A 309 E Front St Associates  Mailing Address 309 E Front St  City State Windle Initial Address 309 E Front St  City Senate President State: District:  Full Name (Last, First, Middle Initial)  B 309 E Front St Associates  Mailing Address 309 E Front St  City State President State: District:  Full Name (Last, First, Middle Initial)  Coffice Sought: House Primary General P  | NAME OF COMMITTEE (In Full)                   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| A. 309 E Front St Associates  Mailing Address 309 E Front St  City   | Grand Traverse County Democra                 | itic Comi   | mittee   |          |   |                      |                          |  |  |  |  |  |  |
| City   |   |             |          |          |   | Date of Dishursement |                          |  |  |  |  |  |  |
| City Traverse City Purpose of Disbursement Office Sought:  Full Name (Last, First, Middle Initial)  B. 309 E Front St Associates  Mailing Address 309 E Front St  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Senate  President  Other (specify)  State  Other (specify)  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  First Name (Last, First, Middle Initial)  Candidate Name  Office Sought:  Other (specify)  State  Other (specify)  Other (specify)  Transaction ID: \$8218.6963  Amount of Each Disbursement to Candidate Name  Candidate Name  Office Sought:  Office Sought:  Office Sought:  Other (specify)  State  Other (specify)  Other (specify)  Other (specify)  Inverse City  Transaction ID: \$8218.6963  Amount of Each Disbursement the Primary  Category/ Type  Office Sought:  Other (specify)  Inverse City  Transaction ID: \$8218.6963  Amount of Each Disbursement the Primary  Other (specify)  Transaction ID: \$8218.6963  Amount of Each Disbursement the Primary  Other (specify)  Memo Item  Subtotal of Disbursements This Page (optional)  Memo Item  Subtotal of Disbursements This Page (optional)   |   |             |          |          | M = 7                                   | M M / D D / Y Y Y Y  |                          |  |  |  |  |  |  |
| Traverse City Purpose of Disbursement office rent Cardidate Name  Category/ Type  Office Sought: House Primary General Disbursement For: Senate President Other (specify) ▼  State: Disfinct:  Full Name (Last, First, Middle Initial)  B. 309 E Front St ASSOciates  Malling Address 309 E Front St  City State Zip Code Mil 49884  Purpose of Disbursement office rent  Category/ Type  FEC Identification Number  Type  Type  FEC Identification Number  Type    | Mailing Address 309 E Front St                |             |          |          | 07                                      | 01 01 2010           |                          |  |  |  |  |  |  |
| Propose of Disbursement office rent  Candidate Name  Office Sought: House Senate Primary General Disbursement For: Senate Primary General Disbursement State: District:  Full Name (Last, Fist, Middle Initial)  B. 309 E Front St Associates  Mailing Address 309 E Front St  City Travesc City Mil 49684  Purpose of Disbursement Office Sought: House Disbursement Office Sought: President Disbursement Office Sought: Disbursement Office Sought: Disbursement Office Sought: Disbursement Office Sought: Disbursement Candidate Name  Disbursement Office Sought: Disbursement Disbursement Office Sought: Disbursement Office Soug  | •   |             |          |          | FEC I                                   | dentificatio         | n Number                 |  |  |  |  |  |  |
| Category/ Office Sought: House Disbursement For:  Full Name (Last, First, Middle Initial)  Candidate Name  Disbursement For:  Senate President State: Senate Primary General Primary General Office Sought: House Disbursement For:  City Traverse City Mil 49684  Purpose of Disbursement Office rent Disbursement For:  Senate President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Disbursement For:  Senate Primary General Primary General Primary General Primary General Primary General Office Sought: House Disbursement For:  Sanate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Transaction ID: \$8218.6946  Amount of Each Disbursement this Period  Transaction ID: \$8218.6946  Amount of Each Disbursement this Period  Transaction ID: \$8218.6946  Amount of Each Disbursement this Period  Transaction ID: \$8218.6946  Amount of Each Disbursement this Period  Transaction ID: \$8218.6946  Amount of Each Disbursement this Period  Transaction ID: \$8218.6946  Amount of Each Disbursement  Memo Item  Substitute District:  Substitute Transaction ID: \$8218.6963  Amount of Each Disbursement this Period  Memo Item  Transaction ID: \$8218.6963  Amount of Each Disbursement this Period  Memo Item  Substitute Transaction ID: \$8218.6963  Amount of Each Disbursement this Period  Memo Item  Transaction ID: \$8218.6963  Amount of Each Disbursement this Period   | •   | IVII        | 49684    |          |   |                      |                          |  |  |  |  |  |  |
| Cardidate Name  Office Sought: House Speake Primary General Office rent General Primary General Gibert |   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| Office Sought: House Senate President State: District: Senate President Se | Candidate Name                                |             |          |          |   |                      |                          |  |  |  |  |  |  |
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| State: District: District  | Office Sought: House Disburs                  | sement For: |          | .,,,,    | $\dashv$ $\mid$ $\mid$                  |                      | 550.00                   |  |  |  |  |  |  |
| State: District: Full Name (Last, First, Middle Initial)  B. 309 E Front St Associates  Mailing Address 309 E Front St  City State Zip Code MI 49684  Purpose of Disbursement office rent  Candidate Name  Office Sought: House Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  Category/ Type  Disbursement For: Senate Primary General Other (specify)  Memo Item  Date of Disbursement  FEC Identification Number  Transaction ID: SB218.6946  Amount of Each Disbursement this Period  Date of Disbursement  Memo Item  Date of Disbursement  Memo Item  Date of Disbursement  FEC Identification Number  Transaction ID: SB218.6963  Amount of Each Disbursement  Office Pought: House Disbursement For: Senate Primary General Office rent  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Office rent  Category/ Type  State: District: Memo Item  State: District: Memo Item  Memo Item  FEC Identification Number  FEC Identification Number  FEC Identification Number  Transaction ID: SB218.6963  Amount of Each Disbursement this Period  Memo Item  State: District: Memo Item  State: District: Memo Item  | Senate  | Primary     | General  |          |   |                      | 7 4                      |  |  |  |  |  |  |
| B. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse City Purpose of Disbursement Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  C. 309 E Front St  City Transaction ID: SB218.6946 Amount of Each Disbursement this Period  Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse City Mil 49684  Purpose of Disbursement Office rent Candidate Name  Office Sought:  District:  Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse City Purpose of Disbursement Office Sought:  House Primary General Other (specify)  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought:  Office Sought:  House Primary General Other (specify)  Memo Item  Substraction ID: SB218.6963 Amount of Each Disbursement this Period  Memo Item  Substraction ID: SB218.6963 Amount of Each Disbursement this Period  FEC Identification Number  Memo Item  FEC Identification Number    |   | Other (sp   | ecify) ▼ |          | М                                       | emo Item             |                          |  |  |  |  |  |  |
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| Traverse City  | Mailing Address 309 E Front St                |             |          |          | 08                                      |                      |                          |  |  |  |  |  |  |
| Traverse City Purpose of Disbursement office rent  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse City Purpose of Disbursement office rent  Candidate Name  Office Sought: House Disbursement For:  Category/ Traverse City Purpose of Disbursement for:  Category/ Traverse City Purpose of Disbursement for:  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify)   Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify)   Memo Item  Subtrotal of Disbursements This Page (optional)  | •   | 1           | Zip Code |          | FFC I                                   | dentificatio         | n Number                 |  |  |  |  |  |  |
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| Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  City State Zip Code MI 49684  Purpose of Disbursement office rent Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Substrate Disbursement For: Senate Primary General Other (specify)   State: District: Memo Item  Transaction ID: SB21B.6963  Amount of Each Disbursement this Period  Memo Item  State: District: Memo Item  | •   |             |          |          |   |                      |                          |  |  |  |  |  |  |
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| State: District:  Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  City  Traverse City  Purpose of Disbursement  Office rent  Candidate Name  Office Sought:  House  President  State:  District:  Memo Item  Date of Disbursement  Date of Disbursement  Date of Disbursement  Traverse City  FEC Identification Number  Category/ Type  Category/ Type  Office Sought:  House  Primary  General  Other (specify)  Memo Item  Memo Item  Date of Disbursement  Date of Disbursement  Traverse City  Transaction ID: SB21B.6963  Amount of Each Disbursement this Period  Memo Item  |   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse City Purpose of Disbursement  Office rent  Candidate Name  Office Sought:  House President State:  District:  District:  Date of Disbursement  Date of Disbursement  Date of Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  Memo Item   |   | Other (sp   | ecify)   |          | М                                       | Memo Item            |                          |  |  |  |  |  |  |
| C. 309 E Front St Associates  Mailing Address 309 E Front St  City Traverse City Purpose of Disbursement office rent  Candidate Name  Category/ Type  Office Sought: House President State: District:  Date of Disbursement  M M M J D D J J 2018  FEC Identification Number  Category/ Type  Transaction ID: SB21B.6963  Amount of Each Disbursement this Period  Memo Item  SUBTOTAL of Disbursements This Page (optional)   |   |             |          |          |   |                      |                          |  |  |  |  |  |  |
| City Traverse City Purpose of Disbursement office rent  Candidate Name  Office Sought:  House President President State:  District:  Disbursements This Page (optional)  | C. 309 E Front St Associates                  |             |          |          |   |                      |                          |  |  |  |  |  |  |
| Traverse City Purpose of Disbursement office rent  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Substitute 149684  Category/ Type  Category/ Type  Transaction ID: SB21B.6963  Amount of Each Disbursement this Period  Memo Item  1650.00   | Mailing Address 309 E Front St                |             |          |          |   |                      |                          |  |  |  |  |  |  |
| Traverse City Purpose of Disbursement office rent  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute Page (optional)  | City  | State       | Zip Code |          | FEC. I                                  | dentificatio         | n Number                 |  |  |  |  |  |  |
| Office Sought: House Disbursement For: 550.00  State: District: Memo Item  Transaction ID: SB21B.6963 Amount of Each Disbursement this Period  Memo Item  Transaction ID: SB21B.6963 Amount of Each Disbursement this Period  Memo Item  |   | MI          | 49684    |          |   |                      |                          |  |  |  |  |  |  |
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| Office Sought: House Disbursement For:  Senate Primary General President Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)  | Candidate Name                                |             |          |          | Amount of Each Disbursement this Period |                      |                          |  |  |  |  |  |  |
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| State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)   | Senate  | Primary     | General  |          |   |                      |                          |  |  |  |  |  |  |
| State: District:  SUBTOTAL of Disbursements This Page (optional)   | President                                     | Other (sp   | ecify) 🔻 |          | Memo Item                               |                      |                          |  |  |  |  |  |  |
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| S           | CHEDULE B (FEC Form 3X)                                   | FOR LIN             |                                  |                      |      |                | INE NUMBER: PAGE 12 OF 18   |        |                              |        |          |           |        |  |  |
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| IT          | EMIZED DISBURSEMENTS                                      |                     | rate schedule(s) category of the |                      | heck | only           | only one)   |        |                              |        |          |           |        |  |  |
|             |   |                     | Summary Page                     |                      |      | 21b<br>28a     | 22<br>28b   | -      | 23<br>28c                    | Н      | 26<br>29 | 27<br>30b |        |  |  |
| Δr          | ny information copied from such Reports and Stater        | nents may n         | not he sold or us                | ed by                |      |                |   | יוות י |                              | of so  |          |           | tions  |  |  |
|             | for commercial purposes, other than using the name        |                     |                                  |                      |      |                |   |        |                              |        |          |           |        |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)                               |                     |                                  |                      |      |                |   |        |                              |        |          |           |        |  |  |
|             | Grand Traverse County Democrati                           | c Comm              | ittee                            |                      |      |                |   |        |                              |        |          |           |        |  |  |
| _           | Full Name (Last, First, Middle Initial)                   |                     |                                  |                      |      |                | Date of Disbursement  |        |                              |        |          |           |        |  |  |
| Α.          | Copy Central  |                     |                                  |                      |      |                | Date of Disbursement  |        |                              |        |          |           |        |  |  |
|             | Mailing Address 314 E. 8th St                             |                     |                                  |                      |      |                | 08 06 2018  |        |                              |        |          |           |        |  |  |
|             | ,   | State               | Zip Code<br>49684                |                      |      |                | FEC Identification Number   |        |                              |        |          |           |        |  |  |
|             | Traverse City Purpose of Disbursement                     | MI                  |                                  |                      | -    |                | -   | -      | -                            |        |          |           |        |  |  |
|             | design time for banner                                    |                     | $\neg \bot$                      | C                    | _    |                |   |        |                              |        |          |           |        |  |  |
|             | Candidate Name  |                     |                                  |                      |      | action<br>Each |   | -      | 5 <b>.6958</b><br>ent this I | Period |          |           |        |  |  |
|             |   |                     |                                  | Cate<br>Ty           | ype  |                |   | 01     |                              |        |          |           |        |  |  |
|             | Office Sought: House Disburser                            |                     | General                          |                      |      |                |   |        |                              |        | 7        | 53.0      | 00     |  |  |
|             | Senate President  | Primary Other (spec |                                  |                      |      |                |   |        |                              |        |          |           |        |  |  |
|             | State: District:  | oniei (spec         | /··y/ ▼                          |                      |      |                | M   | emo    | Item                         |        |          |           |        |  |  |
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|             | Mailing Address and Total                                 |                     |                                  |                      |      |                | M = N   | /      | D                            | - 1    | / Y      | 2040      | Υ      |  |  |
|             | Mailing Address 314 E. 8th St                             |                     | I=                               |                      |      |                | 08 07 2018  |        |                              |        |          |           |        |  |  |
|             | City Traverse City  | State<br>MI         | Zip Code<br>49684                |                      |      |                | FEC I   | denti  | fication                     | n Nu   | mber     |           |        |  |  |
|             | Purpose of Disbursement                                   |                     | 7000-7                           | -                    | _    | $\neg$         | C   |        |                              |        |          |           |        |  |  |
|             | printing of trifold about GTCDC                           |                     |                                  |                      |      |                |   | .6957  |                              |        |          |           |        |  |  |
|             | Candidate Name  |                     |                                  | Cate                 |      | '/             | Transaction ID : SB21B.6957 Amount of Each Disbursement this Period |        |                              |        |          |           |        |  |  |
|             | Office Sought: House Disburser                            | nent For            |                                  | 1 y                  | ype  | -              | 439.90  |        |                              |        |          |           |        |  |  |
|             | Senate  | Primary             | General                          |                      |      |                |   | - 4    |                              |        |          |           |        |  |  |
|             | President   | Other (spec         | cify)                            |                      |      |                | Memo Item   |        |                              |        |          |           |        |  |  |
| _           | State: District:  |                     |                                  |                      |      |                | Memo Item   |        |                              |        |          |           |        |  |  |
| _           | Full Name (Last, First, Middle Initial)                   |                     |                                  |                      |      |                | Doto  | of D:  | sburse                       | mar    |          |           |        |  |  |
| U.          | Copy Central  |                     |                                  |                      |      |                | Dale (  | וט וי  | Spurse                       | _      |          | Y         | V      |  |  |
|             | Mailing Address 314 E. 8th St                             |                     |                                  |                      |      |                | 09  |        | 10                           | - 1    | , T      | 2018      |        |  |  |
|             | City  | State               | Zip Code                         |                      |      |                | FFC I   | denti  | fication                     | Ni     | mher     |           |        |  |  |
|             | Traverse City   | MI                  | 49684                            |                      |      |                |   | JOHN   | noatioi                      | · ivu  |          |           |        |  |  |
|             | Purpose of Disbursement printing of dinner invites        |                     |                                  | Γ.                   |      | 71             | C   |        |                              |        |          |           |        |  |  |
|             | Candidate Name  |                     |                                  | Cate                 |      | ·/             | Transaction ID : SB21B.6959 Amount of Each Disbursement this Period |        |                              |        |          |           | Period |  |  |
|             | Office Sought: House Disburser                            | Type Type           |                                  |                      |      |                | Γ.  |        |                              |        |          | 259.8     | 35     |  |  |
|             | Senate  | Primary General     |                                  |                      |      |                |   |        | 7                            | _      | 7        | - 40      |        |  |  |
|             | President   | Other (specify) ▼   |                                  |                      |      |                | М   | emo    | Item                         |        |          |           |        |  |  |
| _           | State: District:  |                     |                                  |                      |      |                | ш   |        |                              |        |          |           |        |  |  |
| s           | SUBTOTAL of Disbursements This Page (optional)            |                     |                                  |                      |      | <b>•</b>       |   | Ι      | 7                            | Ξ      | 7        | 752.      | 75     |  |  |
|             |   |                     |                                  |                      |      |                |   |        | -                            |        | -        |           |        |  |  |
| ΙT          | <b>OTAL</b> This Period (last page this line number only) |                     |                                  |                      |      |                |   |        |                              |        |          |           |        |  |  |

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| SCHEDULE B (FEC Form 3X)   | Use separate schedule(s)                          | FOR LINE NUM<br>(check only one |  |
|--|---|---------------------------------|--|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page | 21b 28a                         | 22 23 26 27<br>28b 28c 29 30b          |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam |   |                                 |  |
| NAME OF COMMITTEE (In Full)  | The same position                                 | 10 0011                         |  |
| Grand Traverse County Democration  | c Committee                                       |                                 |  |
| Full Name (Last, First, Middle Initial)  A. Lassers Harold   |   |                                 | Date of Disbursement                   |
| A. Lassers, Harold, , ,  |   |                                 | M M / D D / Y Y Y Y                    |
| Mailing Address 4678 Arthur Court  |   |                                 | 07 05 2018                             |
| City S<br>Williamsburg   | State Zip Code<br>MI 49690                        | F                               | EC Identification Number               |
| Purpose of Disbursement  |   |                                 |  |
| materials for book rack  Candidate Name  |   |                                 | Transaction ID : SB21B.6921            |
| Callulate Name   |   | Category/ A                     | mount of Each Disbursement this Period |
| Office Sought: House Disbursem   | nent For:   | 715.5                           | 78.50                                  |
|  | Primary General                                   |                                 |  |
| State: District:   | Other (specify) ▼                                 |                                 | Memo Item                              |
| Full Name (Last, First, Middle Initial)  |   |                                 |  |
| B. Lassers, Harold, , ,  |   |                                 | Date of Disbursement                   |
| Mailing Address 4678 Arthur Court  |   |                                 | 09 07 2018                             |
| City S<br>Williamsburg   | State Zip Code<br>MI 49690                        | F                               | EC Identification Number               |
| Purpose of Disbursement  | 49090   |                                 |  |
| new batteries for office phones  |   | [                               | Transaction ID : SB21B.6965            |
| Candidate Name   |   | Category/ A                     | mount of Each Disbursement this Period |
| Office Sought: House Disbursem   | nent For:   | туре                            | 28.61                                  |
|  | Primary General                                   |                                 |  |
| State: District:   | Other (specify)                                   |                                 | Memo Item                              |
| Full Name (Last, First, Middle Initial)  |   |                                 | Date of Disbursement                   |
| C. OOMA Inc  |   |                                 | M M / D D / Y Y Y Y                    |
| Mailing Address 525 Almanor Ave  |   |                                 | 07 26 2018                             |
|  | State Zip Code                                    | F                               | EC Identification Number               |
| Sunnyvale Purpose of Disbursement  | CA 94085  |                                 |  |
| phone service  |   |                                 | Transaction ID : SB21B.6899            |
| Candidate Name   |   | Category/ A<br>Type             | mount of Each Disbursement this Period |
| Office Sought: House Disbursen   |   |                                 | 40.24                                  |
|  | Primary General                                   |                                 |  |
| State: District:   | Other (specify) ▼                                 | l L                             | Memo Item                              |
|  |   | Г                               |  |
| SUBTOTAL of Disbursements This Page (optional)   |   |                                 | 147.35                                 |
| TOTAL This Period (last page this line number only).   |   |                                 |  |

### S 17

| SCHEDULE B (FEC Form 3X)   |            |   | FOR             | LINE I     | NE NUMBER: PAGE 14 OF |              |                             |                                |       |  |  |
|--|------------|---|-----------------|------------|-----------------------|--------------|-----------------------------|--------------------------------|-------|--|--|
| ITEMIZED DISBURSEMENTS   |            | parate schedule(s)<br>h category of the | (0100           |            | only one)             |              |                             |                                |       |  |  |
|  |            | d Summary Page                          | ×               | 21b<br>28a | 22<br>28b             | 23<br>28c    | 26                          | 27<br>30b                      |       |  |  |
| Any information conied from such Departs and Otto  |            |   |                 |            |                       |              |                             |                                |       |  |  |
| Any information copied from such Reports and Stator for commercial purposes, other than using the n  |            |   |                 |            |                       |              |                             |                                |       |  |  |
| NAME OF COMMITTEE (In Full)  |            |   |                 |            |                       |              |                             |                                |       |  |  |
| Grand Traverse County Democra  | tic Com    | mittee                                  |                 |            |                       |              |                             |                                |       |  |  |
| Full Name (Last, First, Middle Initial)  |            |   |                 |            | Data                  | f Disburs    | omont                       |                                |       |  |  |
| A. OOMA Inc  |            |   |                 |            | Date 0                |              |                             | (                              |       |  |  |
| Mailing Address 525 Almanor Ave  |            |   |                 |            | 08                    |              | 27                          | 2018                           |       |  |  |
| City   | State      | Zip Code                                |                 |            | FEC Id                | entification | n Numbe                     | r                              |       |  |  |
| Sunnyvale  | CA         | 94085                                   |                 |            |                       |              |                             |                                |       |  |  |
| Purpose of Disbursement office phone   |            |   |                 |            | C                     |              |                             |                                |       |  |  |
| Candidate Name   |            |   |                 | -          |                       |              | ID: SB2                     |                                | - u:l |  |  |
|  |            |   | Categor<br>Type | 'y/        | Amoun                 | t of Each    | Disburse                    | ment this Pe                   | erioa |  |  |
| Office Sought: House Disburs   | ement For: |   | 71              |            |                       |              |                             | 40.24                          |       |  |  |
| Senate   | Primary    | General                                 |                 |            |                       |              |                             |                                |       |  |  |
| President  | Other (sp  | pecify) 🔻                               |                 |            | Me                    | mo Item      |                             |                                |       |  |  |
| State: District:   |            |   |                 |            |                       |              |                             |                                |       |  |  |
| Full Name (Last, First, Middle Initial)  B. OOMA Inc   |            |   |                 |            | Date o                | f Disburs    | ement                       |                                |       |  |  |
| 5. OOMA IIIC   |            |   |                 |            | M M / D D / Y Y Y Y   |              |                             |                                |       |  |  |
| Mailing Address 525 Almanor Ave  |            |   |                 |            | 09                    |              | 26                          | 2018                           | _     |  |  |
| City   | State      | Zip Code                                |                 |            | FEC Id                | entificatio  | n Numbe                     | r                              |       |  |  |
| Sunnyvale Purpose of Disbursement  | CA         | 94085                                   |                 |            |                       |              |                             |                                |       |  |  |
| office phone service   |            |   | Г.              |            | C                     |              |                             |                                |       |  |  |
| Candidate Name   |            |   | Categor         | v/         |                       |              | <b>1D : SB2</b><br>Disburse | <b>1B.6961</b><br>ment this Pe | eriod |  |  |
|  |            |   | Type            | ,          | 7 11110 411           | t or Edon    | Biobaroo                    |                                | 71100 |  |  |
|  | ement For: |   |                 |            |                       |              |                             | 40.24                          |       |  |  |
| Senate President   | Other (sp  | General                                 |                 |            |                       |              |                             |                                |       |  |  |
| State: District:   | Other (sp  | ecity)                                  |                 |            | Me                    | emo Item     |                             |                                |       |  |  |
| Full Name (Last, First, Middle Initial)  |            |   |                 |            |                       |              |                             |                                |       |  |  |
| C. Siegle, Julia, , ,  |            |   |                 |            |                       | f Disburs    |                             |                                |       |  |  |
| Mailing Address 53540 Odilon Ave   |            |   |                 |            | 07                    |              | 02                          | 2018                           |       |  |  |
| City   | State      | Zip Code                                |                 |            | EEO 1-1               | ontificati   | n Numbe                     | •                              |       |  |  |
| Shelby Twp   | MI         | 48316                                   |                 |            | PEC 10                | enuncauc     | INUITIDE                    |                                |       |  |  |
| Purpose of Disbursement intern independent contractor  |            |   | · ·             |            | C                     |              | n ID : SB2                  | 4D CO47                        |       |  |  |
| Candidate Name   |            |   | Categor         | y/         |                       |              | _                           | ment this Pe                   | eriod |  |  |
| Office Sought: House Disburs   | ement For: |   | Туре            |            |                       |              |                             | 250.00                         |       |  |  |
| Senate Disbuts   | Primary    | General                                 |                 |            |                       | 7            | -                           |                                |       |  |  |
| President  | Other (sp  |   |                 |            | Mo                    | emo Item     |                             |                                |       |  |  |
| State: District:   |            |   |                 |            | IVIE                  | ino itelii   |                             |                                |       |  |  |
| SUBTOTAL of Disbursements This Page (optional  | )          |   |                 |            |                       |              |                             | 330.48                         | 3     |  |  |
| The state of the s | ,          |   |                 |            | -                     |              |                             | 1 1 4                          | #     |  |  |
| TOTAL This Period (last page this line number on   | lv)        |   |                 |            |                       |              |                             |                                |       |  |  |

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| SCHEDULE B (FEC Form 3X)                             |                      |                                  |           | FOR LINE NUMBER: PAGE 15 OF |              |         |           |       |                 | OF     | 18      |                   |
|--|----------------------|----------------------------------|-----------|-----------------------------|--------------|---------|-----------|-------|-----------------|--------|---------|-------------------|
| ITEMIZED DISBURSEMENTS                               |                      | rate schedule(s) category of the |           | check only one)             |              |         |           | _     |                 |        |         |                   |
|  |                      | Summary Page                     | X         | 21b<br>28a                  | 22<br>28b    |         | 23<br>28c | Ш     | 26<br>29        | 27     | /<br>0b |                   |
| Any information copied from such Reports and Statem  | L<br>nents may n     | ot he sold or us                 | ed by any |                             |              | nurr    |           |       |                 |        |         | ns                |
| or for commercial purposes, other than using the nam |                      |                                  |           |                             |              |         |           |       |                 |        |         |                   |
| NAME OF COMMITTEE (In Full)                          |                      |                                  |           |                             |              |         |           |       |                 |        |         |                   |
| Grand Traverse County Democration                    | c Commi              | ittee                            |           |                             |              |         |           |       |                 |        |         |                   |
| Full Name (Last, First, Middle Initial)              |                      |                                  |           |                             | <u> </u>     |         |           |       |                 |        |         |                   |
| A. Siegle, Julia, , ,                                |                      |                                  |           |                             | Date o       | it Dis  |           |       |                 |        |         |                   |
| Mailing Address 53540 Odilon Ave                     |                      |                                  |           |                             | 07           |         | 13        |       |                 | 2018   |         |                   |
| ,  | State                | Zip Code                         |           |                             | FEC Id       | dentifi | cation    | n Nur | mber            |        |         |                   |
| Shelby Twp Purpose of Disbursement                   | MI                   | 48316                            |           |                             |              |         | -         | _     | <del></del>     | _      | 7       |                   |
| Intern- independent contractor                       |                      |                                  |           |                             | C            |         |           |       |                 |        |         |                   |
| Candidate Name                                       |                      |                                  | Categor   | 2//                         | Tra<br>Amoun |         |           |       | SB21E           |        | -       | riod              |
|  |                      |                                  | Type      | y,                          | 7 1110 011   |         |           | D100  | 3100111         | _      | -       | 100               |
| Office Sought: House Disbursem                       |                      |                                  |           |                             | 250.00       |         |           |       |                 |        |         |                   |
|  | Primary Other (speci | General                          |           |                             |              |         |           |       |                 |        |         |                   |
| State: District:                                     | Other (Speed         | y) <b>▼</b>                      |           |                             | Me           | emo     | ltem      |       |                 |        |         |                   |
| Full Name (Last, First, Middle Initial)              |                      |                                  |           |                             |              |         |           |       |                 |        |         |                   |
| B. Siegle, Julia, , ,                                |                      |                                  |           |                             | Date o       | f Dis   | burse     | ment  |                 |        |         |                   |
|  |                      |                                  |           |                             | M M          | /       | / Y       | 2040  |                 | 1      |         |                   |
| Mailing Address 53540 Odilon Ave                     |                      |                                  |           |                             | 07           | -       | 27        | /     |                 | 2018   | 5       | 4                 |
| ,  | State                | Zip Code                         |           |                             | FEC Id       | dentifi | cation    | n Nur | mber            |        |         |                   |
| Shelby Twp Purpose of Disbursement                   | MI                   | 48316                            |           |                             |              |         |           | _     | -               |        | 7       |                   |
| intern independent contractor                        |                      |                                  | L         |                             | C            | _       |           |       |                 |        |         |                   |
| Candidate Name                                       |                      |                                  | Categor   | v/                          | Amoun        |         |           |       | SB21B<br>urseme |        |         | riod              |
|  |                      |                                  | Type      | ,                           | -            |         |           | _     | -               | _      | -       | _                 |
| Office Sought: House Disbursem                       |                      | Gonoral                          |           |                             |              |         |           |       |                 | 25     | 50.00   | _                 |
|  | Primary Other (speci | General                          |           |                             |              |         |           |       |                 |        |         |                   |
| State: District:                                     | (-)                  | ,,                               |           |                             | Me           | emo     | ltem      |       |                 |        |         |                   |
| Full Name (Last, First, Middle Initial)              |                      |                                  |           |                             |              |         |           |       |                 |        |         |                   |
| C. Siegle, Julia, , ,                                |                      |                                  |           |                             | Date o       | f Dis   | burse     | ment  | :               |        |         |                   |
| Mailing Address 53540 Odilon Ave                     |                      |                                  |           |                             | M = M        | ′       | 10        |       | / Y             | 2018   |         | 1                 |
|  |                      |                                  |           |                             | - 44         |         |           |       |                 |        |         |                   |
|  | State                | Zip Code                         |           |                             | FEC Io       | dentifi | cation    | ı Nur | mber            |        |         |                   |
| Shelby Twp Purpose of Disbursement                   | MI                   | 48316                            |           |                             |              |         |           |       | -               |        | 7       |                   |
| Intern independent contractor                        |                      |                                  | F         |                             | C            | onco    | otion     | ID.   | SB21E           | 2 6046 |         |                   |
| Candidate Name                                       |                      |                                  | Categor   | v/                          | Amoun        |         |           |       | _               |        |         | riod              |
| Office Occupies                                      |                      |                                  | Туре      |                             |              |         | _         | _     |                 | 0.5    | 50.00   | $\neg$            |
| Office Sought: House Disbursem                       | nent For:<br>Primary |                                  | 250.00    |                             |              |         |           |       |                 |        |         |                   |
|  | Other (speci         | ☐ General ify) ▼                 |           |                             | П.,          |         | 14 -      |       |                 |        |         |                   |
| State: District:                                     | <b>\ 1</b>           | , ,                              |           |                             | IVIE         | emo     | item      |       |                 |        |         |                   |
| ·  |                      |                                  |           |                             | -            | _       | -         | _     |                 | _      | F0.55   | $\overline{\neg}$ |
| SUBTOTAL of Disbursements This Page (optional)       |                      |                                  |           | •                           |              |         | e         |       | -               | _ 75   | 50.00   |                   |
|  |                      |                                  |           |                             |              |         | ,         |       | 7               |        |         |                   |

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| S          | CHEDULE B (FEC Form 3X)  | llaa                | avata cabactula ( )                  |                 | FOR LINE NUMBER: PAGE 16 OF |                      |                  |       |         |       | F 18                     |          |  |  |
|------------|--|---------------------|--------------------------------------|-----------------|-----------------------------|----------------------|------------------|-------|---------|-------|--------------------------|----------|--|--|
| IT         | EMIZED DISBURSEMENTS   |                     | arate schedule(s)<br>category of the | (01100          |                             | ly one)              |                  |       |         |       | 7 07                     |          |  |  |
|            |  | Detailed            | Summary Page                         | ×               | 21b<br>28a                  | 22<br>28b            | 23               | L     | 29      |       | 27<br>30b                |          |  |  |
| Δ.         | v information conical from such December and Co.   |                     | not be sald                          |                 |                             |                      |                  |       |         |       |                          | iona     |  |  |
|            | y information copied from such Reports and Stater<br>for commercial purposes, other than using the nan |                     |                                      |                 |                             |                      |                  |       |         |       |                          |          |  |  |
|            | NAME OF COMMITTEE (In Full)  |                     |                                      |                 |                             |                      |                  |       |         |       |                          |          |  |  |
| $ \rangle$ | Grand Traverse County Democrati  | c Comm              | nittee                               |                 |                             |                      |                  |       |         |       |                          |          |  |  |
| _          | Full Name (Last, First, Middle Initial)  |                     |                                      |                 |                             |                      |                  |       |         |       |                          |          |  |  |
| Α.         | Siegle, Julia, , ,   |                     |                                      |                 |                             | Date of              | Disbu            | rsem  | nent    |       |                          |          |  |  |
|            | Mailing Address 53540 Odilon Ave   |                     |                                      |                 |                             | 08 17 / 2018         |                  |       |         |       |                          |          |  |  |
|            | City   | State               | Zip Code                             |                 |                             | FEC Id               | ontifica         | tion  | Numl    | hor   |                          |          |  |  |
|            | Shelby Twp   | MI                  | 48316                                |                 |                             |                      | =minca           | uon   | inuiili | Jei   | -                        |          |  |  |
|            | Purpose of Disbursement<br>Intern independent contractor   |                     |                                      |                 |                             | С                    |                  |       |         |       |                          |          |  |  |
|            | Candidate Name   |                     |                                      |                 | الب                         |                      | nsacti           |       | _       |       |                          | Name - I |  |  |
|            |  |                     |                                      | Categoi<br>Type | γ/<br>                      | Amoun                | of Ead           | cn D  | ısbur   | semer | nt this F                | eriod    |  |  |
|            | Office Sought: House Disburser   | ment For:           |                                      | . 7 6 0         |                             |                      |                  | _     |         |       | 125.0                    | 0        |  |  |
|            | Senate   | Primary             | General                              |                 |                             |                      |                  |       |         |       |                          |          |  |  |
|            | President  | Other (spe          | cify) 🔻                              |                 |                             | Me                   | mo Iter          | n     |         |       |                          |          |  |  |
| _          | State: District:   |                     |                                      |                 |                             |                      |                  |       |         |       |                          |          |  |  |
| В.         | Full Name (Last, First, Middle Initial)  |                     |                                      |                 |                             | Date of              | Diehu            | rsam  | nent    |       |                          |          |  |  |
| ٠.         | US Post Master   |                     |                                      |                 |                             | Date of Disbursement |                  |       |         |       |                          |          |  |  |
|            | Mailing Address 202 S. Union St  |                     |                                      |                 |                             | 09                   |                  | 28    |         |       | 2018                     | '        |  |  |
|            |  |                     |                                      |                 |                             |                      |                  |       |         |       |                          |          |  |  |
|            | ,  | State               | Zip Code                             |                 |                             | FEC Id               | entifica         | tion  | Numl    | ber   |                          |          |  |  |
|            | Traverse City Purpose of Disbursement  | MI                  | 49684                                |                 |                             |                      |                  | -     | -       | _     |                          |          |  |  |
|            | postage  |                     |                                      |                 |                             | C                    |                  |       |         | 2045  | 2000                     |          |  |  |
|            | Candidate Name   |                     |                                      | Categor         | v/                          |                      | nsaction of Each |       | _       |       | <b>6962</b><br>nt this F | eriod    |  |  |
|            |  |                     |                                      | Type            | ,.                          |                      |                  |       |         |       |                          | -        |  |  |
|            | Office Sought: House Disburser   |                     |                                      |                 |                             |                      |                  |       |         |       | 6.7                      | 0        |  |  |
|            | Senate   President   | Primary Other (spec | General                              |                 |                             |                      |                  |       |         |       |                          |          |  |  |
|            | State: District:   | Other (spe          | ony)                                 |                 |                             | Me                   | mo Iter          | n     |         |       |                          |          |  |  |
| _          | Full Name (Last, First, Middle Initial)  |                     |                                      |                 |                             |                      |                  |       |         |       |                          |          |  |  |
| C.         | ,  |                     |                                      |                 |                             | Date of              | Disbu            | rsem  | nent    |       |                          |          |  |  |
|            |  |                     |                                      |                 |                             | M = M                | / [              | ) I D | /       |       | YY                       | Υ        |  |  |
|            | Mailing Address 500 Terry Francois blvd  |                     |                                      |                 |                             | 07                   | J L              | 27    |         | 2     | 2018                     |          |  |  |
|            | City   | State               | Zip Code                             |                 |                             |                      | ,                |       |         |       |                          |          |  |  |
|            | San Francisco  | CA                  | 94158                                |                 |                             | FEC Id               | entifica         | tion  | Numl    | oer   |                          |          |  |  |
|            | Purpose of Disbursement website expense  |                     | ·                                    |                 | $\neg$                      | C                    |                  |       |         |       |                          |          |  |  |
|            | Candidate Name   |                     |                                      |                 |                             | Tra                  | nsacti           |       |         |       |                          |          |  |  |
|            | Candidate Name   |                     |                                      | Catego          | y/                          | Amount               | of Ea            | ch D  | isbur   | semer | nt this F                | Period   |  |  |
|            | Office Sought: House Disburser   | ment For:           |                                      | Туре            |                             |                      |                  |       |         |       | 111.0                    | 0        |  |  |
|            | Senate   | Primary             | General                              |                 |                             |                      | -                |       |         |       | 1 45                     |          |  |  |
|            | President  | Other (spe          | cify) ▼                              |                 |                             | Me                   | mo Iter          | n     |         |       |                          |          |  |  |
|            | State: District:   |                     |                                      |                 |                             |                      | 1101             | •     |         |       |                          |          |  |  |
|            |  |                     |                                      |                 |                             |                      | -                | _     | -       |       | 0.10                     |          |  |  |
| S          | UBTOTAL of Disbursements This Page (optional)  |                     |                                      |                 | <b>•</b>                    |                      |                  | _     |         | 7     | 242.7                    | U        |  |  |
| _          | OTAL This Period (last page this line number only)   |                     |                                      |                 |                             |                      |                  |       |         |       |                          | - 1      |  |  |
|            | I I I I I I I I I I I I I I I I I  |                     |                                      |                 |                             |                      | 1 1              |       |         | 4     | 100                      |          |  |  |

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| SCHEDULE B (FEC Form 3X)                            |                      |                                      | FOR      | LINE I     | NE NUMBER: PAGE 17 OF |             |           |              |               |  |
|---|----------------------|--------------------------------------|----------|------------|-----------------------|-------------|-----------|--------------|---------------|--|
| ITEMIZED DISBURSEMENTS                              |                      | parate schedule(s) n category of the | I ` —    |            | ly one)               |             |           |              |               |  |
|   |                      | Summary Page                         | <b>x</b> | 21b<br>28a | 22<br>28b             | 23<br>28c   | 26        | 27<br>30b    |               |  |
| Any information copied from such Reports and State  |                      |                                      |          |            |                       |             |           |              |               |  |
| or for commercial purposes, other than using the na |                      |                                      |          |            |                       |             |           |              |               |  |
| NAME OF COMMITTEE (In Full)                         |                      |                                      |          |            |                       |             |           |              |               |  |
| Grand Traverse County Democrat                      | ic Comr              | mittee                               |          |            |                       |             |           |              |               |  |
| Full Name (Last, First, Middle Initial)             |                      |                                      |          |            | Data                  | ( Diaha     |           |              |               |  |
| A. Wix.com  |                      |                                      |          |            |                       | f Disburse  |           |              | _             |  |
| Mailing Address 500 Terry Francois blvd             |                      |                                      |          |            | 08                    | / D         | 20        | 2018         |               |  |
| City  | State                | Zip Code                             |          |            | FFC Id                | entificatio | n Number  |              |               |  |
| San Francisco                                       | CA                   | 94158                                |          |            | _                     | Ontinoatio  | Trainbor  |              |               |  |
| Purpose of Disbursement website expense             |                      |                                      | · · ·    |            | C                     | ncoction    | ID : SB21 | D 6056       |               |  |
| Candidate Name                                      |                      |                                      | Categor  | y/         |                       |             | _         | nent this Pe | eriod         |  |
| Office Country                                      |                      |                                      | Type     |            |                       |             |           | 48.96        |               |  |
| Office Sought: House Disburse Senate                | ment For:<br>Primary | General                              |          |            |                       | -           |           | 40.90        | _             |  |
| President   | Other (sp            |                                      |          |            | П.,.                  |             |           |              |               |  |
| State: District:                                    | 1                    |                                      |          |            | IVIE                  | mo Item     |           |              |               |  |
| Full Name (Last, First, Middle Initial)             |                      |                                      |          |            |                       |             |           |              |               |  |
| В.  |                      |                                      |          |            | Date of               | f Disburse  | ement     |              |               |  |
| Mailing Address                                     |                      |                                      |          |            | M = M                 | / D         | D / Y     | YYY          | 7             |  |
| Mailing Address                                     |                      |                                      |          |            |                       |             |           |              | -             |  |
| City  | State                | Zip Code                             |          |            | FEC Id                | entificatio | n Number  |              |               |  |
| Purpose of Disbursement                             |                      |                                      |          | _          |                       |             | -         |              |               |  |
|   |                      |                                      | · · ·    |            | С                     |             |           |              |               |  |
| Candidate Name                                      |                      |                                      | Categor  | y/         | Amoun                 | t of Each   | Disbursen | nent this Pe | eriod         |  |
|   |                      |                                      | Type     |            |                       |             |           |              | т.            |  |
| Office Sought: House Disburse Senate                | ment For:            | General                              |          |            |                       | _           |           |              | _             |  |
| President   | Primary<br>Other (sp |                                      |          |            |                       |             |           |              |               |  |
| State: District:                                    | ] (-)                | ,,                                   |          |            | Me                    | mo Item     |           |              |               |  |
| Full Name (Last, First, Middle Initial)             |                      |                                      |          |            |                       |             |           |              |               |  |
| C.  |                      |                                      |          |            | Date of               | f Disburse  | ement     |              |               |  |
| Mailing Address                                     |                      |                                      |          |            | M M                   | / D         | D / Y     | YYY          | 7             |  |
| Mailing Address                                     |                      |                                      |          |            |                       |             |           |              | -             |  |
| City  | State                | Zip Code                             |          |            | FEC Id                | entificatio | n Number  |              |               |  |
| Purpose of Disbursement                             |                      |                                      |          | _          | С                     |             |           |              |               |  |
| ·   |                      |                                      |          | ш          |                       |             |           |              |               |  |
| Candidate Name                                      |                      |                                      | Categor  | y/         | Amoun                 | t of Each   | Disbursen | nent this Pe | eriod         |  |
| Office Sought: House Disburse                       | ement For:           |                                      | Туре     |            |                       |             |           |              | $\neg$        |  |
| Senate Disburse                                     | Primary              | General                              |          |            |                       | -           |           | 1 40         | _             |  |
| President   | Other (sp            |                                      |          |            | Ma                    | mo Item     |           |              |               |  |
| State: District:                                    |                      |                                      |          |            | I ivie                | ino item    |           |              |               |  |
|   |                      |                                      |          |            |                       |             |           | 40.00        | $\overline{}$ |  |
| SUBTOTAL of Disbursements This Page (optional).     |                      |                                      |          | <u> </u>   |                       | -           |           | 48.96        | ,             |  |
| TOTAL This Period (last page this line number only  | <i>γ</i> )           |                                      |          |            |                       |             |           | 3922.24      | ı             |  |

| To reach category of the Declarid Summary Page   210    22    23    26    27    27    28    2          | SCHEDULE B (FEC Form 3X)                       | Use separa    | ate schedule(s) | FOR LINE N |  |
|--|--|---------------|-----------------|------------|--|
| AvaME OF COMMITTEE (in Full) Grand Traverse County Democratic Committee  Full Name (Last, First, Middle Initial) The Northern Express  Mailing Address 129 E Front St  City Purpose of Disbursement Ad for Matt Morgan Candidate Name Committee to elect Matt Morgan for Michigan Office Sought:  Walling Address 202 S. Union St  City Traverse City Mill Ages4 Primary Committee to elect Matt Morgan for Michigan Office Sought: Walling Address City Mailing Address City State: Mill District: Disbursement Disbur       | ITEMIZED DISBUKSEMENIS                         | for each ca   | ategory of the  | 21b        | 22 23 26 27  |
| NAME OF COMMITTEE (in Full) Grand Traverse County Democratic Committee  Full Name (Last, First, Middle Initial) The Northern Express  Alling Address 129 E Front St  City Traverse City Purpose of Disbursament Ad for Matt Morgan Committee to elect Matt Morgan for Michigan Office Sought: State: Milling Address  Cardidate Name Committee to elect Matt Morgan for Michigan Other (specify) Full Name (Last, First, Middle Initial)  US Post Master  Mailing Address 202 S. Union St  Candidate Name Committee to elect Matt Morgan for Michigan Office Sought: State: Milling Address  Cardidate Name Committee to elect Matt Morgan for Michigan Office Sought: State: Milling Address  Cardidate Name Committee to elect Matt Morgan for Michigan Office Sought: Milling Address  Cardidate Name Committee to elect Matt Morgan for Michigan Office Sought: Milling Address  City State: Milling Address  City State: Disbursement For: Date of Disbursement Other (specify)  Date of Disbursement  FEC Identification Number  FEC Identification Number  Cooss3824  Transaction ID: \$8396.6925  Amount of Each Disbursement  Other (specify)  Memo Item  Date of Disbursement  FEC Identification Number  Cadegory' Transaction ID: \$8396.6925  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Caddate Name  Cardidate Name  Cardidate Name  Corrice Sought: Memo Item  State: Disbursement  Date of Disbursement this Period  Memo Item  Afolia  Amount of Each Disbursement this Period  Memo Item  Memo Item  Afolia  Afolia  Amount of Each Disbursement this Period  Memo Item  Memo Item  Memo Item  Afolia  Amount of Each Disbursement this Period  Memo Item  Memo Item  Afolia  Amount of Each Disbursement this Period  Memo Item  Memo Item  Memo Item  Afolia  Amount of Each Disbursement this Period  Memo Item  Memo Item  Afolia  Amount of Each Disbursement this Period  Disbursement this Period  Disbursement this Period  Amount of Each Disbursement this Period  Disbursement this Period  Amount of Each Disbursement this Period  Disbursement this Period  Disb     |  |               |                 |            |  |
| Full Name (Last, First, Middle Initial)  The Northern Express  Mailing Address 129 E Front St  City Traverse City Purpose of Disbursement And for Matt Morgan Candidate Name Committee to elect Matt Morgan for Michigan Citice Sought:  We Pring Se of Disbursement President State:  Milling Address  City State Senate President State:  Milling Address  City State President State:  Milling Address  City State:  Milling Address  City State:  Milling Address  Category Committee to elect Matt Morgan for Michigan Candidate Name Condidate Name Condidate Name Condidate Name Condidate Name Category Committee to elect Matt Morgan for Michigan Category Type  Committee to elect Matt Morgan for Michigan Category Type Committee to elect Matt Morgan for Michigan Category Type Committee to elect Matt Morgan for Michigan Candidate Name Category Committee  Category Transaction ID: \$8308.925 Amount of Each Disbursement this Period Memo Item  Date of Disbursement  Category Transaction ID: \$8308.925 Amount of Each Disbursement this Period  Category Transaction ID: \$8308.925 Amount of Each Disbursement this Period  Category Transaction ID: \$8308.925 Amount of Each Disbursement this Period  Memo Item  State:  State:  Date of Disbursement this Period  Transaction ID: \$8308.925 Amount of Each Disbursement this Period  Category Transaction ID: \$8308.925 Amount of Each Disbursement this Period  Memo Item  State:  Substate:  Disbursement Inis Period  Memo Item  Amount of Each Disbursement this Period  Memo Item  Amount of Each Disbursement this Period  Category Type  Office Sought:  Memo Item  Amount of Each Disbursement this Period  Category Type  Disbursement Inis Period  Memo Item  Amount of Each Disbursement this Period  Category Type  Disbursement Inis Period  Category Type  Category Type  Category Transaction ID: \$8308.925 Amoun | 1 1 7  |               | a, politica     |            | The state of the s |
| Mailing Address 129 E Front St  City City Traverse City Purpose of Disbursement As for Matt Morgan Committee to elect Matt Morgan for Michigan Citice Sought:    Y   House   Disbursement  | Grand Traverse County Democration              | C Commit      | ttee            |            |  |
| City Traverse City Traverse City Traverse City Traverse City Purpose of Disbursement Ad for Mat Morgan Candidate Name Candidate Name Committee to elect Matt Morgan for Michigan Office Sought:  |  |               |                 |            | Date of Dishurasmort   |
| City State MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Full Name (Last, First, Middle Initial)  State: MI District: 01  Memolitem  Full Name (Last, First, Middle Initial)  State: District: 01  Memolitem  Appearance Transaction ID: SB30B.6925  Amount of Each Disbursement Ibs Period  Memolitem  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Amount of Each Disbursement Ibs Period  Memolitem  Full Name (Last, First, Middle Initial)  Date of Disbursement Ibs Period  Memolitem  Full Name (Last, First, Middle Initial)  Date of Disbursement Ibs Period  Memolitem  Appearance Type  Category/ Type  Disbursement Ibs Period  Transaction ID: SB30B.6925  Amount of Each Disbursement Ibs Period  Appearance Type  Category/ Type  Disbursement Ibs Period  Transaction ID: SB30B.6925  Amount of Each Disbursement Ibs Period  Category/ Type         | - ≀ne Nortnern Express                         |               |                 |            |  |
| Traverse City Purpose of Disbursement Ad for Matt Morgan Candidate Name Committee to elect Matt Morgan for Michigan Office Sought:    Name   House   Disbursement For: 2018   Senate   President   Senate   President   Senate   President   Senate   President   Senate   President   President   Senate   President   President   Senate   President   Pr        | Mailing Address 129 E Front St                 |               |                 |            |  |
| Ad for Matt Morgan Candidate Name Committee to elect Matt Morgan for Michigan Office Sought:   | Traverse City                                  | I             | •               |            |  |
| Candidate Name  Committee to elect Matt Morgan for Michigan  Office Sought:    Y   House   |  |               |                 | 004        |  |
| Committee to elect Matt Morgan for Michigan  Office Sought:  |  |               |                 | Category/  |  |
| Senate President Other (specify)  State: MI District: 01  Full Name (Last, First, Middle Initial)  3. US Post Master  Mailing Address 202 S. Union St  City Traverse City State MI 49684  Purpose of Disbursement postage for postcards  Committee to elect Matt Morgan for Michigan  Office Sought:   |  |               |                 |            |  |
| State: MI District: 01  President District: 01  State: MI District: 01  Full Name (Last, First, Middle Initial)  Suppose of Disbursement postage for postcards  Candidate Name  City  State: Mi District: 01  Full Name (Last, First, Middle Initial)  State: Disbursement For: Senate President  Candidate Name  City  State: Disbursement For: Senate President  Candidate Name  Candidate Name  Category/ Type  Office Sought: State: Disbursement For: Senate President  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate President  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate President  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate President  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Memory General President  State: District: Memory Memory Type  Office Sought: House Disbursement For: Memory General President  State: District: Memory Memory Type  Memory Type  Amount of Each Disbursement this Period  Memory Type  Amount of Each Disbursement For: Memory Memory Type  Memory Type  Memory Type  Amount of Each Disbursement For: Memory Memory Type  Memory Type  Memory Type  Amount of Each Disbursement For: Memory Type  Memory Type  Memory Type  Memory Type  Memory Type  Amount of Each Disbursement For: Memory Type  Mem        |  | _             |                 |            | 100.00   |
| Full Name (Last, First, Middle Initial)  3. US Post Master  Mailing Address 202 S. Union St  City Traverse City Purpose of Disbursement postage for postcards  Candidate Name  Committee to elect Matt Morgan for Michigan  Office Sought:  State: MI District: 01  Mailing Address  City State: MI District: 01  Mailing Address  City State: Sanate President  Candidate Name  City State: Sanate President  Candidate Name  City State: Disbursement For: Candidate Name  City State: Disbursement  City State: Disbursement  Candidate Name  City State: Disbursement  City State: Disbursement  City State: Disbursement  City State: Disbursement  Candidate Name  City  Memo Item  Memo Item  Memo Item  Memo Item  Memo Item  Amount of Each Disbursement this Period  Memo Item  Memo Item  Memo Item  Memo Item  | President                                      | ,             |                 |            | Memo Item  |
| Mailing Address 202 S. Union St  City Purpose of Disbursement postage for postcards  Candidate Name Candidate Name Candidate Name Candidate Name Compliting Address  City Purpose of Disbursement President Candidate Name Compliting Address  City Purpose of Disbursement President Candidate Name Compliting Address  City Purpose of Disbursement Candidate Name Compliting Address  City State: Disbursement Candidate Name Compliting Address  City Memo Item  FEC Identification Number Category/ Type  FEC Identification Number Category/ Type  Memo Item  Amount of Each Disbursement this Period  Memo Item  FEC Identification Number Category/ Type  Memo Item  Amount of Each Disbursement this Period  Memo Item  Amount of Each Disbursement this Period   |  |               |                 |            |  |
| Mailing Address 202 S. Union St  City Traverse City Traverse City Purpose of Disbursement postage for postcards  Candidate Name Committee to elect Matt Morgan for Michigan Office Sought:  X House President President State: MI District:  Mailing Address  City  Full Name (Last, First, Middle Initial)  City  Purpose of Disbursement Candidate Name  City  Purpose of Disbursement Candidate Name  City  State:  Disbursement Candidate Name  Disbursement For: Senate President Other (specify)  Memo Item  FEC Identification Number  Category/ Type  Total Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Category/ Type  Memo Item  Subtrotal of Disbursement This Page (optional)  | _  |               |                 |            |  |
| Traverse City Purpose of Disbursement postage for postcards  Candidate Name  Committee to elect Matt Morgan for Michigan  Office Sought:    House  | Mailing Address 202 S. Union St                |               |                 |            |  |
| Traverse City Purpose of Disbursement postage for postcards  Candidate Name Committee to elect Matt Morgan for Michigan  Office Sought:    Variable   Var        | -  |               | •               |            | FEC Identification Number  |
| Disbursement For: 2018    Full Name (Last, First, Middle Initial)  | Traverse eny                                   | IVII          | 49684           |            |  |
| Candidate Name  Committee to elect Matt Morgan for Michigan  Office Sought:  |  |               |                 | 006        |  |
| Committee to elect Matt Morgan for Michigan  Office Sought:  |  |               |                 | Category/  |  |
| State: MI District: 01  Full Name (Last, First, Middle Initial)  City State Zip Code FEC Identification Number  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Amount of Each Disbursement this Period Other (specify)  Memo Item  Memo Item  Memo Item  Amount of Each Disbursement this Period Other (specify)  Memo Item   |  |               |                 |            |  |
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| Mailing Address  City  |  |               | ·               |            | iviemo item  |
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| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substruct: Memo Item   | Mailing Address                                |               |                 |            |  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)   | City   | State         | Zip Code        |            | FEC Identification Number  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)   | Purpose of Disbursement                        |               |                 |            | С  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)   | Candidate Name                                 |               |                 |            | Amount of Each Disbursement this Period  |
| State: District: Other (specify) ▼ Memo Item  SUBTOTAL of Disbursements This Page (optional)   | Office Sought: House Disburser                 | nent For:     |                 |            |  |
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| 456.00   | SUBTOTAL of Disbursements This Page (optional) |               |                 | ······     | 466.00   |
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