

COPY



State of Michigan
Campaign Finance Reporting

RECEIPT

This acknowledges receipt of the following
campaign report or statement

Campaign Finance Statement Pre-Election

Document Name and Type (i.e. Original)

4126

Sequence Number

Filer: Jeffrey Slocombe

Donors Drive

45-2020-023

Committee I.D. Number

July 17, 2020

Date and Time of Receipt

Registered Mail Postmark Date

Filing Official

Secretary of State

☒ County Clerk: Leelanau

Michael J. Crocker
Signature

July 27, 2020
Date



Seq. 4126

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 452020023		3. This Statement covers From: <u>03/01/20</u> to <u>07/19/20</u>	
2. Committee Name Committee to Elect Jeffrey Slocombe		4. Candidate Last Name Slocombe First Name Jeffrey M.I. A 4a. Office Sought Including District # or Community Served (If applicable) Prosecutor 4b. County of Residence LEELANAU	
5. Committee's Mailing Address [Redacted]		6. Treasurer's Name & Residential Address Jeffrey Slocombe [Redacted]	
Area Code and Phone [Redacted] 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.		Area Code & Phone [Redacted]	
7. Treasurer's Business Address same		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)	
Area Code and Phone _____		Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/04/20</u>		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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. FILED JUL 27 2020 MICHELLE L. CROCKER LEELANAU COUNTY CLERK 13TH CIRCUIT COURT	
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 Jeffrey Slocombe Type or Print Name		Signature _____ Date 07/24/2020	
Candidate Jeffrey Slocombe Type or Print Name		Signature _____ Date 07/24/2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 452020023

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jeffrey Slocombe

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,850.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,850.00</u>	(18.) \$ <u>1850</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$1,850.00</u>	(20.) \$ <u>1850</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,850.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	_____	(23.) \$ <u>1850</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1850</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1850</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1849</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 452020023
2. Committee Name Committee to Elect Jeffrey Slocombe

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 04/17/20

Name & Address:

Jeffrey Slocombe

\$ 1850

\$ 1850

5. If over \$100.00 cumulative, please provide:

Occupation Attorney Employer Slocombe Law Office

[Click Here for Memo Itemization](#)

Business Address 236 1/2 East Front Street

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address _____

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal **\$1,850.00**

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

\$1,850.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 45202002
2. Committee Name Committee to Elect Jeffrey Slocombe

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Leelanau County Clerk</u> Address <u>Suttons Bay, Michigan 49682</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/17/20</u> Date	\$ <u>100</u>
Expenditure #2 Name <u>Leelanau Enterprise</u> Address <u>7200 E. Duck Lake Road</u> <u>Lake Leelanau, MI 49653</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Adverstising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/20</u> Date	\$ <u>293</u>
Expenditure #3 Name <u>Leelanau Enterprise</u> Address <u>7200 E. Duck Lake Road</u> <u>Lake Leelanau, MI 49653</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/20</u> Date	\$ <u>1456</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$1,849.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,849.00**

Enter this total
on line 8a of
Summary Page

MICHELLE L. CROCKER
LEELANAU COUNTY CLERK
231-256-9824

Date of Receipt
July 27, 2020

Receipt No.
102753

Received of Slocombe Law Office, P.C.
Received for Late Filing Fee - one business day

Amount of Receipt..... 25.00

Fund/Account	Description	Amount
101 CLERK'S GENERAL FUND 000000-612.009	Campaign Finance Late Filing Fee	25.00

Amount in words:


Total Distributions: 25.00

** TWENTY FIVE DOLLARS AND 00/100 **

Paid By: Check

25.00 Slocombe Law Office, P.C.

CK #1176



RECEIVED FOR CLERK BY:



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Campaign Finance Reporting

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*This acknowledges receipt of the following
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Statement of Organization - Original

Document Name and Type (i.e. Original)

4073

Sequence Number

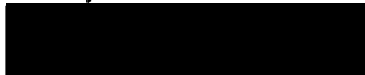
45-2020-023

Committee I.D. Number

April 17, 2020

Date and Time of Receipt

Filer: Jeffrey Slocombe

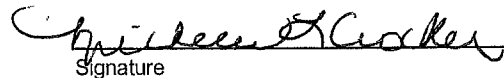


Registered Mail Postmark Date

Filing Official

☐ Secretary of State

☒ County Clerk: Leelanau



Signature

April 17, 2020

Date



STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

Information on this form is made public.

1. Committee ID #: <u>45-2020-023</u>		*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to items:		Eff. Date:
*3. Full Name of Committee (must include Candidate's first and last name): <u>Committee to Elect Jeffrey Slocumbe</u>				
*4a. Candidate Full Name: Last Name <u>Slocumbe</u>		First Name <u>Jeffrey</u>		M.I. <u>A</u>
*4b. Political Party (if applicable): <u>Republican</u>		*4c. County of Residence: <u>Leelanau</u>		
*4d. Office Sought: <u>Prosecuting Attorney</u>		*4e. District or Jurisdiction: <u>Leelanau County</u>		
*5. Date Committee was Formed: <u>4/17/2020</u>				
*6a. Committee Phone: [REDACTED]		6b. Committee Fax #:		
*6c. Committee Email Address: [REDACTED]		Committee Website Address:		
*7a. Complete Committee Mailing Address (May be PO Box): [REDACTED]				
*7b. Complete Committee Street Address (May not be PO Box): [REDACTED]				
*8. Treasurer Name and Complete Residential Address: <u>Debbie L. Slocumbe</u> [REDACTED]				
Phone #: [REDACTED]		Email Address: [REDACTED]		
9. Designated Record Keeper Name and Complete Address: <u>Jeffrey A. Slocumbe</u> [REDACTED]				
Phone #: [REDACTED]		Email Address: <u>slocumbelow@live.com</u>		
*10. REPORTING WAIVER REQUEST: <input checked="" type="checkbox"/> YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input type="checkbox"/> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.				
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): <u>Chemical Bank, 105 W. Fourth St, Suttons Bay, MI 49682</u> Secondary Depository (name and address):				
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)				
*Candidate: <u>[Signature]</u>		Date: <u>4/17/2020</u>		*Current Treasurer Date: <u>4/17/2020</u>
*Designated Record Keeper (if Applicable): <u>[Signature]</u>		Date: <u>4/17/2020</u>		

FILED

APR 17 2020

MICHELLE L. CROCKER
LEELANAU COUNTY CLERK
13TH CIRCUIT COURT