

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LYKE FOR CONGRESS

ADDRESS (number and street) PO BOX 1153 FOWLERVILLE MI 48836 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00726992 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MI 08

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 04/01/2020 through 06/30/2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brandon, William, , , Type or Print Name of Treasurer Signature of Treasurer Brandon, William, , , [Electronically Filed] Date MM/DD/YYYY 07/23/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
LYKE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8797.00	27871.70
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8797.00	27871.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13971.84	14874.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13971.84	14874.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13030.04	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	34048.37	

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 3 (Revised 05/2016)

Write or Type Committee Name

LYKE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5365.00	18065.00
(ii) Unitemized	3432.00	9806.70
(iii) TOTAL of contributions from individuals	8797.00	27871.70
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8797.00	27871.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	8797.00	27871.70

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13971.84	14874.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13971.84	14874.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18204.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8797.00
25. SUBTOTAL (add Line 23 and Line 24).....	27001.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13971.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13030.04

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 22
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Anonymous, Anonymous 13, , ,

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 30 2020

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period
265.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Battaglia, Anthony, , ,

Mailing Address 2700 West Gunn Road

City State Zip Code
Rochester MI 48306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 07 2020

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Beauchamp, Kevin, , ,

Mailing Address 2862 Bay Hill Court

City State Zip Code
Oakland Charter Township MI 48363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Schechter Wealth Wealth Advisor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 08 2020

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1265.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Casperson, Leslie, , ,
 Mailing Address 2400 Devils Dive Road
 City State Zip Code
 Traverse City MI 49686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Munson Medical Center Administrative Supervisor
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 03 2020
Transaction ID : SA11AI.4374
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Helzerman, Doug, , ,
 Mailing Address PO Box 701
 City State Zip Code
 Fowlerville MI 48836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A N/A
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 20 2020
Transaction ID : SA11AI.4423
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
HOURLANI, JANE, , ,
 Mailing Address 3120 N CAMBRIDGE RD
 City State Zip Code
 LANSING MI 48911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 15 2020
Transaction ID : SA11AI.4462
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Karschnick, Suzanne, , ,
 Mailing Address 11792 Culver Country Ln
 City: Webberville State: MI Zip Code: 48892
 FEC ID number of contributing federal political committee: C
 Name of Employer: N/A Occupation: N/A
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 04 / 2020
Transaction ID : SA11AI.4422
 Amount of Each Receipt this Period: 100.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Nagle, Charles, , ,
 Mailing Address 8350 Old Harbor
 City: Grand Blanc State: MI Zip Code: 48439
 FEC ID number of contributing federal political committee: C
 Name of Employer: GHS Occupation: IT Manager
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 05 / 2020
Transaction ID : SA11AI.4396
 Amount of Each Receipt this Period: 300.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Radelt, Michael, , ,
 Mailing Address 6815 Kestrel Ridge Rd
 City: Brighton State: MI Zip Code: 48116
 FEC ID number of contributing federal political committee: C
 Name of Employer: Self Occupation: Photographer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date: 600.00

Date of Receipt: 05 / 09 / 2020
Transaction ID : SA11AI.4429
 Amount of Each Receipt this Period: 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Varela, Laura, , ,
Mailing Address 11813 Newman Road
City Brighton State MI Zip Code 48114
FEC ID number of contributing federal political committee. C
Name of Employer Arcadis U.S., Inc. Occupation Senior Regulatory Specialist
Receipt For: 2020
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2020
Transaction ID : SA11AI.4383
Amount of Each Receipt this Period
1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	5365.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedot, Inc.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020
Mailing Address 1340 Poydras St Ste. 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement Credit Card Processing	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 131.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4494 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HenryAlan		Date of Disbursement MM / DD / YYYY 04 / 10 / 2020
Mailing Address 75 S High St Ste. 4		FEC Identification Number C
City Dublin	State OH	Zip Code 43017
Purpose of Disbursement Compliance and Accounting	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4541 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Rouge Strategy Group		Date of Disbursement MM / DD / YYYY 05 / 18 / 2020
Mailing Address 1410 Fair Oaks Court		FEC Identification Number C
City East Lansing	State MI	Zip Code 48823
Purpose of Disbursement Campaign Management	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 3000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.4498 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....	▶	3631.10
TOTAL This Period (last page this line number only).....	▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rouge Strategy Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2020		
Mailing Address 1410 Fair Oaks Court			FEC Identification Number C		
City East Lansing	State MI	Zip Code 48823	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Campaign Management		Category/ Type 003	Transaction ID : SB17.4501		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 150 W Market St Ste. 500			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 927.13		
Purpose of Disbursement Online Advertising		Category/ Type 004	Transaction ID : SB17.4540		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 150 W Market St Ste. 500			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 605.04		
Purpose of Disbursement Software		Category/ Type 001	Transaction ID : SB17.4542		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6532.17
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020		
Mailing Address 150 W Market St Ste. 500			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 103.36		
Purpose of Disbursement Email Usage Fees		Category/ Type 004	Transaction ID : SB17.4543		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Venture Strategic Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2020		
Mailing Address 1 Corporate Park Suite 101			FEC Identification Number C		
City Irvine	State CA	Zip Code 92606	Amount of Each Disbursement this Period 2130.00		
Purpose of Disbursement General Consulting		Category/ Type 004	Transaction ID : SB17.4495		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Venture Strategic Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2020		
Mailing Address 1 Corporate Park Suite 101			FEC Identification Number C		
City Irvine	State CA	Zip Code 92606	Amount of Each Disbursement this Period 1557.50		
Purpose of Disbursement Consulting and Advertising		Category/ Type 004	Transaction ID : SB17.4497		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3790.86
TOTAL This Period (last page this line number only).....▶	13954.13

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies			Nature of Debt (Purpose): General Campaign Strategy Consulting
Mailing Address 800 W 47th St Ste. 200			
City Kansas City	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input type="text" value="2500.00"/>	Transaction ID : SD10.4205	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies			Nature of Debt (Purpose): General Campaign Strategy Consulting
Mailing Address 800 W 47th St Ste. 200			
City Kansas City	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input type="text" value="2684.31"/>	Transaction ID : SD10.4209	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2684.31"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies			Nature of Debt (Purpose): General Campaign Strategy Consulting
Mailing Address 800 W 47th St Ste. 200			
City Kansas City	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.4332	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6184.31"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies			Nature of Debt (Purpose): Graphic Design Services
Mailing Address 800 W 47th St Ste. 200			
City Kansas City	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 285.00	Transaction ID : SD10.4333	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 285.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HenryAlan			Nature of Debt (Purpose): Accounting and Compliance Services
Mailing Address 75 S High St Ste. 4			
City Dublin	State OH	Zip Code 43017	

Outstanding Balance Beginning This Period 2500.00	Transaction ID : SD10.4202	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HenryAlan			Nature of Debt (Purpose): Accounting and Compliance Services
Mailing Address 75 S High St Ste. 4			
City Dublin	State OH	Zip Code 43017	

Outstanding Balance Beginning This Period 1685.00	Transaction ID : SD10.4210	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1685.00

1) SUBTOTALS This Period This Page (optional)	▶	4470.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HenryAlan			Nature of Debt (Purpose): Accounting and Compliance Services
Mailing Address 75 S High St Ste. 4			
City Dublin	State OH	Zip Code 43017	

Outstanding Balance Beginning This Period 750.00	Transaction ID : SD10.4328	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HenryAlan			Nature of Debt (Purpose): Accounting and Compliance Services
Mailing Address 75 S High St Ste. 4			
City Dublin	State OH	Zip Code 43017	

Outstanding Balance Beginning This Period 750.00	Transaction ID : SD10.4329	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor HenryAlan			Nature of Debt (Purpose): Accounting and Compliance Services
Mailing Address 75 S High St Ste. 4			
City Dublin	State OH	Zip Code 43017	

Outstanding Balance Beginning This Period 750.00	Transaction ID : SD10.4330	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

1) SUBTOTALS This Period This Page (optional)	▶	2250.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Office Supplies
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 2196.64		Transaction ID : SD10.4340	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2196.64	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Digital Advertising Expense
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 672.68		Transaction ID : SD10.4342	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 672.68	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Collateral Materials - Campaign Shirts & Buttons
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 1238.24		Transaction ID : SD10.4345	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1238.24	

1) SUBTOTALS This Period This Page (optional)	▶	4107.56
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Travel Expenses - Ground Transportation
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period <input type="text" value="44.70"/>	Transaction ID : SD10.4343	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="44.70"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Event Sponsorship
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period <input type="text" value="2891.29"/>	Transaction ID : SD10.4341	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2891.29"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Letter to Oakland County Services
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period <input type="text" value="3448.59"/>	Transaction ID : SD10.4346	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3448.59"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6384.58"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Manager Salary
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.4337	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Office Supplies
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4547	
Amount Incurred This Period 69.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 69.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Mailings
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4548	
Amount Incurred This Period 50.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.19

1) SUBTOTALS This Period This Page (optional)	▶	1119.27
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Mailings
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4549	
Amount Incurred This Period 125.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 125.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Advertising
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4550	
Amount Incurred This Period 253.49	Payment This Period 0.00	Outstanding Balance at Close of This Period 253.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Mass Email Messaging
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4554	
Amount Incurred This Period 49.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 49.99

1) SUBTOTALS This Period This Page (optional)	▶	428.48
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Yard Signs
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4557	
Amount Incurred This Period 2751.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 2751.10	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Mailings
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4558	
Amount Incurred This Period 330.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 330.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Office Supplies
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4551	
Amount Incurred This Period 704.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 704.91	

1) SUBTOTALS This Period This Page (optional)	▶	3786.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Mass Email Distribution
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4552	
Amount Incurred This Period 49.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 49.99	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Office Supplies
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4553	
Amount Incurred This Period 166.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 166.78	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Voter Lists
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4555	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00	

1) SUBTOTALS This Period This Page (optional)	▶	2216.77
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LYKE, KRISTINA, , ,			Nature of Debt (Purpose): Campaign Office Supplies
Mailing Address PO BOX 1153			
City FOWLERVILLE	State MI	Zip Code 48836	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4556	
Amount Incurred This Period 340.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 340.08

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group			Nature of Debt (Purpose): Digital Advertising Creative and Placement
Mailing Address 150 W Market St Ste. 500			
City Indianapolis	State IN	Zip Code 46204	

Outstanding Balance Beginning This Period 550.00	Transaction ID : SD10.4207	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 550.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group			Nature of Debt (Purpose): Digital Advertising Creative and Placement
Mailing Address 150 W Market St Ste. 500			
City Indianapolis	State IN	Zip Code 46204	

Outstanding Balance Beginning This Period 605.04	Transaction ID : SD10.4211	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 605.04

1) SUBTOTALS This Period This Page (optional)	▶	1495.12
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
LYKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group			Nature of Debt (Purpose): Digital Advertising Creative and Placement
Mailing Address 150 W Market St Ste. 500			
City Indianapolis	State IN	Zip Code 46204	

Outstanding Balance Beginning This Period <input type="text" value="106.27"/>	Transaction ID : SD10.4334	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="106.27"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group			Nature of Debt (Purpose): Digital Advertising Creative and Placement
Mailing Address 150 W Market St Ste. 500			
City Indianapolis	State IN	Zip Code 46204	

Outstanding Balance Beginning This Period <input type="text" value="1500.00"/>	Transaction ID : SD10.4335	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1606.27"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="34048.37"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="34048.37"/>