



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION 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.

3. This Statement covers From: 09/18/26 To 10/18/26

1. Committee I.D. Number

**47258**

4. Committee's Mailing Address

**PO Box 21  
East Lansing MI 48826**

2. Committee Name

**Keep Local Elections Local**

Area Code and Phone: (517) 927-8583

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

**Liz Schweitzer**

**1216 Tanager Ln  
East Lansing MI 48823**

Area Code and Phone (517) 337-0302

6. Treasurer's Business Address

**1216 Tanager Ln  
East Lansing MI 48823**

Area Code and Phone (517) 337-0302

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

**Kathy Swedlow 702 Snyder Rd  
East Lansing MI 48823**

Area Code and Phone (517) 927-8589

**8. TYPE OF STATEMENT:**

8a. ☒ PRE- ELECTION

OR

☐ POST- ELECTION

Pre-Election or Post-Election  
Statement relates to:

☐ PRIMARY

☒ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ OTHER: \_\_\_\_\_

Date of Election:

11/03/26

8b.

☐ FEBRUARY STATEMENT

☐ APRIL STATEMENT

☐ JULY STATEMENT

☐ OCTOBER STATEMENT

8c. ☐ ANNUAL STATEMENT

( \_\_\_\_\_ Coverage Year)

8d:

☐ Post Petition Sample Filing  
under MCL 168.483a

(Required of Statewide Ballot  
Question Committees only after  
the submission of a sample petition  
prior to circulating the petition)

8e. ☐ AMENDMENT TO  
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f  
to indicate which Statement is  
being amended)

8f. ☐ DISSOLUTION OF  
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that  
the committee has no assets or  
outstanding debts, including late  
filing fees. Note: The disposition of  
residual funds must be reported on  
Schedule 4B and the Summary  
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

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

Current Treasurer or  
Designated Record Keeper

Type or Print Name

**Kathy Swedlow**

**11/03/26 - 12:09 PM**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 47258  
2. Committee Name Keep Local Elections Local

|                                                                                                                   | Column I<br>This Period        | Column II<br>Cumulative for Election Cycle |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|
| <b>RECEIPTS</b>                                                                                                   |                                |                                            |
| 3. Contributions                                                                                                  |                                |                                            |
| a. Itemized Contributions(Schedule 4A, Column 6)                                                                  | (3a.) \$ <u>\$1,580.47</u>     |                                            |
| b. Unitemized Contributions<br>(less than \$20.01 - no Schedule)                                                  | (3b.) \$ <u>NOT APPLICABLE</u> |                                            |
| c. Subtotal of Contributions                                                                                      | (3c.) \$ <u>\$1,580.47</u>     | (18.) \$ <u>\$1,580.47</u>                 |
| 4. Other Receipts (Schedule 4A-1, Column 6)                                                                       | (4.) \$ <u>\$0.00</u>          | (19.) \$ <u>\$0.00</u>                     |
| 5. <b>TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3 c + Line 4)                                       | (5.) \$ <u>\$1,580.47</u>      | (20.) \$ <u>\$1,580.47</u>                 |
| <b>IN-KIND CONTRIBUTIONS</b>                                                                                      |                                |                                            |
| 6. In-Kind Contributions                                                                                          |                                |                                            |
| a. Itemized In-Kind Contributions<br>(Schedule 4-IK, Column 7)                                                    | (6a.) \$ <u>\$5,032.54</u>     |                                            |
| b. Unitemized (less than \$20.01 each - no Schedule)                                                              | (6b.) \$ <u>NOT APPLICABLE</u> |                                            |
| 7. <b>TOTAL IN-KIND CONTRIBUTIONS</b><br>(Add Line 6a + Line 6b)                                                  | (7.) \$ <u>\$5,032.54</u>      | (21.) \$ <u>\$5,032.54</u>                 |
| <b>EXPENDITURES</b>                                                                                               |                                |                                            |
| 8. Expenditures                                                                                                   |                                |                                            |
| a. Itemized Direct Expenditures ( Schedule 4B, Column 7)                                                          | (8a.) \$ <u>\$5.47</u>         |                                            |
| b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)                                                            | (8b.) \$ <u>\$0.00</u>         |                                            |
| c. In-Kind Expenditures - Purchase of Goods or Services<br>(Schedule 4B-2, Column 7)                              | (8c.) \$ <u>\$0.00</u>         |                                            |
| d. Unitemized Expenditures (\$50.00 or less-no Schedule)                                                          | (8d.) \$ <u>\$0.00</u>         |                                            |
| e. Subtotal of Expenditures                                                                                       | (8e.) \$ <u>\$5.47</u>         | (22.) \$ <u>\$5.47</u>                     |
| 9. Independent Expenditures (Schedule 4B-1, Column 7)                                                             | (9.) \$ <u>\$0.00</u>          | (23.) \$ <u>\$0.00</u>                     |
| 10. <b>TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)                                                              | (10.) \$ <u>\$5.47</u>         | (24.) \$ <u>\$5.47</u>                     |
| <b>IN-KIND EXPENDITURES</b>                                                                                       |                                |                                            |
| 11. Total In-Kind Expenditures-Endorsements, Donations or<br>Loans of Goods or Services (Schedule 4B-2, Column 8) | (11.) \$ <u>\$0.00</u>         | (25.) \$ <u>\$0.00</u>                     |
| <b>DEBTS AND OBLIGATIONS</b>                                                                                      |                                |                                            |
| 12. Debts and Obligations                                                                                         |                                |                                            |
| a. Owed <b>by</b> the Committee (Schedule 4E)                                                                     | (12a.)\$ <u>\$4,700.18</u>     |                                            |
| b. Owed <b>to</b> the Committee (Schedule 4E)                                                                     | (12b.) \$ <u>\$0.00</u>        |                                            |
| <b>BALANCE STATEMENT</b>                                                                                          |                                |                                            |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.)                   | (13.) \$ <u>\$0.00</u>         |                                            |
| 14. Amount received during reporting period<br>(Line 5, Column I, Total Contributions & Other Receipts)           | (14.) + <u>\$1,580.47</u>      |                                            |
| 15. SUBTOTAL Add lines 13 and 14                                                                                  | (15.) = <u>\$1,580.47</u>      |                                            |
| 16. Amount expended during reporting period<br>(Line 10, Column I, Total Expenditures)                            | (16.) - <u>\$5.47</u>          |                                            |
| 17. <b>ENDING BALANCE</b><br>(Subtract line 16 from line 15)                                                      | (17.) \$ <u>\$1,575.00</u>     | *                                          |

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 47258  
2. Committee Name Keep Local Elections Local

| Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.                                                                                                                                                                 |  | 6. Amount                                                      | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1<br>Name & Address:<br><br>Liz Schweitzer<br>1216 Tanager Ln<br>East Lansing MI 48823                                                                                                                                                                                        |  | 4. Date of Receipt <u>09/18/2026</u><br><br>\$ <u>\$100.00</u> | \$ <u>\$100.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                               |  |                                                                |                                                                                 |
| 3. Contribution # 2<br>Name & Address:<br><br>Robin Dickson<br>1045 Rosewood Ave<br>East Lansing MI 48823                                                                                                                                                                                       |  | 4. Date of Receipt <u>09/22/2026</u><br><br>\$ <u>\$100.00</u> | \$ <u>\$100.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                               |  |                                                                |                                                                                 |
| 3. Contribution # 3<br>Name & Address:<br><br>Theodore Benca<br>945 Pebblebrook Ln<br>East Lansing MI 48823                                                                                                                                                                                     |  | 4. Date of Receipt <u>09/22/2026</u><br><br>\$ <u>\$250.00</u> | \$ <u>\$250.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Retired</u> Employer <u>NA</u><br>Business Address <u>NA NA N/A 00000</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                                                                |                                                                                 |
| 3. Contribution # 4<br>Name & Address:<br><br>Victor Loomis<br>965 Pebblebrook Ln<br>East Lansing MI 48823                                                                                                                                                                                      |  | 4. Date of Receipt <u>09/22/2026</u><br><br>\$ <u>\$250.00</u> | \$ <u>\$250.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Retired</u> Employer <u>NA</u><br>Business Address <u>NA NA N/A 00000</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                                                                |                                                                                 |

Page Subtotal **\$700.00**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

**\$1,580.47**

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 47258  
2. Committee Name Keep Local Elections Local

| Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.                                                                                                                                                                 |  | 6. Amount                                                      | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1<br>Name & Address:<br><br>Molly Hobey<br>815 Stuart Ave<br>East Lansing MI 48823                                                                                                                                                                                            |  | 4. Date of Receipt <u>09/24/2026</u><br><br>\$ <u>\$100.00</u> | \$ <u>\$100.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                               |  |                                                                |                                                                                 |
| 3. Contribution # 2<br>Name & Address:<br><br>Sally Newton<br>939 Sunset Ln<br>East Lansing MI 48823                                                                                                                                                                                            |  | 4. Date of Receipt <u>09/24/2026</u><br><br>\$ <u>\$200.00</u> | \$ <u>\$200.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Retired</u> Employer <u>NA</u><br>Business Address <u>NA NA N/A 00000</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                                                                |                                                                                 |
| 3. Contribution # 3<br>Name & Address:<br><br>Karen Jennings<br>1409 Hitching Post Rd<br>East Lansing MI 48823                                                                                                                                                                                  |  | 4. Date of Receipt <u>09/28/2026</u><br><br>\$ <u>\$51.99</u>  | \$ <u>\$51.99</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                               |  |                                                                |                                                                                 |
| 3. Contribution # 4<br>Name & Address:<br><br>John Nussbaumer<br>613 Bainbridge Dr<br>East Lansing MI 48823                                                                                                                                                                                     |  | 4. Date of Receipt <u>10/01/2026</u><br><br>\$ <u>\$75.00</u>  | \$ <u>\$75.00</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                               |  |                                                                |                                                                                 |

Page Subtotal **\$426.99**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule)

**\$1,580.47**

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 47258  
2. Committee Name Keep Local Elections Local

| Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.                                                                                                                                                                                                                  |  | 6. Amount                                                        | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1<br>Name & Address:<br><br>Forrest Pasanski<br>1994 Groton Way<br>East Lansing MI 48823                                                                                                                                                                                                                                       |  | 4. Date of Receipt <u>10/12/2026</u><br><br>\$ <u>\$103.48</u>   | \$ <u>\$103.48</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Attorney</u> Employer <u>Pasanski Law</u><br>Business Address <u>325 E Grand River Ave, Ste 250 East Lansing N/A 00000</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  |                                                                  |                                                                                 |
| 3. Contribution # 2<br>Name & Address:<br><br>Charles Overbey<br>433 Butterfield Dr<br>East Lansing MI 48823                                                                                                                                                                                                                                     |  | 4. Date of Receipt <u>10/16/2026</u><br><br>\$ <u>\$300.00</u>   | \$ <u>\$300.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Retired</u> Employer <u>NA</u><br>Business Address <u>NA NA N/A 00000</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                  |  |                                                                  |                                                                                 |
| 3. Contribution # 3<br>Name & Address:<br><br>Diane Wing<br>1024 Huntington Rd<br>East Lansing MI 48823                                                                                                                                                                                                                                          |  | 4. Date of Receipt <u>10/18/2026</u><br><br>\$ <u>\$50.00</u>    | \$ <u>\$50.00</u>                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                |  |                                                                  |                                                                                 |
| 3. Contribution # 4<br>Name & Address:<br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                   |  | 4. Date of Receipt _____<br><br><br><br><br><br><br><br><br><br> | \$ _____ \$ _____                                                               |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                           |  |                                                                  |                                                                                 |

Page Subtotal **\$453.48**

Grand Total of All Schedules 4A  
(Complete on last page of Schedule) **\$1,580.47**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 47258  
2. Committee Name Keep Local Elections Local

| 3. Name and Address from whom received<br>If contribution is from an individual, please enter last name first.                                                                                                                                                                                                                                                   | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                                      | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution #1<br>Name & Address:<br>Erik Altmann<br>702 Snyder Rd<br>East Lansing MI 48823<br>If over \$100.00 cumulative, please provide:<br><br>Occupation<br><br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser                                                                                                                       | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - LOAN<br>Description <u>Internet services</u><br>5. DATE OF RECEIPT: <u>09/15/2026</u><br>6. VENDOR NAME & ADDRESS:<br><u>Namcheap.com</u><br><u>4600 E Washington St Ste 305</u><br><u>Phoenix AZ, 85034-1908</u>  | \$ <u>\$11.48</u>              | \$ <u>\$11.48</u>                                         |
| Contribution #2<br>Name & Address:<br>Erik Altmann<br>702 Snyder Rd<br>East Lansing MI 48823<br>If over \$100.00 cumulative, please provide:<br><br>Occupation Professor<br><br>Employer Name & Address:<br><u>Michigan State University</u><br><u>Michigan State University</u><br><u>East Lansing MI, 48824</u><br><input type="checkbox"/> Fund Raiser        | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - LOAN<br>Description <u>Mail services</u><br>5. DATE OF RECEIPT: <u>09/18/2026</u><br>6. VENDOR NAME & ADDRESS:<br><u>United States Postal Service</u><br><u>1140 Abbot Rd</u><br><u>East Lansing MI, 48823</u>     | \$ <u>\$111.00</u>             | \$ <u>\$122.48</u>                                        |
| Contribution #3<br>Name & Address:<br>Kathy Swedlow<br>702 Snyder Rd<br>East Lansing MI 48823<br>If over \$100.00 cumulative, please provide:<br><br>Occupation Attorney<br><br>Employer Name & Address:<br><u>State Appellate Defender Office</u><br><u>200 N. Washington Sq. Suite 250</u><br><u>Lansing MI, 48913</u><br><input type="checkbox"/> Fund Raiser | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN<br>Description <u>Printing and postage</u><br>5. DATE OF RECEIPT: <u>09/24/2026</u><br>6. VENDOR NAME & ADDRESS:<br><u>Lawson Printers, Inc</u><br><u>685 W Columbia Ave</u><br><u>Battle Creek MI, 49015</u> | \$ <u>\$4,015.15</u>           | \$ <u>\$4,015.15</u>                                      |
| Page Subtotal                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ <u>\$4,137.63</u>           |                                                           |
| Grand Total of all Schedules 4-IK<br>(Complete on last page of Schedule)                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ <u>\$5,032.54</u>           |                                                           |

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 4-IK  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 47258  
2. Committee Name Keep Local Elections Local

| 3. Name and Address from whom received<br>If contribution is from an individual, please enter last name first.                                                                                                                                                                                                                                     | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased                                                                                                                                                                                                                                                                                                                                                             | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------|
| Contribution #1<br>Name & Address:<br><b>Kathy Swedlow</b><br>702 Snyder Rd<br>East Lansing MI 48823<br>If over \$100.00 cumulative, please provide:<br><br>Occupation Attorney<br><br>Employer Name & Address:<br>State Appellate Defender Office<br>200 N. Washington Sq. Suite 250<br>Lansing MI, 48913<br><input type="checkbox"/> Fund Raiser | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Others<br><input checked="" type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b><br>Description <u>Yard signs</u><br>5. DATE OF RECEIPT: <u>10/15/2026</u><br>6. VENDOR NAME & ADDRESS:<br><b>Stanley Sawicki &amp; Son, Inc</b><br>1521 W Lafayette Blvd<br>Detroit MI, 48216 | \$ <u>\$685.03</u>             | \$ <u>\$4,700.18</u>                                      |
| Contribution #2<br>Name & Address:<br><b>Forrest Pasanski</b><br>1994 Groton Way<br>East Lansing MI 48823<br>If over \$100.00 cumulative, please provide:<br><br>Occupation Attorney<br><br>Employer Name & Address:<br><b>Pasanski Law</b><br>325 E Grand River Ave, Ste 250<br>East Lansing MI, 48823<br><input type="checkbox"/> Fund Raiser    | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b><br>Description <u>Printing</u><br>5. DATE OF RECEIPT: <u>10/16/2026</u><br>6. VENDOR NAME & ADDRESS:<br><b>FedEx</b><br>626 Michigan Ave<br>East Lansing MI, 48823                            | \$ <u>\$209.88</u>             | \$ <u>\$313.36</u>                                        |
| Contribution #3<br>Name & Address:<br><br><br>If over \$100.00 cumulative, please provide:<br><br>Occupation<br><br>Employer Name & Address:<br><br><br><input type="checkbox"/> Fund Raiser                                                                                                                                                       | 4. <input type="checkbox"/> Loan endorsement or guarantee<br><input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Others<br><input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b><br>Description _____<br>5. DATE OF RECEIPT: _____<br>6. VENDOR NAME & ADDRESS:                                                                                                                           | \$ _____                       | \$ _____                                                  |

Page Subtotal

**\$894.91**

Grand Total of all Schedules 4-IK  
(Complete on last page of Schedule)

**\$5,032.54**

Enter this total on  
line 6a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B

1. Committee I. D. Number 47258

BALLOT QUESTION COMMITTEE

2. Committee Name Keep Local Elections Local

| 3. Name and address of person to whom paid                                                                                                                       | 4. State purpose of expenditure.<br>5. Identify the ballot proposal involved.<br>Indicate whether supported or opposed.                                                                                                                                                                     | 6. Date                              | 7. Amount         | 8. Cumulative<br>for election |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------|-------------------------------|
| Expenditure # 1<br>Name & Address:<br><br>paypal.com NA<br>paypal.com<br>NA N/A 00000                                                                            | 4. Purpose:<br><u>Processing fees</u><br><br>5. Ballot Proposal:<br><u>East Lansing Proposal II</u><br><br>County: <u>NA</u><br><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br><input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local | 10/18/2026<br>Date of<br>Expenditure | \$ <u>\$5.47</u>  | \$ <u>\$5.47</u>              |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation<br>reported on previous statement<br><br><input type="checkbox"/> Fund Raiser |                                                                                                                                                                                                                                                                                             |                                      |                   |                               |
| Expenditure # 2<br>Name & Address:                                                                                                                               | 4. Purpose:<br><br><br>5. Ballot Proposal:<br><br><br>County: _____<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Statewide <input type="checkbox"/> Local                                                                                | <br><br><br>Date of<br>Expenditure   | \$ _____ \$ _____ |                               |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation<br>reported on previous statement<br><br><input type="checkbox"/> Fund Raiser |                                                                                                                                                                                                                                                                                             |                                      |                   |                               |
| Expenditure # 3<br>Name & Address:                                                                                                                               | 4. Purpose:<br><br><br>5. Ballot Proposal:<br><br><br>County: _____<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Statewide <input type="checkbox"/> Local                                                                                | <br><br><br>Date of<br>Expenditure   | \$ _____ \$ _____ |                               |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation<br>reported on previous statement<br><br><input type="checkbox"/> Fund Raiser |                                                                                                                                                                                                                                                                                             |                                      |                   |                               |
| Expenditure # 4<br>Name & Address:                                                                                                                               | 4. Purpose:<br><br><br>5. Ballot Proposal:<br><br><br>County: _____<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> Statewide <input type="checkbox"/> Local                                                                                | <br><br><br>Date of<br>Expenditure   | \$ _____ \$ _____ |                               |
| <input type="checkbox"/> Check box if expenditure is payment of debt or obligation<br>reported on previous statement<br><br><input type="checkbox"/> Fund Raiser |                                                                                                                                                                                                                                                                                             |                                      |                   |                               |

Subtotal this page

**\$5.47**

Grand Total of Schedules 4B  
(Complete on last page of Schedule)

**\$5.47**

Enter this total  
on Line 8a of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 4E  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 47258  
2. Committee Name Keep Local Elections Local

| This Schedule itemizes: (Check either a or b. Use only for the purpose checked.)                                                                                                                                      |                                                                                                                                                                         |                                                                                                  |                                       |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee <b>OR</b> b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. |                                                                                                                                                                         |                                                                                                  |                                       |                                                                      |
| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.                 | 4. Type of Obligation (Description)<br><br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                                                    | 7. Date and amount of each payment                                                               | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1<br>Owed to or by:<br><br><b>Kathy Swedlow</b><br><b>702 Snyder Rd</b><br><b>East Lansing MI 48823</b>                                                                                                         | 4. Type: <u>In-kind loan bal see 4-IK</u><br><br>5. <u>Date Debt Was Incurred</u><br><u>10/18/2026</u><br><br>6. <u>Original Amount of Debt</u><br><u>\$ \$4,700.18</u> | <u>\$ \$0.00</u><br><u>\$ \$0.00</u><br><u>\$ \$0.00</u><br><u>\$ \$0.00</u><br><u>\$ \$0.00</u> | <u>\$ \$0.00</u>                      | <u>\$ \$4,700.18</u><br><br><input type="checkbox"/><br>FORGIVEN     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>\$0.00</u>                                                                                                                                  |                                                                                                                                                                         |                                                                                                  |                                       |                                                                      |
| Debt #2<br>Owed to or by:                                                                                                                                                                                             | 4. Type: _____<br><br>5. <u>Date Debt Was Incurred</u><br>_____<br><br>6. <u>Original Amount of Debt</u><br>\$ _____                                                    | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                                    | <u>\$</u>                             | <u>\$</u><br><br><input type="checkbox"/><br>FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                          |                                                                                                                                                                         |                                                                                                  |                                       |                                                                      |
| Debt #3<br>Owed to or by:                                                                                                                                                                                             | 4. Type: _____<br><br>5. <u>Date Debt Was Incurred</u><br>_____<br><br>6. <u>Original Amount of Debt</u><br>\$ _____                                                    | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                                    | <u>\$</u>                             | <u>\$</u><br><br><input type="checkbox"/><br>FORGIVEN                |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                          |                                                                                                                                                                         |                                                                                                  |                                       |                                                                      |
| Page Subtotal (Outstanding debt)                                                                                                                                                                                      |                                                                                                                                                                         |                                                                                                  |                                       | <b>\$4,700.18</b>                                                    |
| Grand Total of all Schedules 4E<br>(Complete on last page of Schedule showing amounts owed by or to the committee.)                                                                                                   |                                                                                                                                                                         |                                                                                                  |                                       | <b>\$4,700.18</b>                                                    |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page