



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: 01/01/2008 To: 07/20/2008
Mo Day Year Mo Day Year

1. Committee I.D. Number
150428-0

2. Committee Name
THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

4. Candidate Last Name ASBURY First Name KURT M.I. _____

4a. Office Sought Including District # or Community Served (if applicable)
To Be Determined BAY COUNTY

4b. County of Residence BAY Driver License # (Optional) _____

5. Committee's Mailing Address
P O BOX 775
BAY CITY MI 48707
Area Code and Phone (989) 922-6447

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
STEWART REID
2196 OLD HICKORY DR
BAY CITY MI 48706
Area code & Phone _____
Driver License # (Optional) _____

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Recordkeeper's Name and Mailing Address (if the committee has a Designated Recordkeeper)

Area Code and Phone _____
Driver License # (Optional) _____

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
08/05/2008
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
____ Mon Day Year

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 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 can not be waived.

10. 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 Recordkeeper STEWART REID
Type or Print Name

Stewart J Reid Signature Date 07/24/2008
Mo Day Year

Candidate KURT ASBURY
Type or Print Name

Kurt Asbury Signature Date 07/24/2008
Mo Day Year



**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>9300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9300.00</u>	(18.) \$ <u>29110.00</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>9300.00</u>	(20.) \$ <u>29110.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>125.00</u>	(21.) \$ <u>1601.53</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>16158.61</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>23.50</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>16182.11</u>	(23.) \$ <u>21373.65</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>2500.00</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>14618.46</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>9300.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>23918.46</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>16182.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7736.35</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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2008</u> Name: <u>CHERYL BURZYNSKI</u> Address: <u>3237 BOY SCOUT</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2008</u> Name: <u>RANDALL FRANK</u> Address: <u>PO BOX 2220</u> <u>BAY CITY MI 48707</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ARRORNEY</u> Employer <u>SELF EMPLOYED - FRANK</u> Business Address <u>916 WASHINGTON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	175.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2008</u> Name: <u>JAMES GUST</u> Address: <u>611 S MICHIGAN</u> <u>SAGINAW MI 48602</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GUST LAW FIRM</u> Business Address <u>611 S MICHIGAN</u> <u>BAY CITY MI 48602</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2008</u> Name: <u>JOHN MCQUILLAN</u> Address: <u>900 CENTER</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>JOHN MCQUILLAN ATTORNEY</u> Business Address <u>708 CENTER AVE</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	250.00
Page Subtotal	325.00	
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 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2008</u> Name: <u>WAYNE OTHERSEN</u> Address: <u>6639 CENTER</u> <u>UNIONVILLE MI 48767</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>OTHERSEN INS AGENCY</u> Business <u>PO BOX 109</u> Address <u>UNIONVILLE MI 48767</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	225.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/20/2008</u> Name: <u>JESSIE WOOD</u> Address: <u>2230 MCKINLEY</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WOOD LAW FIRM</u> Business <u>721 WASHINGTON</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	125.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>ROBERTA GELLISE</u> Address: <u>307 SPRUCE</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	50.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>HARRY GILL</u> Address: <u>3030 W RIVERVIEW</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KENNEDY GILL BALL</u> Business <u>913 WASHINGTON</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	300.00
Page Subtotal	325.00	
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 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>SALLY GRAY</u> Address: <u>5009 S FRASER RD</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>PATRICE LUDWIG</u> Address: <u>3913 INLAND DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>CORINNE MARTIN</u> Address: <u>605 W OHIO</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	15.00	40.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>CAROLE MILSTER</u> Address: <u>210 PENDLETON</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	140.00	

Enter this total on
line 3a of
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>RICHARD MILSTER</u> Address: <u>210 PEPPELBERRY</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>KATHLEEN O'TOOLE</u> Address: <u>2851 COLLINGWOOD</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>NONE</u> Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	150.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>JOHN PARKER</u> Address: <u>2780 DUNMORE</u> <u>SAGINAW MI 48603</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>BRIAN REDMOND</u> Address: <u>11 BAY SHORE DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	275.00	

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>ANDREA STUDDERS</u> Address: <u>215 AMES ST</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business <u>N/A</u> Address <u>N/A MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	200.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>TERRY WAGER</u> Address: <u>2696 S WESTGATE</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>EMPIRE PROPERTIES</u> Business <u>2696 S WESTGATE</u> Address <u>BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	150.00
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>TERRY WATSON</u> Address: <u>93 RIVER TRAIL DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/28/2008</u> Name: <u>DOUG WIRT</u> Address: <u>3405 CORTLAND DR</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>WIRT STONE DOCK</u> Business <u>400 MARTIN ST</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	600.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	425.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>21</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DOUG ADAMS</u> Address: <u>2307 NURMI</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>22</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JOHN ANDRUS</u> Address: <u>1702 S SHEPPARD</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>23</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JAMES ANDRZEJEWSKI</u> Address: <u>6012 OLD HICKROY</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>24</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>RAY ARMSTRONG</u> Address: <u>2155 6TH STREET</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal	150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
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3. Contribution # <u>25</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>HEIDI ASBURY</u> Address: <u>9414 WILLIAM RIVERFOREST IL 60000</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>WEST SUBURBAN HOSPITAL</u> Business <u>1 ERIE CT</u> Address <u>RIVER FOREST IL 60305</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>26</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JUDY BARBER</u> Address: <u>P O BOX 555 KAWKAWLIN MI 48631</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>27</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>LORI BOLLMAN</u> Address: <u>500 S LINCOLN BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>28</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JANICE BOON</u> Address: <u>2112 6TH BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer <u>NONE</u> Business <u>N/A</u> Address <u>N/A MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	125.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	700.00	

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 # <u>29</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>NANCY BORUSHKO</u> Address: <u>5383 TITTABWASEE</u> <u>STERLING MI 48659</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ASST PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business <u>1230 WASHINGTON</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	150.00
3. Contribution # <u>30</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>TIM BOUTELL</u> Address: <u>855 S LINWOOD BEACH</u> <u>LINWOOD MI 48634</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>31</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>J DEE BROOKS</u> Address: <u>5305 FLAXMOOR ST</u> <u>MIDLAND MI 48640</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ASST PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business <u>1230 WASHINGTON</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	350.00
3. Contribution # <u>32</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CHARLES BRUNNER</u> Address: <u>208 MURPHY ST</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>RICHARD BRZEZINSKI</u> Address: <u>2413 25TH ST</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MAUREEN CAROLAN</u> Address: <u>5429 LISA</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CO OWNER</u> Employer <u>KC WELDING</u> Business Address <u>1309 MAIN ST</u> <u>ESSEXVILLE MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00	1175.00 Refund \$175 see schedule 1B
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MICHAEL CECCHINI</u> Address: <u>2175 FOURTH</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	45.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ANGELA CHILDS</u> Address: <u>5429 TEFT</u> <u>ST CHARLES MI 48665</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	600.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>COMM TO ELECTBASMADJIAN COMM</u> Address: <u>1301 S HENRY</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>COMM TO ELECT ROUPE</u> Address: <u>3115 KIRKWOOD</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>KIM COONAN</u> Address: <u>706 SIDNEY</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JERRE CORY</u> Address: <u>527 RIVER DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	125.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>LARRY COURIER</u> Address: <u>818 W NEBOBISH</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JOHN COURTNEY</u> Address: <u>941 WILLIAM</u> <u>RIVER FOREST IL 60305</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DOCTOR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>941 WILLIAM</u> <u>RIVER FOREST IL 60305</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	550.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CYNTHIA LUCZAK FOR CO CLERK</u> Address: <u>808 FROST</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>BRENT DANIELS</u> Address: <u>693 E CODY ESTY</u> <u>PINCONNING MI 48650</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	120.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 # <u>45</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JEFFREY DAY</u> Address: <u>830 AVONDALE</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GORTE & DAY</u> Business <u>918 N WATER</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	225.00
3. Contribution #. <u>46</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ELIZABETH DELANO</u> Address: <u>2131 SIXITH</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>47</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JANICE DONER</u> Address: <u>1568 WEDGEWOOD PL</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>48</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JOHN DUCHAINE IV</u> Address: <u>1417 CORNELL ST</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>AXA ADVISORS</u> Business <u>406 7TH ST</u> Address <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>49</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MARGARET FRANCESCHINA</u> Address: <u>2171 BULLOCK</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>50</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DENNIS GENO</u> Address: <u>1075 W NEBOISH</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # <u>51</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>AMY GEYER</u> Address: <u>46 BAY SHORE</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>BAY REGIONAL MED CENTER</u> Business Address <u>1900 COLUMBUS</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	125.00
3. Contribution # <u>52</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ALAN GLAZA</u> Address: <u>1314 SCHEURMANN</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>RWC INC</u> Business Address <u>2105 S EUCLID</u> <u>BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	125.00
Page Subtotal	200.00	
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 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution if from an individual and the amount is \$20.01 or more, 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 # <u>53</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ROLAND GONZALES</u> Address: <u>7498 N PORTSMOUTH</u> <u>SAGINAW MI 48601</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>54</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DON GOOD</u> Address: <u>714 WEBB</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>N/A</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>55</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JOANNE GORDON</u> Address: <u>888 N SCEURMANN</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>56</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>SCOTT GORDON</u> Address: <u>800 ELM ST</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTAN PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	250.00
Page Subtotal	225.00	
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 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>57</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MICHAEL GRAY</u> Address: <u>5009 S FRASER</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ASST COUNTY EXECUTIVE</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	200.00
3. Contribution # <u>58</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>W DENNIS HAYES</u> Address: <u>114 N SHERIDAN</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>59</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>BARBARA HAYWARD</u> Address: <u>2107 S JONES</u> <u>MUNGER MI 48747</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ASST PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	125.00	365.00
3. Contribution # <u>60</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CYNTHIA HOWELL</u> Address: <u>1601 S WARNER</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	200.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>61</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>YVETTE HURD</u> Address: <u>4661 W NEBOBISH</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>62</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MICHAEL JANISKEE</u> Address: <u>5647 FIRETHORNE</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>63</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DIANE KARNER</u> Address: <u>573 W BORTON</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>64</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>TIMOTHY KELLY</u> Address: <u>2152 SIXTH</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	200.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JULIE KOSINSKI</u> Address: <u>406 HILL ST</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>PATTI KRENZ</u> Address: <u>3060 E RIVERVIEW</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>67</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>HOLLY KUKLA</u> Address: <u>237 W HAMPTION</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>68</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MARIE KURZER</u> Address: <u>300 S LINN</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	125.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>69</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MARGARET LEAMING</u> Address: <u>4404 ALTADENA</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business <u>N/A</u> Address <u>N/A MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	300.00
3. Contribution # <u>70</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>P JEAN LEAMING</u> Address: <u>37 E SHARLEAR</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business <u>N/A</u> Address <u>N/A MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	350.00
3. Contribution # <u>71</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>SYLVIA LINTON</u> Address: <u>1406 HELEN</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	100.00
3. Contribution # <u>72</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MIKE LOCKWOOD</u> Address: <u>4514 AUTUMN RIDGE</u> <u>SAGINAW MI 48603</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 73 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: ANDREW LONGUSKI Address: 444 E BANNERSTONE CT MIDLAND MI 48640 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 checked="" type="checkbox"/> Fund Raiser	50.00	75.00
3. Contribution # 74 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: JOHANNE LUTH Address: 953 N JONES ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # 75 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: PAMELA LYNCH Address: 793 W NEBOBISH ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	25.00	50.00
3. Contribution # 76 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: KEITH MARKSTROM Address: 1383 N JONES ESSEXVILLE MI 48732 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 checked="" type="checkbox"/> Fund Raiser	25.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>77</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>EILEEN MARSHALL</u> Address: <u>1316 BROADWAY</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>78</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CHRISTOPHER MAUSOLF</u> Address: <u>5410 LISA DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	75.00
3. Contribution # <u>79</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JEFF MAYES</u> Address: <u>4297 ZANDER</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	80.00
3. Contribution # <u>80</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DAVID MAYOTTE</u> Address: <u>1201 W RIDGE</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>POLIC OFFICER</u> Employer <u>ESSEXVILLE PUBLIC SCHOOLS</u> Business Address <u>1107 NWOODSIDE</u> <u>ESSEXVILLE MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	325.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	225.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>81</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>TODD MCDANIEL</u> Address: <u>3799 KIRK</u> <u>VASSAR MI 48768</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>82</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MARTHA METTEE</u> Address: <u>1610 6TH</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ASSISTANT PROSECUTOR</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	250.00
3. Contribution # <u>83</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CLARENCE MIKOLAJCZAK</u> Address: <u>1009 HAROLD</u> <u>BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF - MIKOLACZAK</u> Business Address <u>213 CENTER, STE 504</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	150.00
3. Contribution # <u>84</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>GARY MOORE</u> Address: <u>193 HENDRIE</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROS
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>85</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>KATHLEEN NEWSHAM</u> Address: <u>409 N LINN</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>86</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>KEVIN NICKEL</u> Address: <u>6022 MAPLE RIDGE</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	75.00
3. Contribution # <u>87</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ALICE NINE</u> Address: <u>2408 E COSY ESTY RD</u> <u>PINCONNING MI 48650</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>88</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>RUTH NOBLE</u> Address: <u>315 N POWELL</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	150.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>89</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ROBIN OEMING</u> Address: <u>2138 SIXTH ST</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>90</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>TIMOTHY PARADISE</u> Address: <u>1570 NKNIGHT RD</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>91</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>HOLLIS PAUL</u> Address: <u>2126 6TH</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>92</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CONNIE PIERSON</u> Address: <u>5649 N M-13</u> <u>PINCONNING MI 48650</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal	125.00	
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 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 93 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: JANICE PIERSON Address: 5823 M-13 PINCONNING MI 48650 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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 94 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: GARY POTTS Address: 92 GREEN RD BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # 95 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: ERIC PROSCHEK Address: 306 FIFTH BAY CITY MI 48708 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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # 96 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: FRANK QUINN Address: 4110 CRFEEKWOOD BAY CITY MI 48706 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 checked="" type="checkbox"/> Fund Raiser	25.00	100.00
Page Subtotal	125.00	
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>97</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ROBERT REDMOND</u> Address: <u>201 N MOUNTAIN BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>98</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MATTHEW REYES</u> Address: <u>856 AVONDALE ST BYA CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RIEMAN AND REYES</u> Business Address <u>817 WASHINGTON BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	150.00
3. Contribution # <u>99</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>SCOTT SCHISLER</u> Address: <u>4484 W PARK DR BAY CITY MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SCHISLER & SCHISLER</u> Business Address <u>301 DAVIDSON BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>100</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>HENERY SCHNEIDER</u> Address: <u>11025 LAKEFIELD ST CHARLES MI 48655</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	200.00	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>101</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>CINDY SHAHEEN</u> Address: <u>3026 N GLENWAY DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>102</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JOSEPH SHEERAN</u> Address: <u>1206 WILDERNESS CT</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>BAY COUNTY</u> Business Address <u>1230 WASHINGTON BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	175.00
3. Contribution # <u>103</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ROBERT SHORT</u> Address: <u>112 LITTLE KILLARANY</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>104</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>BONNIE SLOAN</u> Address: <u>2141 6TH ST</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal	200.00	
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>105</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DIANE SMITH</u> Address: <u>111 SHARPE</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business <u>N/A</u> Address <u>N/A MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	250.00
3. Contribution # <u>106</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JEROME SOMALSKI</u> Address: <u>1147 N PINE</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	60.00	60.00
3. Contribution # <u>107</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>KEVIN STAPISH</u> Address: <u>14 W SHARLEAR</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	25.00	100.00
3. Contribution # <u>108</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>JAY SWATON</u> Address: <u>1507 6TH</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	235.00	
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 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>109</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>MARTIN SZELIGA</u> Address: <u>5292 SEVEN MILE RD</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>110</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DONALD TILLEY</u> Address: <u>617 GREEN</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	50.00
3. Contribution # <u>111</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>DAVID VENTRONE</u> Address: <u>1783</u> <u>MAROBA LINWOOD MI 48634</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>112</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>KETIH WETTERS</u> Address: <u>2124 SIXTH ST</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00

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

200.00

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>113</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>COLLEEN WOODS</u> Address: <u>3936 ANDOVER</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>114</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>TRACY ZAPLINTY, Jr.</u> Address: <u>1040 ROSEMAY LANE</u> <u>ESSEXVILLE MI 48732</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>115</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>FRED ZAPLITNY</u> Address: <u>518 PENSACOLA</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>116</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/29/2008</u> Name: <u>ERIC ZIMOSTRAD</u> Address: <u>115 MAPLE ST</u> <u>ESSEXVILLE MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ZIMOSTRAD ZIMOSTRAD & POLLARD</u> Business Address <u>1015 N JOHNSON</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00

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

225.00

Enter this total on line 3a of Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>117</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2008</u> Name: <u>EVELYN ADAMS</u> Address: <u>2045 KENNETH DR</u> <u>BAY CITY MI 48706</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 checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # <u>118</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2008</u> Name: <u>EDWARD GALLAGHER II</u> Address: <u>28 CENTER CT</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>FREID & GALLAGHER</u> Business Address <u>604 S JEFFERSON SAGINAW MI 48607</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	150.00
3. Contribution # <u>119</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2008</u> Name: <u>BROOKE MARSHALL</u> Address: <u>7765 MCCARTY RD</u> <u>SAGINAW MI 48603</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 checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>120</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2008</u> Name: <u>LEWIS SEWARD</u> Address: <u>1009 WASHINGTON</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SEWARD TALLY & PIGGOT</u> Business Address <u>1009 WASHINGTON BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	225.00

Page Subtotal

225.00

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 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>121</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/03/2008</u> Name: <u>JAMES SHARRARD</u> Address: <u>2314 GROVELAND</u> <u>BAY CITY MI 48708</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 checked="" type="checkbox"/> Fund Raiser	25.00	75.00
3. Contribution # <u>122</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/04/2008</u> Name: <u>EDWARD CZUPRYNSKI</u> Address: <u>814 N MONROE</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF EMPLOYED</u> Business Address <u>814 N MONROE</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00 Donated to United Way see schedule 1B
3. Contribution # <u>123</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>THOMAS BOCK</u> Address: <u>701 FIFTH</u> <u>BAY CITY MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF - BOCK</u> Business Address <u>701 5TH ST</u> <u>BAY CITY MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	125.00	275.00
3. Contribution # <u>124</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: <u>DENA DONER</u> Address: <u>2269 FAIRWAY PINES CT 4</u> <u>BAY CITY MI 48706</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	40.00	40.00
Page Subtotal	390.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>125</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: JASON GOWER Address: 4630 S FLAJOLE MIDLAND MI 48642 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	100.00	100.00
3. Contribution # <u>126</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: KRISSY MARSHALL Address: 4105 BELAIRE ST MIDLAND MI 48642 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	75.00
3. Contribution # <u>127</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/30/2008</u> Name: JOHN OSTRANDER Address: 4851 APPLE TREE LANE BAY CITY MI 48706 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	50.00
3. Contribution # <u>128</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>07/03/2008</u> Name: IRON WORKERS LOCAL 25 PAC Address: 25150 TRANS X DR NOVI MI 48376 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	1000.00	1150.00 Refund \$150 see schedule 1B
Page Subtotal	1150.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PRO
UTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>129</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/03/2008</u> Name: <u>TIMOTHY JAY</u> Address: <u>1066 E PINCONNING</u> <u>PINCONNING MI 48650</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	25.00
3. Contribution # <u>130</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/03/2008</u> Name: <u>RENEE VAN POPPELEN</u> Address: <u>800 WELLS COURT</u> <u>BAY CITY MI 48708</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	100.00	100.00
3. Contribution # <u>131</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>LAURIE BERNER</u> Address: <u>271 DONOHUE</u> <u>BAY CITY MI 48706</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	40.00	40.00
3. Contribution # <u>132</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>DANIEL CLARKE</u> Address: <u>743 W FOURTH ST</u> <u>HINSDALE IL 60521</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING DIRECTOR</u> Employer <u>JP MORGAN</u> Business Address <u>10 SOUTH DEARBORN ST</u> <u>CHICAGO IL 60603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250.00	250.00

Page Subtotal

415.00

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

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Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, 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 # <u>133</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>THOMAS PLETZKE</u> Address: <u>96 S GREEN</u> <u>BAY CITY MI 48708</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	50.00	50.00
3. Contribution # <u>134</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>MARK SALOGAR</u> Address: <u>285 NORTH DIETZ</u> <u>WEBBERVILLE MI 48892</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	50.00	50.00
3. Contribution # <u>135</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/2008</u> Name: <u>HOWARD WETTERS</u> Address: <u>1866 WETTERS</u> <u>KAWKAWLIN MI 48631</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	100.00	100.00

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

200.00
9300.00

Enter this total on
line 3a of
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSEC-
UTOR

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-kind Contribution (Check applicable box) 5. Date of Receipt 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 PAC Receipt? <input type="checkbox"/> Yes Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 If over \$100.00 cumulative, please provide: Occupation: PROSECUTOR Employer: BAY COUNTY Business Address: 1230 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>USE OF PICTURE</u> 5. Date OF RECEIPT: <u>05/15/2008</u> 6. VENDOR NAME & ADDRESS: _____	25.00	3088.53
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name: THOMAS BOCK Address: 701 FIFTH BAY CITY MI 48708 If over \$100.00 cumulative, please provide: Occupation: ATTORNEY Employer: SELF - BOCK Business Address: 701 5TH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>USE OF SUPPLIES</u> 5. Date OF RECEIPT: <u>06/20/2008</u> 6. VENDOR NAME & ADDRESS: _____	50.00	150.00
Contribution # 3 PAC Receipt? <input type="checkbox"/> Yes Name: J DEE BROOKS Address: 5305 FLAXMOOR ST MIDLAND MI 48640 If over \$100.00 cumulative, please provide: Occupation: ASST PROSECUTOR Employer: BAY COUNTY Business Address: 1230 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>USE OF SUPPLIES</u> 5. Date OF RECEIPT: <u>07/05/2008</u> 6. VENDOR NAME & ADDRESS: _____	50.00	400.00
Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		125.00 125.00	

Enter this total on line 6 of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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: BAY CITY DEOCRAT PRESS Address: PO BOX 278 BAY CITY MI 48707 <input type="checkbox"/> Fund Raiser	Purpose: <u>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	01/16/2008	62.54
Expenditure # 2 Name: FRIENDS OF JEFF MAYES Address: 4297 ZANDER DR BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKET</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/07/2008	50.00
Expenditure # 3 Name: BAY CITY DEOCRAT PRESS Address: PO BOX 278 BAY CITY MI 48707 <input type="checkbox"/> Fund Raiser	Purpose: <u>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	04/22/2008	120.08
Expenditure # 4 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>TICKETS</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/12/2008	343.44
Expenditure # 5 Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2008	1276.78

Subtotal this page 1852.84
 Grand Total of all Schedules 1B
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Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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 # 6 Name: FJ GRAFIK Address: 11049 CORUNNA RD LENNON MI 48449 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2008	(953.28)
Expenditure # 7 Name: KROGER Address: 2910 CENTER BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2008	(82.00)
Expenditure # 8 Name: FEDEX KINKOS Address: 4074 WILDER RD BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>COPIES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2008	(15.00)
Expenditure # 9 Name: SHIRTS MGS & MORE Address: 2728 CENTER ESSESXVILLE MI 48732 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2008	(26.50)
Expenditure # 10 Name: FJ GRAFIK Address: 11049 CORUNNA RD LENNON MI 48449 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>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	05/27/2008	(200.00)

Subtotal this page

0.00

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 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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 # 11 Name: BAY CITY DEOCRAT PRESS Address: PO BOX 278 BAY CITY MI 48707 <input type="checkbox"/> Fund Raiser	Purpose: <u>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	05/28/2008	159.00
Expenditure # 12 Name: TOMMY V'S Address: 312 E MIDLAND BAY CITY MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/29/2008	1143.40
Expenditure # 13 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/08/2008	1613.32
Expenditure # 14 Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER REGIS INFO</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/13/2008	20.00
Expenditure # 15 Name: UNITED WAY OF BAY CO Address: 900 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION OF ED CZUPRYNSKI CO- NTRIBUTION</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/17/2008	200.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			3135.72

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0
2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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 # 16 Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2008	4000.00
Expenditure # 17 Name: FJ GRAFIK Address: 11049 CORUNNA RD LENNON MI 48449 <input type="checkbox"/> Fund Raiser	Purpose: <u>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	06/18/2008	(4000.00)
Expenditure # 18 Name: CARDINALBLACK LLC Address: 224 N PINE LANSING MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>GRAPHIC DESIGN SERVICES</u> Expenditure Code <u>IC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/20/2008	1407.03
Expenditure # 19 Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2008	159.63
Expenditure # 20 Name: STAPLES Address: 4021 NORTH EUCLID BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2008	(55.23)

Subtotal this page	5566.66
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 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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 # 21 Name: KROGER Address: 2910 CENTER BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2008	(17.97)
Expenditure # 22 Name: MEIJER Address: 595 N PINE BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2008	(42.68)
Expenditure # 23 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>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	06/30/2008	581.94
Expenditure # 24 Name: PRACTICAL POLITICAL CONSULTING Address: P O BOX 6249 EASTY LANSING MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL FILE</u> Expenditure Code <u>IC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2008	923.96
Expenditure # 25 Name: WOODSIDE HARDWARE Address: 86 WOODSIDE ESSEXVILLE MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/30/2008	(43.75)

Subtotal this page

1505.90

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

Enter this total
on line 8a of
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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 # 26 Name: US POST OFFICE Address: 123 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/02/2008	1040.03
Expenditure # 27 Name: DORNBOS PRINTING Address: 1131 EAST GENESSE SAGINAW MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/18/2008	1507.32
Expenditure # 28 Name: KURT ASBURY Address: 2125 SIXTH ST BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>REIMBURSEMENT</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	860.14 Memo - itemization below
Expenditure # 29 Name: ST STANS AC Address: 915 S GRANT BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGN ADVERTISING</u> Expenditure Code <u>EQ</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	(200.00) Memo - itemization
Expenditure # 30 Name: US POST OFFICE Address: 123 WASHINGTON BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	(252.00) Memo - itemization

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

3407.49

Enter this total on line 8a of Summary Page



1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

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 # 31 Name: SAM'S CLUB Address: 6663 SAGINAW SAGINAW MI 49000 <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDY</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	(42.60) Memo - itemization
Expenditure # 32 Name: SHIRTS MGS & MORE Address: 2728 CENTER ESSEXVILLE MI 48732 <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	(365.54) Memo - itemization
Expenditure # 33 Name: MAUREEN CAROLAN Address: 5429 LISA BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>REFUND CONTRIBUTION</u> Expenditure Code <u>RF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	175.00
Expenditure # 34 Name: FJ GRAFIK Address: 11049 CORUNNA RD LENNON MI 48449 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	265.00
Expenditure # 35 Name: IRON WORKERS LOCAL 25 PAC Address: 25150 TRANS X DR NOVI MI 48376 <input type="checkbox"/> Fund Raiser	Purpose: <u>REFUND CONTRIBUTION</u> Expenditure Code <u>RF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	150.00
Subtotal this page			590.00
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 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

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 # 36 Name: ROSE LICAVOLI Address: 2160 CENTER AVE BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOGRAPHY</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/20/2008	100.00

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

100.00
16158.61

Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSEC-
UTOR

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 endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 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 Owed to or by: KURT ASBURY 2125 SIXTH ST BAY CITY MI 48708 Corp? <input type="checkbox"/> Yes If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>09/12/2006</u> 6. Original Amount of Debt: \$ <u>500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	500.00 <input type="checkbox"/> FORGIVEN Amount Endorsed: \$ _____
Debt # 2 Owed to or by: KURT ASBURY 2125 SIXTH ST BAY CITY MI 48708 Corp? <input type="checkbox"/> Yes If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> Code _____ 5. Date Debt Was Incurred: <u>09/26/2006</u> 6. Original Amount of Debt: \$ <u>2000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	0.00	2000.00 <input type="checkbox"/> FORGIVEN Amount Endorsed: \$ _____
Debt # _____ Owed to or by: _____ _____ _____ _____ Corp? <input type="checkbox"/> Yes If bank loan, name of endorser or guarantor: _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	_____	_____ <input type="checkbox"/> FORGIVEN Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

2500.00
2500.00

Grand Total of all Schedules 1E

(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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150428-0

2. Committee Name THE COMMITTEE TO KEEP KURT ASBURY PROSECUTOR

- USE A SEPARATE SHEET FOR EACH EVENT -

<p>3. Date Event Was Held</p> <p><u>05/29/2008</u></p> <p>Month Day Year</p>	<p>4. Number of Individuals Attending or Participating (whichever is greater)</p> <p>300</p>	<p>5. Type of Fund Raising Activity</p> <p>RECEPTION</p>	<p>6. Address and Name (if any) of the place where the activity was held</p> <p>312 E MIDLAND</p> <p>BAY CITY</p> <p>MI 48706</p> <p><input type="checkbox"/> Private Residence</p>
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7. Total Contributions of \$20.00 or less 35.00

8. Total Contributions of \$20.01 or more 7335.00

9. SUBTOTAL (Add lines 7 and 8) 7370.00

10. Other Receipts 0.00

11. Gross Receipts (Add lines 9 and 10) 7370.00

12. Total Cost of Event* 2763.62

*Includes In-Kind Contributions and All Expenditures Made For the Event

13. 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.