



**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.

3. This Statement covers From: 10/21/12 to 11/26/12

1. Committee I.D. Number
150059

2. Committee Name
MICHAEL E. LUTZ
FOR COMMISSION.

4. Candidate Last Name LUTZ First Name MICHAEL M.I. E

4a. Office Sought Including District # or Community Served (If applicable)
BAY COUNTY COMMISSION - 7th DIST.

4b. County of Residence BAY

5. Committee's Mailing Address
1704 BORTON AVE
ESSEXVILLE, MI 48732

Area Code and Phone 989 3161296

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
SUSAN K. LUTZ
1704 BORTON AVE
ESSEXVILLE, MI 48732

Area Code & Phone (989) 233 0387

7. Treasurer's Business Address

Area Code and Phone _____

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

Area Code and Phone _____

FILED
1ST JUDICIAL
CIRCUIT CLERK
Dec 6 11 33 AM '12
BAY COUNTY
MICHIGAN

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11/6/12

9c. Annual Statement (_____ 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

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B 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 2, 4, 5, 6, 7, or 8 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 cannot be waived.

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 Susan K. Lutz Signature [Signature] Date 11/5/12

Candidate MICHAEL E. LUTZ Signature [Signature] Date 11/5/12



1. Committee I.D. Number 150059

2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

**SUMMARY PAGE
CANDIDATE COMMITTEE**

| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
|--|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ <u>600.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>600.00</u> | (18.) \$ <u>600.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>0.00</u> | (19.) \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>600.00</u> | (20.) \$ <u>600.00</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>2,367.55</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>2,367.55</u> | (23.) \$ <u>2,367.55</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>5,624.28</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>1,773.55</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>600.00</u> | |
| | (15.) = \$ <u>2,373.55</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>2,367.55</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>6.00</u> | |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

| 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? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>10/27/12</u> | |
| Name & Address: <u>IBEW PAC VOLUNTARY FUND 900 SEVENTH STREET, N.W. WASHINGTON, D.C. 20001</u> | | \$ <u>500.00</u> | \$ <u>1000.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Labor Union</u> Employer <u>IBEW</u> Business Address <u>900 Seventh Street NW, Washington DC</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/19/12</u> | |
| Name & Address: <u>BAY COUNTY TREASURER 515 CENTER AVE. SUITE #103 BAY CITY, MICH 48708-5994</u> | | \$ <u>10000</u> | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <u>Refund</u> <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization <u>2012 ELECTION FILING FEE RETURN.</u> | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____ | |
| Name & Address: _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal 600.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 600.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|-------------------------|-------------------|
| Expenditure #1 Name <u>MICHAEL E. LUTZ</u> Address <u>1704 BORTON AVE ESSEXVILLE, MI 48132</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>PMT ON LOAN</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/22/12</u> Date | <u>\$ 2367.55</u> |
| Expenditure #2 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 #3 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 #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 2367.55
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 2367.55

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150059
2. Committee Name MICHAEL E. LUTZ FOR COMMISSION

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 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 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MICHAEL E. LUTZ</u> <u>1704 BORTON AVE</u> <u>ESSEXVILLE MI</u> <u>48732</u> | 4. Type: <u>CANDIDATE LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/21/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7,991.83</u> | <u>11/22/12 \$ 2367.55</u> \$ _____ \$ _____ \$ _____ \$ _____ | \$ <u>2367.55</u> | \$ <u>5624.28</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |
| Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |
| Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |

Page Subtotal (Outstanding debt) 5624.28

Grand Total of all Schedules 1E 5624.28
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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.