



FILED

25 JUL 2023 PM 03:12

GENESEE COUNTY CLERK
FLINT, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

492

2. Committee Name

CHRIS SWANSON FOR SHERIFF

4. Candidate Last Name

SWANSON

First Name

CHRISTOPHER

M.I.

R

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

COUNTY SHERIFF, GENESEE COUNTY

4b. County of Residence **GENESEE COUNTY**

5. Committee's Mailing Address

**1040 CREEKWOOD TRL
BURTON, MI 48509**

Area Code and Phone (810) 743-5000
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

**TAMMY CALHOUN
9342 ORCHARD VALLEY
DAVISON, MI 48423**

Area Code & Phone (810) 919-3903

7. Treasurer's Business Address

**9342 ORCHARD VALLEY
DAVISON, MI 48423**

Area Code and Phone (810) 919-3903

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

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

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

- ☒ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (2023)
Coverage Year

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

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 492

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CHRIS SWANSON FOR SHERIFF

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>71,845.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>71,845.00</u>	(18.) \$ <u>262,743.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>47.98</u>	(19.) \$ <u>248.12</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>71,892.98</u>	(20.) \$ <u>262,991.12</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>62,463.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>62,463.00</u>	(23.) \$ <u>199,546.56</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>108,258.18</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>71,892.98</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>180,151.16</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>62,463.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>117,688.16</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/13/2023</u>	
Name & Address: HARVEY EISMAN 1080 STONEGATE CT FLINT TWP, MI 48532		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SOUTHFIELD GOLD & DIAMOND</u> Business Address <u>3201 S DORT HWY, FLINT, MI 48507</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: SHIRLEY JAMISON 6306 LENNON RD SWARTZ CREEK, MI 48473		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: JAMES NEERING 244 ABERDEEN CT FLUSHING, MI 48433		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: OPERATING ENGINEER LOCAL 324 500 HULET DR BLOOMFIELD TWP, MI 48302		\$ <u>10,000.00</u>	\$ <u>20,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **10,545.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: DONALD ROCKWELL 6192 COVERED WAGONS TRAIL FLINT TWP, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>THERAPIST</u> Employer <u>WILL ROCKWELL PC</u> Business Address <u>4413 CORUNNA RD, FLINT, MI 48532</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: JOSEPH SERRA 13338 WENWOOD DR FENTON, MI 48430		\$ <u>5,000.00</u>	\$ <u>10,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIARMAN</u> Employer <u>SERRA AUTOMOTIVE</u> Business Address <u>102 W SILVER LAKE RD, FENTON, MI 48430</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/26/2023</u>	
Name & Address: WHITE RIDGWAY 13521 HADDON ST FENTON, MI 48430		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MOTT FOUNDATION</u> Business Address <u>503 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2023</u>	
Name & Address: DEBBIE SORRELL 1033 W ROWLAND ST FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EVENT COORDINATOR</u> Employer <u>TRAVEL TIME TOURS</u> Business Address <u>1033 W ROWLAND ST, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **6,150.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2023</u> Name & Address: ANDREA LEGENDRE 5189 WARWICK WOODS TRAIL GRAND BLANC, MI 48439	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GENESEE COUNTY</u> Business Address <u>8063 WOLFSON LN, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/17/2023</u> Name & Address: KEVIN SPRAGUE 11494 NORA DR FENTON, MI 48430	\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>GENESEE COUNTY</u> Business Address <u>1002 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2023</u> Name & Address: NIKOLAOS ANAGNOSTOPOULOS 6057 BELMONT CT GRAND BLANC, MI 48439	\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2023</u> Name & Address: HOWARD CAMPBELL 12169 PINWOOD TRAIL LINDEN, MI 48451	\$ <u>1,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>HOLLO PLASTICS</u> Business Address <u>154 E AURORA RD, NORTHFIELD, OH 44067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		

Page Subtotal **1,600.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: MICHAEL CURTIS 1485 LOG CABIN POINT FENTON, MI 48430		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: HARRY HATTER 1238 E FARRAND RD CLIO, MI 48420		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: GARY HURAND PO BOX 310289 FLINT, MI 48531		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: LYNNE HURAND 1616 DURAND ST FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: JUDITH KASLE 1204 ROCKY RIDGE TRAIL FLINT TWP, MI 48532		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: RICK LAMB 5050 OLD BARN LN CLIO, MI 48420		\$ <u>1,000.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FUNERAL DIRECTOR</u> Employer <u>SWARTZ FUNERAL HOME</u> Business Address <u>1225 W HILL RD, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: DENNIS LAZAR 727 S GRAND TRAVERSE ST FLINT, MI 48502		\$ <u>500.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>727 S GRAND TRAVERSE ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: MARY LAZAR 1505 WOODLAWN PARK DR FLINT, MI 48503		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,050.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: MAXWELL MIMS 1101 S FRANKLIN AVE FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: MATTHEW NORWOOD 503 SAGINAW ST FLINT, MI 48502		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>503 SAGINAW ST, 526, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: JEREMY PIPER 5426 CORAL RIDGE DR GRAND BLANC TWP, MI 48439		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: BARNEY WHITESMAN 1121 S GRAND TRAVERSE ST FLINT, MI 48502		\$ <u>100.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>1121 S GRAND TRAVERSE ST, FLINT, MI 48502</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,700.00**

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

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2023</u>	
Name & Address: WINFIELD COOPER PO BOX 320500 FLINT, MI 48532		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: TYLER BOYD 1130 DRURY LN FLUSHING, MI 48433		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>EDWARD JONES</u> Business Address <u>6122 PIERSON RD, FLUSHING, MI 48433</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: ERIC GASPER 392 RIVER WOODS DR FLUSHING, MI 48433		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>EDWARD JONES</u> Business Address <u>6122 PIERSON RD, FLUSHING, MI 48433</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: JOHN KOSTECKI 2869 E CLARKSTON RD OAKLAND TWP, MI 48363		\$ <u>550.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MCDONALDS</u> Business Address <u>2869 E CLARKSTON RD, OAKLAND TWP, MI 48363</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 2,050.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 492
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: JORDAN KOSTECKI 2869 E CLARKSTON RD OAKLAND TWP, MI 48363		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2023</u>	
Name & Address: KATHLEEN LEONI 12171 MARGARET DR FENTON TWP, MI 48430		\$ <u>1,500.00</u>	\$ <u>6,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JAMES PATTON 15195 PINWOOD TRAIL LINDEN, MI 48451		\$ <u>2,500.00</u>	\$ <u>7,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TOW TRUCK DRIVER</u> Employer <u>COMPETE TOWING</u> Business Address <u>3401 DORT HWY, FLINT, MI 48506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: LAWRENCE FORD 6508 STONEBROOK LN FLUSHING, MI 48433		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,200.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DAVID ROTH 1117 HOLLY SPRING LN GRAND BLANC TWP, MI 48439		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HARVEY KRUSE PC</u> Business Address <u>5206 GATEWAY CENTRE BLVD, 200, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DAVID SALIM 3150 CORNERSTONE DR FLUSHING, MI 48433		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>DAVID SALIM</u> Business Address <u>5141 GATEWAY CENTRE BLVD, 100, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: PLUNKETT COONEY 38505 WOODWARD AVE BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ROBERT PICKELL 13122 HARBOR LANDINGS DR FENTON, MI 48430		\$ <u>300.00</u>	\$ <u>800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,800.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MICHAEL JABLONSKI 9020 HIGHGROVE CT GRAND BLANC, MI 48439		\$ <u>600.00</u>	\$ <u>1,100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>9020 HIGHGROVE CT, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DAVID SALLAY 1101 WOODLAWN PARK DR FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: F. JACK BELZER 3153 W HILL RD FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3153 W HILL RD, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JAMES RUSSIAN 5209 WYNDEMERE SQUARE SWARTZ CREEK, MI 48473		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 492
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ROBERT RANSOM 6477 N MCKINLEY RD FLUSHING TWP, MI 48433		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MELANIE LEIX 8135 BOULDER DR DAVISON, MI 48423		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BUDGET BLINDS</u> Business Address <u>8135 BOULDER DR, DAVISON, MI 48423</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ELIAS FANOUS 7230 STEVANIE DR GRAND BLANC, MI 48439		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>7230 STEVANIE DR, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MICHAEL ANGUS 2484 FENTON CREEK LN FENTON, MI 48430		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SECURITY</u> Employer <u>PREIMER SECURITY</u> Business Address <u>615 SAGINAW ST, 700, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DAVID FORYSTEK 4475 LOON HARBOR LN LINDEN, MI 48451		\$ <u>3,000.00</u>	\$ <u>3,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PREMIER SECURITY</u> Business Address <u>615 SAGINAW ST, 700, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JOE MASSEY 2272 LAKE RIDGE DR GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DIANE PARVIZI 8448 WARWICK GROVES CT GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: FARSHID PARVIZI 12098 MANTAWAUKA DR FENTON TWP, MI 48430		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>12098 MANTAWAUKA DR, FENTON TWP, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **3,150.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: CHERYL ZERKA 10272 CARMER RD FENTON, MI 48430		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JOHN TOSTO 503 SAGINAW ST 1410 FLINT, MI 48502		\$ <u>1,000.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JOHN A TOSTO PLC</u> Business Address <u>503 SAGINAW ST, 1410, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ERIC MCCORMICK 503 SAGINAW ST 1415 FLINT, MI 48502		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ERIC MCCORMICK PLC</u> Business Address <u>503 SAGINAW ST, 1415, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: CHERYL SCLATER 2303 S CENTER RD BURTON, MI 48519		\$ <u>250.00</u>	\$ <u>2,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>ELGA CREDIT UNION</u> Business Address <u>6065 GRAND POINTE BLVD, GRAND BLANC TWP, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 1,450.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JOSEPH RIZK 5035 PERSIMMON TRAIL CLIO, MI 48420		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5035 PERSIMMON TRAIL, CLIO, MI 48420</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MARK ALLEN 1038 STONEHENGE RD FLINT TWP, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CASE WORKER</u> Employer <u>GENESEE COUNTY FRIEND OF THE COURT</u> Business Address <u>603 SAGINAW ST, 2500, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MICHAEL GUSS 17528 TAYLOR LAKE RD HOLLY, MI 48442		\$ <u>500.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>HARVEY KRUSE PC</u> Business Address <u>5206 GATEWAY CENTRE BLVD, 200, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: THOMAS TOWNSEND 12483 MARGARET DR FENTON TWP, MI 48430		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>AMERIPRISE</u> Business Address <u>8475 HOLLY RD, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: IHAB ABU-AWAD 1147 WESTBURY CIR LANSING, MI 48917		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALESMAN</u> Employer <u>ASHLEY FURNITURE</u> Business Address <u>3701 LAPEER RD, FLINT, MI 48503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: YOUSSEF BAZZI 6061 OAKMAN BLVD DEARBORN, MI 48126		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>YOUSSEF BAZZI</u> Business Address <u>6061 OAKMAN BLVD, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: RICHARD HETHERINGTON 6632 KINGS POINTE RD GRAND BLANC, MI 48439		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>CF LEGAL</u> Business Address <u>302 E COURT ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: JOHN III FARRELL 15200 STONE HENG DR FENTON, MI 48430		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>394 CLAY ST, LAPEER, MI 48446</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 7,100.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DOROTHY ALLEN 6264 LANCASTER DR FLINT TWP, MI 48532		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DENNIS NIEC 16149 SILVERSHORE DR FENTON, MI 48430		\$ <u>200.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>BERKSHIRE HATHAWAY</u> Business Address <u>2359 W SHIAWASSEE AVE, FENTON, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: AMIR ABU-AITA 1545 BAYPOINTE CIR GRAND BLANC, MI 48439		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ABU-AITA LAW FIRM</u> Business Address <u>5151 GATEWAY CENTRE BLVD, 100, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: PATRICK ALLISON 13222 LEONARD ST DEARBORN, MI 48126		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>13222 LEONARD ST, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,050.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: STEPHEN HALL 15114 PINWOOD TRAIL LINDEN, MI 48451		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PIPEFITTER</u> Employer <u>JOHNSON & WOOD</u> Business Address <u>3234 ASSOCIATES DR, BURTON, MI 48529</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DUANE HASKINS 3437 BELSAY RD BURTON, MI 48519		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MAYOR</u> Employer <u>CITY OF BURTON</u> Business Address <u>4303 S CENTER RD, BURTON, MI 48519</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: KHALIL SAAB 12447 MARGARET DR FENTON TWP, MI 48430		\$ <u>500.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSTRUCTION</u> Employer <u>SELF EMPLOYED</u> Business Address <u>12447 MARGARET DR, FENTON TWP, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: FRANCIS MANLEY 503 SAGINAW ST 821 FLINT, MI 48502		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANLEY & MANLEY</u> Business Address <u>503 SAGINAW ST, 800, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,700.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: HARVEY LEE 11438 OLDE WOOD TRAIL FENTON, MI 48430		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>TOTAL BENEFIT SYSTEMS</u> Business Address <u>5151 GATEWAY CENTRE BLVD, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: WILLIAM CRAWFORD 1138 WOODSIDE DR FLINT, MI 48503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>67TH DISTRICT COURT</u> Business Address <u>603 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: CHRISTOPHER GOETZ 6479 CARRIAGE HILL DR GRAND BLANC, MI 48439		\$ <u>1,000.00</u>	\$ <u>3,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>WGS GLOBAL SVS</u> Business Address <u>7075 DORT HWY, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: RYAN FARIS 4379 FOUNTAIN VIEW CT FENTON, MI 48430		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>AMERIPRISE</u> Business Address <u>8475 HOLLY RD, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,450.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: R D LAMMY 12184 MANTAWAUKA DR FENTON TWP, MI 48430		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MODERN CONCRETE</u> Business Address <u>3275 PASADENA AVE, FLINT, MI 48504</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: HUSSEIN BAZZY 23533 FREDERICKS DR BROWNSTOWN TWP, MI 48134		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>23533 FREDERICKS DR, BROWNSTOWN TWP, MI 48134</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: HASSAN BAZZI 26453 SHEAHAN DR DEARBORN HEIGHTS, MI 48127		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>SELF EMPLOYED</u> Business Address <u>26453 SHEAHAN DR, DEARBORN HEIGHTS, MI 48127</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: WESAM ISSA 1619 WHITEFIELD ST DEARBORN HEIGHTS, MI 48127		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>1619 WHITEFIELD ST, DEARBORN HEIGHTS, MI 48127</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **2,600.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: VIOLET MARTIN 6056 CALKINS RD FLINT TWP, MI 48532		\$ <u>50.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GREETER</u> Employer <u>SHARP FUNERAL HOME</u> Business Address <u>8138 MILLER RD, SWARTZ CREEK, MI 48473</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: PETER SHAMOUN 11209 FARMINGDALE LN COMMERCE TWP, MI 48390		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address <u>11209 FARMINGDALE LN, COMMERCE TWP, MI 48390</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: FREDERICK MUHL 4290 BOB WHITE DR FLINT, MI 48506		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: PAUL ERICKSON 2183 QUIET VALLEY TRAIL BRIGHTON, MI 48114		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE</u> Employer <u>CITY OF DEARBORN</u> Business Address <u>25637 MICHIGAN AVE, DEARBORN HEIGHTS, MI 48125</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MICHEL HAMATI 506 MISTY MORNING DR FLUSHING, MI 48433		\$ <u>200.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>DIAMOND GALLERY</u> Business Address <u>32269 GRATIOT AVE, ROSEVILLE, MI 48066</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JAMES GAGE 11059 BENDIX DR GOODRICH, MI 48438		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MICHAEL MANLEY 503 SAGINAW ST 800 FLINT, MI 48502		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MANLEY & MANLEY</u> Business Address <u>503 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MOHAMAD HAMADI 3976 PELHAM ST DEARBORN HEIGHTS, MI 48125		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>IN & OUT SHAWARMA LLC</u> Business Address <u>3976 PELHAM ST, DEARBORN HEIGHTS, MI 48125</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,600.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JAMES GASKIN 4353 LAHRING RD LINDEN, MI 48451		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>UNITED WAY</u> Business Address <u>111 E COURT ST, 3A, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: LAWRENCE ELASSAL 800 N BEECH DALY RD DEARBORN HEIGHTS, MI 48127		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1000 N TELEGRAPH RD, DEARBORN, MI 48128</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: TONY SHANGO 4184 FORSTER LN SHELBY TWP, MI 48316		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ATGCR 1 LLC</u> Business Address <u>4184 FORSTER LN, SHELBY TWP, MI 48316</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DERRICK ALDRIDGE 1101 CARTER DR FLINT, MI 48532		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>2ND CHANCE CHURCH</u> Business Address <u>2070 COLDWATER RD, FLINT, MI 48505</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 5,750.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ARCHIE HAYMAN 8152 HIDDEN PONDS DR GRAND BLANC, MI 48439		\$ <u>250.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>503 SAGINAW ST, 7E, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ROBERT LEACH 5520 BROADMOOR DR GRAND BLANC TWP, MI 48439		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DENTIST</u> Employer <u>DR ROBERT LEACH</u> Business Address <u>4025 E HILL RD, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JOHN FONTANA 6239 ANAVISTA DR FLINT, MI 48507		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>MOTT COMMUNITY COLLEGE</u> Business Address <u>1401 E COURT ST, FLINT, MI 48503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: SEIF SAEED 8211 PINE HOLLOW TRAIL GRAND BLANC, MI 48439		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2700 ROBERT T LONGWAY BLVD, FLINT, MI 48503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,600.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DEANNA SWANSON 1411 ST LAWRENCE CT FENTON, MI 48430		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE ADMIN</u> Employer <u>COSMETIC DENTAL</u> Business Address <u>2100 S LONG LAKE RD, FENTON, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MICHAEL EDMUNDS 6069 BELSAY RD GRAND BLANC, MI 48439		\$ <u>1,000.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>8305 S SAGINAW ST, GRAND BLANC, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: WILLIAM GARDNER 4321 ISLAND VIEW DR FENTON, MI 48430		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: GERALD DICKENSON 3606 CIRCLE DR FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

1,250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: FREDERICK BLANCHARD 10725 TALBOT AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>3500 E COURT ST, PO BOX 90379, FLINT, MI 48506</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: ALEXANDRA NASSAR 4230 OAK ST GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>5151 GATEWAY CENTRE BLVD, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: ROBERT SWANSON 1920 COLCHESTER RD FLINT, MI 48503		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2023</u> Name & Address: SHELDON BANKS 3021 S DORT HWY FLINT, MI 48507		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MORTICIAN</u> Employer <u>SHELDON T BANKS FUNERAL CHAPEL</u> Business Address <u>3021 S DORT HWY, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DANIEL GAUDET 9140 CARPENTER RD FLUSHING, MI 48433		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PIPEFITTER</u> Employer <u>UA LOCAL 370</u> Business Address <u>2151 W THOMPSON RD, FENTON TWP, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: S L BARAN 16447 COTTAGE CT FENTON, MI 48430		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>508 W SILVER LAKE RD, FENTON, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: WARD TUBBS 12543 GREENHILL DR GRAND BLANC, MI 48439		\$ <u>100.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DAVID GILLIE 2472 DITCH RD NEW LOTHROP, MI 48460		\$ <u>400.00</u>	\$ <u>1,150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **650.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JEFFREY CLOTHIER 11476 MOFFETT CT FENTON TWP, MI 48430		\$ <u>500.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JEFFREY E CLOTHEIR</u> Business Address <u>503 SAGINAW ST, 929, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: SUSAN THOMAS 2425 SECLUDED LN FLINT, MI 48507		\$ <u>500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: KOLBY MILLER 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>1,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MEDSTAR</u> Business Address <u>380 GRATIOT AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MOHAMMAD MAZLOUM 8201 W PARKWAY ST REDFORD TWP, MI 48239		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>IN & OUT SHAWARMA</u> Business Address <u>3976 PELHAM ST, DEARBORN HEIGHTS, MI 48125</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 4,500.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: REYNALDO ANCIRA 8337 SHERWOOD DR GRAND BLANC, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: STEPHANIE CANNON 2715 TERRACE DR FLINT, MI 48507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GENESEE COUNTY</u> Business Address <u>900 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: ALENA CLARK 1201 RISECLIFF DR GRAND BLANC TWP, MI 48439		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ASST PROS ATTORNEY</u> Employer <u>GENESEE COUNTY PROSECUTOR</u> Business Address <u>900 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: TJ CRAVEN 1752 CLARK RD LAPEER, MI 48446		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL COUNSEL</u> Employer <u>MI SPILL RESPONSE</u> Business Address <u>3419 LAPEER RD, FLINT, MI 48503</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,150.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: DAVID GILLIE 2472 DITCH RD NEW LOTHROP, MI 48460		\$ <u>100.00</u>	\$ <u>1,250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JASON GOULD 8420 SHARP RD SWARTZ CREEK, MI 48473		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: STEVEN GRUNWALD 2883 PHEASANT RUN E DR WIXOM, MI 48393		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RADIO HOST</u> Employer <u>AUDACY</u> Business Address <u>2883 PHEASANT RUN E DR, WIXOM, MI 48393</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: SCOTT MANGRUM 12151 COOK RD GAINES, MI 48436		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SHERIFF</u> Employer <u>GENESEE COUNTY</u> Business Address <u>1002 SAGINAW ST, FLINT, MI 48502</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: SHAUN PAELUS 1737 MORGAN LN MILFORD TWP, MI 48381		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE</u> Employer <u>DEARBORN HEIGHTS</u> Business Address <u>25637 MICHIGAN AVE, DEARBORN HEIGHTS, MI 48125</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: MALORI PICKELL 10067 SCENIC RIDGE BLVD HOLLY, MI 48442		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FITNESS INSTRUCTOR</u> Employer <u>ASCENSION HEALTH CLUB</u> Business Address <u>801 HEALTH PARK BLVD, GRAND BLANC TWP, MI 48439</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JOHN POTBURY 501 HUT-WEST DR FLUSHING, MI 48433		\$ <u>100.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GENESEE COUNTY</u> Business Address <u>613 HUT-WEST DR, FLUSHING, MI 48433</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: FRANCIS RALABATE 5267 COMMERCE RD FLINT, MI 48507		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EOS BUSINES SURVEILLANCE</u> Business Address <u>5267 COMMERCE RD, FLINT, MI 48507</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,300.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 492
2. Committee Name CHRIS SWANSON FOR SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: JEFF SCHNEIDER 3256 HAVENWOOD DR WHITE LAKE TWP, MI 48383		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SZOTT AUTO</u> Business Address <u>6700 HIGHLAND RD, WHITE LAKE TWP, MI 48383</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: BILL WORTZ 120 N WASHINGTON SQUARE LANSING, MI 48933		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>120 N WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: KURT ZECMAN 12380 BEECH DALY REDFORD TWP, MI 48239		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>PEGASUS INDUSTRIES</u> Business Address <u>12380 BEECH DALY, REDFORD TWP, MI 48239</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2023</u>	
Name & Address: AMY ZIDEL 11401 BUCKSKIN TRAIL HOLLY, MI 48442		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBER</u> Employer <u>HOPE SERCIVES</u> Business Address <u>11401 BUCKSKIN TRAIL, HOLLY, MI 48442</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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71,845.00

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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 492

2. Committee Name CHRIS SWANSON FOR SHERIFF

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: ELGA CREDIT UNION S CENTER RD BURTON, MI 48509	Date of Receipt <u>03/31/2023</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ <u>26.27</u>
Receipt #2 Name & Address: ELGA CREDIT UNION S CENTER RD BURTON, MI 48509	Date of Receipt <u>06/30/2023</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ <u>21.71</u>
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____ ☐ Fund Raiser	\$ _____ Click for Memo Itemization Type

Page Subtotal **47.98**

Grand Total of All Schedules 1A -1
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47.98

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GENESEE COUNTY COMMUNITY ACTION Address 601 SAGINAW ST FLINT, MI 48502 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/03/2023 Date	\$ 150.00
Expenditure #2 Name DELTA AIR Address 1030 DELTA BLVD ATLANTA, GA 30354 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/03/2023 Date	\$ 11.25
Expenditure #3 Name MICHIGAN SHERIFF'S ASSOCIATION Address 620 E SOUTH ST LANSING, MI 48910 ☐ Fund Raiser	Purpose: DUES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/06/2023 Date	\$ 333.75
Expenditure #4 Name TIM HORTONS Address 3356 MILLER RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: MEETINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/06/2023 Date	\$ 12.73
Expenditure #5 Name UNION SPORTSMEN'S ALLIANCE Address 4800 NORTHFIELD LN SPRING HILL, TN 37174 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/13/2023 Date	\$ 150.00

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657.73

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name JIM KIETNER Address 22606 SUNNYSIDE ST ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/15/2023 Date	\$ 250.00
Expenditure #2 Name WALKER JUNE CALHOUN, CPAS PC Address 1040 CREEKWOOD TRAIL BURTON, MI 48509 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/15/2023 Date	\$ 64.99
Expenditure #3 Name WALKER JUNE CALHOUN, CPAS PC Address 1040 CREEKWOOD TRAIL BURTON, MI 48509 ☐ Fund Raiser	Purpose: PROFESSIONAL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/15/2023 Date	\$ 300.00
Expenditure #4 Name KIWANIS CLUB OF DAVISON Address 1063 S STATE RD DAVISON, MI 48423 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/20/2023 Date	\$ 175.00
Expenditure #5 Name CT DIGITAL CONSULTANTS Address 13235 LAKE SHORE DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/21/2023 Date	\$ 1,200.00

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1,989.99

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLACK ROCK BAR & GRILL Address 1015 N IRISH RD DAVISON, MI 48423 ☐ Fund Raiser	Purpose: MEETINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/22/2023 Date	\$ 289.40
Expenditure #2 Name GREAT HARVEST BREAD Address 252 PERRY RD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/25/2023 Date	\$ 252.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/30/2023 Date	\$ 144.39
Expenditure #4 Name STATE OF MICHIGAN Address 611 W OTTAWA ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: LICENSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/02/2023 Date	\$ 275.00
Expenditure #5 Name TABARD INN Address 1739 N ST NW WASHINGTON, DC 20036 ☐ Fund Raiser	Purpose: MEETINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2023 Date	\$ 453.70

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1,414.49

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DELTA AIR Address 1030 DELTA BLVD ATLANTA, GA 30354 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/08/2023 Date	\$ 75.30
Expenditure #2 Name METRO AIRPORT Address MCNAMARA DETROIT, MI 48242 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/09/2023 Date	\$ 84.00
Expenditure #3 Name MARRIOTT Address 7750 WISCONSIN AVE BETHESDA, MD 20814 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/09/2023 Date	\$ 855.23
Expenditure #4 Name SAM'S CLUB Address 6160 S SAGINAW ST GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/15/2023 Date	\$ 337.92
Expenditure #5 Name SPIRIT AIR Address 2800 EXECUTIVE WAY MIRAMAR, FL 33025 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/20/2023 Date	\$ 659.34

Subtotal this page **2,011.79**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANCIENT ORDER OF HIBERNIANS Address 665 MAPLE ST MT MORRIS, MI 48458 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/21/2023 Date	\$ 85.00
Expenditure #2 Name CHABAD HOUSE OF EASTERN MI Address 5385 CALKINS RD FLINT TWP, MI 48532 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/22/2023 Date	\$ 180.00
Expenditure #3 Name CT DIGITAL CONSULTANTS Address 13235 LAKE SHORE DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/24/2023 Date	\$ 600.00
Expenditure #4 Name CT DIGITAL CONSULTANTS Address 13235 LAKE SHORE DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: TRAVEL - UBER REIMBURSEMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/24/2023 Date	\$ 151.21
Expenditure #5 Name JIM KIETNER Address 22606 SUNNYSIDE ST ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/25/2023 Date	\$ 250.00

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1,266.21

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GREAT HARVEST BREAD Address 252 PERRY RD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/27/2023 Date	\$ 190.44
Expenditure #2 Name AVIA FAMILY DINING Address 111 S SAGINAW ST HOLLY, MI 48442 ☐ Fund Raiser	Purpose: MEETINGS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2023 Date	\$ 34.30
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/2023 Date	\$ 11.89
Expenditure #4 Name JIM KIETNER Address 22606 SUNNYSIDE ST ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/01/2023 Date	\$ 250.00
Expenditure #5 Name DELTA AIR Address 1030 DELTA BLVD ATLANTA, GA 30354 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/2023 Date	\$ 405.80

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892.43

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SPEEDWAY Address 500 SPEEDWAY DR ENON, OH 45323 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 57.30
Expenditure #2 Name FAIRFIELD INN Address 5355 MIRA SORRENTO PL SAN DIEGO, CA 92121 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 219.45
Expenditure #3 Name CHEVRON Address 6001 BOLLINGER CANYON RD SAN RAMON, CA 94583 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 31.27
Expenditure #4 Name MARATHON Address 539 S MAIN ST FINDLAY, OH 45840 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 50.00
Expenditure #5 Name MARRIOTT Address 7750 WISCONSIN AVE BETHESDA, MD 20814 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 86.80

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444.82

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FAIRFIELD INN Address 5355 MIRA SORRENTO PL SAN DIEGO, CA 92121 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 236.93
Expenditure #2 Name METRO AIRPORT Address MCNAMARA DETROIT, MI 48242 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/05/2023 Date	\$ 1.05
Expenditure #3 Name METRO AIRPORT Address MCNAMARA DETROIT, MI 48242 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/06/2023 Date	\$ 40.00
Expenditure #4 Name CHABAD HOUSE OF EASTERN MI Address 5385 CALKINS RD FLINT TWP, MI 48532 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/07/2023 Date	\$ 180.00
Expenditure #5 Name SPIRIT AIR Address 2800 EXECUTIVE WAY MIRAMAR, FL 33025 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/08/2023 Date	\$ 261.17

Subtotal this page **719.15**
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name GFAASHOF Address 3145 N IRISH RD DAVISON, MI 48423 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/09/2023 Date	\$ 225.00
Expenditure #2 Name ENTERPRISE Address 600 CORPORATE PARK SAINT LOUIS, MO 63105 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/09/2023 Date	\$ 322.71
Expenditure #3 Name LITTLE CEASARS Address 1059 S BALLENGER HWY FLINT, MI 48532 ☐ Fund Raiser	Purpose: PROMOTIONAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/10/2023 Date	\$ 63.49
Expenditure #4 Name VOICES FOR CHILDREN ADVOCACY Address 511 EAST ST FLINT, MI 48503 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/24/2023 Date	\$ 1,000.00
Expenditure #5 Name STARLITE CATERING Address 1500 CENTER RD BURTON, MI 48509 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/24/2023 Date	\$ 68.60

Subtotal this page **1,679.80**
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/2023 Date	\$ 11.89
Expenditure #2 Name JIM KIETNER Address 22606 SUNNYSIDE ST ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2023 Date	\$ 250.00
Expenditure #3 Name CT DIGITAL CONSULTANTS Address 13235 LAKE SHORE DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2023 Date	\$ 600.00
Expenditure #4 Name WALKER JUNE CALHOUN, CPAS PC Address 1040 CREEKWOOD TRAIL BURTON, MI 48509 ☐ Fund Raiser	Purpose: PROFESSIONAL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/01/2023 Date	\$ 375.00
Expenditure #5 Name LUIGI'S Address 2132 DAVISON RD FLINT, MI 48506 ☐ Fund Raiser	Purpose: PROMOTIONAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2023 Date	\$ 88.85

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1,325.74

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FENTON HOUSE Address 413 S LEROY ST FENTON, MI 48430 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/09/2023 Date	\$ 39.98
Expenditure #2 Name GREAT HARVEST BREAD Address 252 PERRY RD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2023 Date	\$ 473.96
Expenditure #3 Name GREATER FLINT AFL-CIO Address PO BOX 245 FLINT, MI 48501 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2023 Date	\$ 500.00
Expenditure #4 Name MT CALVARY MISSIONARY CHURCH Address 4805 SAGINAW ST FLINT, MI 48505 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/10/2023 Date	\$ 100.00
Expenditure #5 Name TABOON Address 8235 TRILLIUM CIR AVE GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/11/2023 Date	\$ 41.86

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1,155.80

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SOUP SPOON CAFE Address 1419 E MICHIGAN AVE LANSING, MI 48912 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/12/2023 Date	\$ 67.65
Expenditure #2 Name ELLIS TOWNSEND RAMP Address 221 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/13/2023 Date	\$ 11.25
Expenditure #3 Name METRO AIRPORT Address MCNAMARA DETROIT, MI 48242 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/16/2023 Date	\$ 56.00
Expenditure #4 Name SPRING HILL SUITES Address 10400 FERNWOOD RD BETHESDA, MD 20817 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2023 Date	\$ 276.54
Expenditure #5 Name KEVIN SYLVESTER Address 1487 PELICAN LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/20/2023 Date	\$ 2,000.00

Subtotal this page **2,411.44**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HOLIDAY INN EXPRESS Address 3 RAVINIA DR NE ATLANTA, GA 30346 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/21/2023 Date	\$ 94.35
Expenditure #2 Name ANCIENT ORDER OF HIBERNIANS Address 665 MAPLE ST MT MORRIS, MI 48458 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 100.00
Expenditure #3 Name ST GEORGIA ORTHODOX CHURCH Address 5191 LENNON RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 1,000.00
Expenditure #4 Name LAHC Address 5275 KENILWORTH ST DEARBORN, MI 48126 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 1,000.00
Expenditure #5 Name COME OUT STAY OUT Address SAGINAW ST FLINT, MI 48502 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 1,000.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DETROIT BRANCH NAACP Address 8220 2ND AVE DETROIT, MI 48202 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/24/2023 Date	\$ 1,500.00
Expenditure #2 Name JASON CHAPIN Address 4036 WINTER HUE LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/27/2023 Date	\$ 250.00
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2023 Date	\$ 11.89
Expenditure #4 Name CRUST Address 104 W CAROLINE ST FENTON, MI 48430 ☐ Fund Raiser	Purpose: PROMOTIONAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2023 Date	\$ 31.19
Expenditure #5 Name RENIASSANCE CENTER Address 400 RENAISSANCE CENTER DETROIT, MI 48243 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/2023 Date	\$ 16.00

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1,809.08

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ELLIS TOWNSEND RAMP Address 221 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/07/2023 Date	\$ 5.00
Expenditure #2 Name DELTA AIR Address 1030 DELTA BLVD ATLANTA, GA 30354 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/14/2023 Date	\$ 342.80
Expenditure #3 Name GREAT HARVEST BREAD Address 252 PERRY RD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2023 Date	\$ 87.95
Expenditure #4 Name KENDALL PRINTING Address 1624 LAMDEN RD FLINT, MI 48532 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2023 Date	\$ 2,197.93
Expenditure #5 Name DELTA AIR Address 1030 DELTA BLVD ATLANTA, GA 30354 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/18/2023 Date	\$ 75.00

Subtotal this page **2,708.68**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CT DIGITAL CONSULTANTS Address 13235 LAKE SHORE DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 1,200.00
Expenditure #2 Name PROTECT MICHIGAN PETS Address 1040 CREEKWOOD TRAIL BURTON, MI 48509 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 10,000.00
Expenditure #3 Name GO FUND ME Address PO BOX 23357 GREENBUSH, VA 23357 ☐ Fund Raiser	Purpose: PROMOTIONAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/22/2023 Date	\$ 57.50
Expenditure #4 Name GREATER FLINT AFL-CIO Address PO BOX 245 FLINT, MI 48501 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/30/2023 Date	\$ 340.00
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/2023 Date	\$ 11.89

Subtotal this page **11,609.39**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NATION OUTSIDE Address 521 SEYMOUR AVE LANSING, MI 48933 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	\$ 1,500.00
Expenditure #2 Name CRACKER BARREL Address 4140 PIER N BLVD FLINT, MI 48504 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	\$ 76.03
Expenditure #3 Name WALKER JUNE CALHOUN, CPAS PC Address 1040 CREEKWOOD TRAIL BURTON, MI 48509 ☐ Fund Raiser	Purpose: PROFESSIONAL SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/01/2023 Date	\$ 200.00
Expenditure #4 Name HOLIDAY INN EXPRESS Address 3 RAVINIA DR NE ATLANTA, GA 30346 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/04/2023 Date	\$ 213.84
Expenditure #5 Name ATLAS VALLEY GOLF CLUB Address 8313 PERRY RD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: PROMOTIONAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2023 Date	\$ 34.00

Subtotal this page **2,023.87**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 2474 W HILL RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/2023 Date	\$ 94.45
Expenditure #2 Name TROPICAL SMOOTHIE Address 2103 S LINDEN RD FLINT TWP, MI 48532 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/07/2023 Date	\$ 26.78
Expenditure #3 Name PETER KOUTOUJ Address SAGINAW ST 48502 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	\$ 100.00
Expenditure #4 Name QDOBA Address 12488 S SAGINAW ST GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	\$ 22.58
Expenditure #5 Name CFH CITY POINT Address 1 CITY PT BROOKLYN, NY 11201 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2023 Date	\$ 17.07

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260.88

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FAIRFIELD INN Address 5355 MIRA SORRENTO PL SAN DIEGO, CA 92121 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2023 Date	\$ 786.37
Expenditure #2 Name METRO AIRPORT Address MCNAMARA DETROIT, MI 48242 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/11/2023 Date	\$ 84.00
Expenditure #3 Name U CAN CER VIVE FOUNDATION Address PO BOX 1177 HIGHLAND, MI 48357 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2023 Date	\$ 1,000.00
Expenditure #4 Name LOCAL 659 Address 4549 VAN SLYKE RD FLINT, MI 48507 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/12/2023 Date	\$ 100.00
Expenditure #5 Name LUCKY'S STEAKHOUSE Address 17500 SILVER PKWY FENTON, MI 48430 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 211.02

Subtotal this page **2,181.39**

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 210 S LEROY ST FENTON, MI 48430 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2023 Date	\$ 126.00
Expenditure #2 Name ELLIS TOWNSEND RAMP Address 221 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/16/2023 Date	\$ 7.50
Expenditure #3 Name KENDALL PRINTING Address 1624 LAMDEN RD FLINT, MI 48532 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2023 Date	\$ 2,095.08
Expenditure #4 Name COMMUNITY FOUNDATION OF GREATER FLINT Address 500 SAGINAW ST FLINT, MI 48502 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/22/2023 Date	\$ 150.00
Expenditure #5 Name KENSINGTON HOTEL Address 3500 S STATE ST ANN ARBOR, MI 48108 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/25/2023 Date	\$ 63.60

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LAFAYETTE CONEY ISLAND Address 118 E LAFAYETTE ST DETROIT, MI 48226 ☐ Fund Raiser	Purpose: PROMOTIONAL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 62.00
Expenditure #2 Name AMWAY GRAND PLAZA HOTEL Address 187 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 40.00
Expenditure #3 Name COBO CENTER Address 1 WASHINGTON BLVD DETROIT, MI 48226 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/27/2023 Date	\$ 20.00
Expenditure #4 Name AMWAY GRAND PLAZA HOTEL Address 187 MONROE AVE NW GRAND RAPIDS, MI 49503 ☐ Fund Raiser	Purpose: TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/29/2023 Date	\$ 537.91
Expenditure #5 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2023 Date	\$ 11.89

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671.80

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BAKERS OF MILFORD Address 2025 S MILFORD RD MILFORD TWP, MI 48381 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2023 Date	\$ 24.60
Expenditure #2 Name BAKERS OF MILFORD Address 2025 S MILFORD RD MILFORD TWP, MI 48381 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/03/2023 Date	\$ 67.04
Expenditure #3 Name SAM'S CLUB Address 6160 S SAGINAW ST GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/04/2023 Date	\$ 203.24
Expenditure #4 Name MELODY MCDOWELL Address PO BOX 83 BYRON, MI 48418 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/06/2023 Date	\$ 400.00
Expenditure #5 Name FORD'S PARTY RENTAL Address 3440 S DYE RD FLINT, MI 48507 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/10/2023 Date	\$ 369.03

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1,063.91

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: PROCESSING FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/11/2023 Date	\$ 50.70
Expenditure #2 Name SIGN IMAGE Address 8155 GRATIOT RD SAGINAW, MI 48609 ☐ Fund Raiser	Purpose: ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2023 Date	\$ 11,792.50
Expenditure #3 Name KEVIN SYLVESTER Address 1487 PELICAN LN DAVISON, MI 48423 ☐ Fund Raiser	Purpose: CONTRACT SERVICES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/12/2023 Date	\$ 1,500.00
Expenditure #4 Name GREAT HARVEST BREAD Address 252 PERRY RD GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/14/2023 Date	\$ 100.00
Expenditure #5 Name TABOON Address 8235 TRILLIUM CIR AVE GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: MEETING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2023 Date	\$ 596.41

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14,039.61

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAM'S CLUB Address 6160 S SAGINAW ST GRAND BLANC, MI 48439 ☐ Fund Raiser	Purpose: SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2023 Date	\$ 79.92
Expenditure #2 Name PAULA SALVATI Address 1223 E. GRAND BLANC RD. GRAND BLANC TWP, MI 48439 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ 100.00
Expenditure #3 Name JORDAN BRODER Address 143 CHRISTINA ST N SARNIA, ON N7T 5T8 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ 500.00
Expenditure #4 Name BRICK STREET OF GRAND BLANC Address 1223 E. GRAND BLANC RD. GRAND BLANC TWP, MI 48439 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ 2,650.00
Expenditure #5 Name CASSANDRA MANOHAN Address 1040 CREEKWOOD TRAIL BURTON, MI 48509 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ 570.00

Subtotal this page **3,899.92**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BRICK STREET OF GRAND BLANC Address 1223 E. GRAND BLANC RD. GRAND BLANC TWP, MI 48439 ☒ Fund Raiser	Purpose: EVENT EXP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2023 Date	\$ 588.55
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **588.55**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **62,463.00**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **492**
2. Committee Name **CHRIS SWANSON FOR SHERIFF**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/20/2023	4. Number of Individuals Attending or Participating (whichever is greater) 90	5. Type of Fund Raising Activity ANNUAL DINNER EVENT	6. Address and Name (If any) of the place where the activity was held. BRICK STREET OF GRAND BLANC 1223 E. GRAND BLANC RD. GRAND BLANC TWP, MI 48439 ☐ Private Residence
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7. Total Contributions **48,850.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **48,850.00**
10. Total Cost of Event **6,975.51**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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