



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FILED BY CLERK
18TH JUDICIAL
CIRCUIT COURT

DEC 3 9 08 AM '12

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number <u>150027</u></p> <p>2. Committee Name <u>John E. Miller for Sheriff</u></p>		<p>3. This Statement covers From: <u>10 22 12</u> to <u>11 26 12</u> Mo Day Year to Mo Day Year</p> <p>4. Candidate Last Name <u>Miller</u> First Name <u>John</u> M.I. <u>E.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>Bay County Sheriff</u></p> <p>4b. County of Residence <u>Bay</u></p>	
<p>5. Committee's Mailing Address <u>3064 Beaver Rd. Bay City MI 48706</u> Area Code and Phone <u>989-450-7242</u></p> <p>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.</p>		<p>6. Treasurer's Name & Residential Address <u>Jodie Scott</u> <u>3064 Beaver Rd, Bay City</u> Area Code & Phone <u>(989) 450-7242</u></p>	
<p>7. Treasurer's Business Address <u>Same</u> Area Code and Phone () _____</p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () _____</p>	

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
Month Day Year

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

Month Day Year

By checking this item, I/We 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 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 Jodie Scott Jodie Scott Date 11 3 12
Type or Print Name Signature Mo Day Year

Candidate John E Miller John E Miller Date 12 3 12
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150027
2. Committee Name John E. Miller for Sheriff

**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>625.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>625.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>100.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>725.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1023.70</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1023.70</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1,305.04</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>725.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,030.04</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1023.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,006.34</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
CFR Rev 9/2002-sum Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150027
2. Committee Name John E. Miller 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/12</u> Name: <u>IBEW PAC Voluntary Fund</u> Address: <u>900 Seventh St. NW</u> <u>Washington DC 20001</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PAC labor union</u> Employer <u>IBEW</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/5/12</u> Name: <u>Judy Brunner</u> Address: <u>208 E. Murphy St., Bay City</u> 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 checked="" type="checkbox"/> Fund Raiser	100.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/5/12</u> Name: <u>Susan Bloenk</u> Address: <u>1111 N. Water St, Ste 208, Bay City</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	25.00	
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		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	625.00	

Enter this total on
line 3a of
Summary Page



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

1. Committee I.D. Number 150027

2. Committee Name
John E. Miller for Sheriff

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>Charter Twp. of Bangor</u> Address: <u>180 State Park Dr.</u> <u>Bay City, MI 48706</u>	Date of Receipt <u>10/25/12</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	100.00
Receipt #2 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	

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

100.00
Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150027
2. Committee Name John E. Miller for Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Elizabeth McKenna</u> Address <u>1774 Ironwood Dr.</u> <u>Essexville, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising costs</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/12</u>	<u>420.00</u>
Expenditure #2 Name <u>Pineconing Journal</u> Address <u>110 E. 3rd St.</u> <u>Pineconing MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/12</u>	<u>384.00</u>
Expenditure #3 Name <u>Tom Herek</u> Address <u>1606 30th St.</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/12</u>	<u>100.00</u>
Expenditure #4 Name <u>John Miller</u> Address <u>309 N. Barclay</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>food exp. for volunteers</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/12</u>	<u>99.70</u>
Expenditure #5 Name <u>Financial Edge C.U.</u> Address <u>P.O. Box 466</u> <u>Bay City MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Checking fees</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/12</u>	<u>20.00</u>

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

1083.70

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES